

Blue Sky Specialty Pharmacy
1501 Belle Isle Ave #150 Mount Pleasant, SC 29464 (843) 352-7662

Notice of Privacy Practices

- This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time the new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the Pharmacy and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

Uses and Disclosures of Protected Health Information

- Uses and Disclosures of Protected Health Information based upon your written consent will be asked by your pharmacist to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your pharmacist will use or disclose your protected health information as described in Section 1. Your pharmacist, our pharmacy staff and others outside of our pharmacy that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the pharmacy.
- The following are examples of the types of uses and disclosures of your protected health care information that the pharmacy is permitted to make one you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our pharmacy once you have provided consent.
- De-identified patient information may be supplied to Pharmacy Hubs to assist in efficiency and cost reduction efforts to patients surrounding prescription fulfillment.

Treatment

- We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, your protected health information may be provided to a physician to whom you have been transferred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another pharmacy or health care provider (e.g., specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment

- Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services, such as; making a determination or eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a prescription may require that your relevant protected health information be disclosed to the health plan to obtain approval for the prescription.

Health Care Operations

- We may use or disclose, as-needed, your protected health information order to support the business activity of your pharmacy. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and conducting or arranging for other business activities. For example, we may ask your name and your physician's name when you deliver a prescription

to be filled. We may also call you by name when your prescription is ready. We may use or disclose your protected health information, as necessary, to contact you to remind you of a prescription that has not been picked up. We will share your protected health information with third party "business associates" that perform various activities (e.g. billing services) for the pharmacy. Whenever an arrangement between our pharmacy and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternative or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our pharmacy and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request these materials not be send to you

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

- Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your pharmacist or the pharmacy has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

- We may use and disclose your protected information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your pharmacist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.
- Others involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies

- We may use or disclose your protected health information in an emergency treatment situation. If this happens, your pharmacist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your pharmacist is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barrier

- We may use and disclose your protected health information if your pharmacist attempts to obtain consent from you but is unable to do so due to substantial communications barriers and the pharmacist determines, using professional judgment, that your intent to consent to use or disclose under the circumstances.
- Other Permitted and Required Uses and Disclosures that may be made without your consent, authorization or opportunity to object
- We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law

- We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health

- We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect

- We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration

- We may disclose your protected health information to a person or company required by the Food And Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings

- We may disclose protected health information in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful proceeds.

Law Enforcement

- We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information request for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the pharmacy and (6) medical emergency (not on the pharmacy's premises) and it is likely that a crime has occurred.

Criminal Activity

- Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation

- Your Protected health information may be disclosed by us as authorized to comply with worker's compensation law and other similar legally established programs.

Inmates

- We may use or disclose your protected health information if you are an inmate of a correctional facility and your pharmacy created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures

- Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information

- This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains prescription and billing records and any other records that your pharmacy uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceedings, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information

- This means you may ask us not to use or disclose any part of your protected information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction.



Dear Patient,

Welcome to Blue Sky Specialty Pharmacy. We are excited about the opportunity to serve you for all of your pharmacy needs.

The staff at Blue Sky Specialty Pharmacy understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically-trained personnel 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Compliance monitoring
- Free mailing of medication
- Training, education and counseling
- Refill reminders
- Enrollment in the Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies, and overall improvement of health when the patient is willing to follow directions and is compliant to therapy. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

Our business hours are:

Monday-Friday 9a-5p

Phone: 843-352-7662

Address: 1501 Belle Isle Ave #150

Mount Pleasant, SC 29464

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing Blue Sky Specialty Pharmacy.

Sincerely,

The Blue Sky Specialty Pharmacy Team



What to expect:

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Blue Sky Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

You can expect:

- ✓ **Personalized patient care**
Our specialty trained staff members will work with you to discuss your treatment plan and will address any questions or concerns you may have. We are available for you 24/7.
- ✓ **Collaboration with your Doctor**
We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.
- ✓ **Regular follow-up**
Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.
- ✓ **Benefits**
Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.
- ✓ **Delivery**
We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- ✓ **24/7 Support**
Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

Financial Obligation and Financial Assistance

Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period.

Insurance claims

Staff will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

Co-payments

We are required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by credit card, electronic checking account debit over the phone and by check or money order through the mail.

Co-pay Assistance Referral Program

We have access to financial assistance program to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Blue Sky Specialty Pharmacy recognizes that patients have inherent rights.

Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the Director of Pharmacy.

Patients and their families also have responsibilities while under the care of Blue Sky Specialty Pharmacy in order to facilitate the provision of safe, high-quality health care for themselves and others.

The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

PATIENT RIGHTS & RESPONSIBILITIES

To ensure the finest care possible, as a Patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

Patient Rights

- To select those who provide you with Pharmacy services
 - To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
 - To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
 - To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
 - To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
 - To express concerns, grievances, or recommend modifications to your pharmacy services, without fear of discrimination or reprisal
 - To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
 - To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges
 - To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
 - To be given information as it relates to the uses and disclosure of your plan of care
 - To have your plan of care remain private and confidential, except as required and permitted by law
 - To receive instructions on handling drug recall
 - To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
 - To receive information on how to access support from consumer advocates groups
 - To Receive pharmacy health and safety information to include consumers' rights and responsibilities
 - To know about philosophy and characteristics of the *patient management* program
 - To have *personal health information* shared with the *patient management* program only in accordance with state and federal law
 - The right to identify the program's staff members, including of the program and their job title, and to speak with a supervisor of the staff member's if requested
 - The right to speak to a healthcare professional
 - To receive information about the *patient management* program
 - To receive administrative information regarding changes in or termination of the *patient management* program
 - To decline participation, revoke consent or dis-enroll at any point in time
 - Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
 - Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
 - Receive information about the scope of services that the organization will provide and specific limitations on those services
 - Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
 - Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
 - Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
 - Be able to identify visiting personnel members through proper identification
 - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
 - Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
 - Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
 - Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
 - Be advised on agency's policies and procedures regarding the disclosure of clinical records
 - Choose a health care provider, including choosing an attending physician, if applicable
 - Receive appropriate care without discrimination in accordance with physician orders, if applicable
 - Be informed of any financial benefits when referred to an organization
 - Be fully informed of one's responsibilities

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of pharmacy personnel
- To notify your physician and the pharmacy with any potential side effects and/or complications
- To Notify Blue Sky Specialty Pharmacy via telephone when medication supply is running low so refill maybe shipped to you promptly
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the *patient management* program of changes in this information
- To notify their treating *provider* of their participation in the *patient management* program, if applicable

Additional Information

- Adverse Effects to Medication
 - If you are experiencing adverse effects to the medication please contact your physician or the Blue Sky Specialty Pharmacy Staff.
- Drug Substitution Protocols
 - From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution.
- Complaints
 - Patients and Caregivers have the right to voice complaints and/or recommendation on services to the Blue Sky Specialty Pharmacy. Patients and caregivers can do so by phone, fax, writing, or email.
 - South Carolina Board of Pharmacy
 - Website: <https://llr.sc.gov/fileacomplaint.aspx>
 - Phone Number: 803-896-4300
 - Email: contactllr@llr.sc.gov
 - URAC Complaint Info
 - Website: <https://www.urac.org/complaint/>
 - Email Address: grievances@urac.org
 - Phone Number: (202) 216-9010
 - ACHC Complaint Info
 - Website: <http://achc.org/contact/complaint-policy-process>
 - For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department
 - HHS Complaint Info
 - Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
 - Email Address: OCRComplaint@hss.gov
 - Georgia Board of Pharmacy
 - 2 Peachtree St, Atlanta GA 30303
 - Phone Number: (404) 651-8000
 - Texas Board of Pharmacy
 - 333 Guadalupe St. #3, Austin TX 78701
 - Phone Number: (512) 305-8000
- Proper Disposal of unused Medications:
 - For instructions on how to properly dispose of unused medications please contact Blue Sky Specialty Pharmacy for instructions or go to the below FDA websites for information and instructions
 - **PLEASE DO NOT FLUSH MEDICATIONS DOWN THE TOILET**

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
- Patient Support Groups, Education, and Training
 - Support
 - Visit www.mayoclinic.org
 - Type in your disease state/condition into the search bar and select the disease state
 - On the left hand side, click “Coping and support”
 - Education and Injection training
 - Refer to the manufacturer’s website for proper use of injections and education
- Refills
 - To place a refill for a medication or to fill a new medication, please call Blue Sky at (843) 352-7662

EMERGENCY & DISASTER PREPAREDNESS PLAN

Blue Sky Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snow storms, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement of weather in the local area, Blue Sky Specialty Pharmacy will contact you prior to any atrocities the city may encounter. However, if there will be a threat of disaster or inclement weather in an area you reside which is outside of the tri-state area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Blue Sky Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Blue Sky Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before an inclement weather emergencies such as a snowstorm utilizing the weather updates as point of reference
 - a. If you are not in the tristate area and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining

medication. Visit your local hospital immediately if you will miss a dose.

5. The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will assist you.

Cleaning your hands

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

If you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.

Here's how you should clean your hands with soap and water:

- Wet your hands and wrists with warm water.
- Use soap. Work up a good lather, and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well.
- Use a clean paper towel to turn off the water. Throw the paper towel away.

Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):

- For gel product use one application.
- For foam product use a golf-ball size amount.
- Apply product to the palm of your hand.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The

safe way is' always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- ✓ If children are in the home, store medications and poisons in childproof containers and out of reach.
- ✓ All medication should be labeled clearly and left in original containers.
- ✓ Do not give or take medication that were prescribed for other people.
- ✓ When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.

Mobility Items

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and be try to avoid obstacles in your path and soft and uneven surfaces.

Slips and Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.

- Pick up and keep surprises out from under foot including electrical cords & rugs.
- Keep drawers and cabinets closed
- Install good lighting to avoid groping in the dark.

Lifting

If it is too big, too heavy or too awkward to move alone -GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees and straddle the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors.
- Shut off appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Don't use matches or turn on electrical switches.
- Don't use telephone - dialing may create electrical sparks.
- Don't light candles.

- Call Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

1. Take immediate action per plan -Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Washing your hands appropriately/Infection Control

- The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:
 - Touch any blood or body fluids
 - Touch bedpans, dressings, or other soiled items
 - Use the bathroom or bedpan
 - If you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.
- Here's how you should clean your hands with soap and water:
 - Wet your hands and wrists with warm water.
 - Use soap. Work up a good lather, and rub hard for 15 seconds or longer.
 - Rinse your hands well.
 - Dry your hands well.
 - Use a clean paper towel to turn off the water. Throw the paper towel away.
- Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):
 - For gel product use one application.
 - For foam product use a golf-ball size amount.
 - Apply product to the palm of your hand.
 - Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.