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Welcome to

HomeCare Services

Your Guide to Health at Home

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The content of this booklet is important for you to read and understand. The home health care professional will provide you with an overview. Please take time to review this booklet and use as a reference during your care. The home health agency will partner with you to achieve the best possible outcome of your care. It is your responsibility to make sure you understand this booklet and how to best meet your healthcare needs.

Your Nurse is _____

Your Home Health Aide is _____

Your Physical Therapist is _____

Your Occupational Therapist is _____

Your Speech Therapist is _____

Your Social Worker is _____

Other staff that will be working with you are _____

Agency 24 hour information number: _____

Complaints to _____ Administrator's Name/Title Phone # _____

Agency Address: _____

State Hotline: **1-800-** _____ (If agency is unable to resolve complaint)

Community Resources

Agency	Contact Name	Address	Phone Number
Agency on Aging			
Center for Independent Living			
Protection and Advocacy Agency			
Aging and Disability Resource Center			
Quality Improvement Organization			

If you have any questions about your service please contact the agency's Clinical Manager

Name/Title

Phone Number

Thank you for giving us the opportunity to participate in your care.

Medicare Requirements & Payment Information

- A) You are required to be homebound while on this service. Homebound means that leaving your home is a taxing or exhausting effort. This is required by Medicare and they can refuse to pay if you do not meet this requirement. There are certain times that it is permissible for you to leave your home. Please discuss what those situations are with your health care professional. This ensures that you meet the Medicare guidelines.
- B) You are required to have a face-to-face encounter/visit with your doctor within 90 days before admission or within 30 days after admission. If you did not meet with your doctor before admission, your homecare agency can help you arrange a visit. If you do not meet with your doctor, it will effect eligibility/payment for homecare services.
- C) The following is a list of the services you can expect Medicare to pay for if they are required for your care:
- Skilled Nursing Visit
 - Home Health Aide (under direction of skilled services)
 - Physical Therapy
 - Occupational Therapy
 - DME (durable medical equipment such as beds, wheelchairs, oxygen and walkers) is covered at 80% by Medicare Part B. Home Health can assist you in finding these items and determining if these will be covered.
 - Speech Therapy
 - Social Worker
 - Most Medical Supplies
 - Some Medications
- D) What Medicare does **NOT** cover:
- Homemaker Services which include any assistance that does not meet your basic personal needs. For example, running errands, thoroughly cleaning your house, or going to the store for you.
 - Providing care to you in your home for 24 hours a day.
 - Meals delivered to your home.
- E) Service for an agency is available 24 hours a day, 7 days a week. A nurse consultation is available 24 hours, 7 days a week to respond to calls. The regular hours are found on the front page of this folder. For any life threatening situation, call the community emergency number directly to prevent delay.

Medicare Requirements & Payment Information (Cont'd.)

On Admission to home care your health care professional and you will establish your realistic health goals. These goals are recorded on what the agency refers to as your "Plan of Care". Once these goals are met you will be ready for discharge from services. The length of time this will take is as individual as you and there is no way to predict this with 100% certainty.

TRANSFER AND DISCHARGE REASONS:

These are the circumstances that could lead to you being transferred or discharged. These reasons are:

- 1) The transfer or discharge is necessary for the patient's welfare because the HHA and the physician responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities/providers when the needs of the patient exceed the HHA's capabilities.
- 2) The patient or payer will no longer pay for the services provided by the HHA.
- 3) The transfer or discharge is appropriate because the physician responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals in the plan of care have been achieved, and the HHA and the physician responsible for the home health plan of care agree that the patient no longer needs the HHA's services.
- 4) The patient refuses services, or chooses to be transferred or discharged;
- 5) The HHA determines, under the HHA's policy to address discharge for cause (*not showing respect for other people, property, policies/procedures and/or creating a safety problem*) that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired.

The HHA must do the following before it discharges a patient for cause:

- Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
- Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
- Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and
- Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.

6) The patient dies

7) The HHA ceases to operate.

If you are to be discharged or transferred to another agency, you will be given advance notice unless it is an emergency or unplanned. We will provide the necessary information for your continued care to the receiving agency. All discharges and transfers will be documented in your chart. A discharge assessment will be completed and discharge instructions provided. If community resources are needed, we will provide you with a referral.

Most home care services are paid for at 100% by Medicare. The payment is made to the home care agency. You may receive statements from Medicare showing what they have paid the agency. Please be aware that these are NOT bills but simply statements of payment. If you have other insurance coverage, your health care professional will discuss this with you. Any services that you may be responsible for paying will be discussed at that time.

It is your right to refuse any service that you determine is not necessary for your improved health and independence. If you want to let someone know that you do not believe your needs are being met, you can file a complaint (grievance) with the home care agency's administrator. The administrator's contact information is on page 1 of this booklet. Each state has a hotline number to file complaints that cannot be resolved with the agency. Your state hotline number will be provided by the home care agency. This is addressed later in more detail in the "Patient Rights and Responsibilities".

Medicare Requirements & Payment Information (Cont'd.)

The health care professionals that will be coming to your home have policies and procedures that they must follow. They are to be responsible and respectful towards you, your family (caregiver) and your home. As with any relationship it is important to talk freely and respectfully with each other. Do not hesitate to communicate with your health care professional. Their goal is to meet your needs and they can better do that when you give open, honest information. If you have a problem, please call the home health agency and ask to speak with a clinical manager. The number of the home care agency is on the front of your folder.

Occasionally there may be someone accompanying your health care provider. At certain times it is necessary that supervision take place with the home care staff. This is normal policy for agencies and you do not need to be concerned. If you have concerns, please call the office and speak with a clinical manager.

The agency staff will be communicating with your physician. This is a requirement of Medicare. We have your physician supervise all the care that is provided in your home. You will be helping your health care professional plan your care at home. Make sure you tell your nurse or therapist any needs you may have. They can relay to the physician your wishes to best meet your needs.

Advance Directives

You have the right to complete what is called an “advance directive” by state law. This paper identifies in advance what you want or do not want when there is a special, serious medical condition and you cannot speak for yourself. You are not required by law to complete an advance directive but to be aware that this is your right to refuse or select what treatment you want.

You may be provided with additional information about this or your health care worker will review these options with you. If you have made these determinations and they have been legally recorded, please provide a copy for your health care worker to maintain on your record in the office.

Patient Rights and Responsibilities

The following are the rights and responsibilities that you have as a home care patient with our agency. You have the right to review these prior to your admission into home care services. If a patient's competence is determined to be impaired, the patient's legal representative (if any), a selected representative, or family member would be able to exercise the following rights.

PATIENT RIGHTS, you have the right:

- 1) To be informed of your rights and responsibilities in advance concerning care and treatment you will receive.
- 2) To receive services appropriate to your needs and expect the home care organization to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion or disability.
- 3) To have access to necessary professional services 24 hours a day, 7 days a week.
- 4) To have your pain management needs recognized and addressed as appropriate.
- 5) To be informed of services available.
- 6) To be informed of and receive a copy of the home health agency's policy for transfer and discharge.
- 7) To be informed of the ownership and control of the organization.
- 8) To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home, and if it will cover theft or property damage that occurs while you are being treated.
- 9) To receive a copy and/or be instructed on the agencies policy/procedures for tracking and disposing of controlled substances.

Patient Rights and Responsibilities (Cont'd.)

PATIENT CARE, you have the right:

- 1) To participate in, and be informed about, and consent or refuse care in advance of and during treatment with respect to:
 - Completion of all assessments;
 - The care to be furnished, based on the comprehensive assessment;
 - Establishing and revising the plan of care;
 - The disciplines that will furnish the care;
 - The frequency of visits;
 - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
 - Any factors that could impact treatment effectiveness; and
 - Any changes in the care to be furnished.
- 2) To receive all services outlined in the plan of care.
- 3) To be involved in your care, including education and training of the same, from admission to discharge.
- 4) To receive reasonable continuity of care.
- 5) To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
- 6) To receive care/service from staff who are qualified through education and/or experience to carry out the duties for which they are assigned.
- 7) To be referred to other agencies and/or organizations when appropriate and be informed of any financial benefit to the referring agency.
- 8) To be informed in a reasonable time of anticipated termination and/or transfer of service.
- 9) To be informed of any changes regarding frequency of care/service and by whom (disciplines) services will be provided.

RESPECT AND CONFIDENTIALITY, you have the right:

- 1) To have his or her property and person treated with respect, including the provision of privacy during care.
- 2) To be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property.

Patient Rights and Responsibilities (Cont'd.)

- 3) To have staff communicate in a language or form you can reasonably be expected to understand and when possible, the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
- 4) To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
- 5) To be informed of the organization's policies and procedures for disclosure of your clinical record.
- 6) To access or release of patient information and clinical records.

FINANCIAL ASPECTS OF CARE, you have the right:

- 1) To be advised of:
 - The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency,
 - The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency.
 - The charges the individual may have to pay before care is initiated; and
 - Any changes in the information regarding payment.
- 2) To receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the home health agency reducing or terminating ongoing care.

SELF-DETERMINATION, you have the right:

- 1) To be advised of the names, addresses, and telephone numbers of the area: *(See page 1 of this booklet)*
- 2) To be informed in writing of rights under state law to formulate advance directives.
- 3) To be informed of the right to access auxiliary aids and language services and how to access these services.

Patient Rights and Responsibilities (Cont'd.)

- 4) To have the organization comply with advance directives as permitted by state law and state requirements.
- 5) To be informed of the organization's policies and procedures for implementing advance directives.
- 6) To receive care whether or not you have an advance directive(s) in place, as well as not to be discriminated against whether or not you have executed an advance directive(s).
- 7) To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life-sustaining treatment, as appropriate.
- 8) To not participate in research or not receive experimental treatment unless you give documented, voluntary informed consent.
- 9) To be informed of what to do in an emergency.
- 10) To participate in consideration of ethical issues that may arise in your care.
- 11) To choose a health care provider.
- 12) To refuse all or part of your care/treatment to the extent permitted by law and to be informed of the expected consequences of said action.

COMPLAINTS, you have the right:

- 1) To make complaints to the home health agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the home health agency. *(See page 1 of this booklet)*
- 2) To be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or an outside entity.
- 3) To be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies. *(See page 1 of this booklet)*

Many people avoid discussion about pain because they fear that they will take medications that they will become dependent on or that the medicine will create other problems. Under treating pain has health consequences as well. It is very important that you clearly and accurately describe the pain that you are experiencing. The nurse will assist you in establishing an effective pain management program with your physician.

Patient Rights and Responsibilities (Cont'd.)

Our agency commitment is that:

- Your description of your pain will be heard and you will receive physician directed alternatives to control your pain.
- Respect will be exhibited in regard to your personal, spiritual, and cultural beliefs.
- You will receive information about medications ordered that will inform you about their benefits and any other potential risks involved in taking them.

Patient Responsibilities

As a home care patient, you have the responsibility:

- 1) To notify the provider of changes in their condition (e.g. hospitalization, changes in the plan of care, symptoms to report).
- 2) To follow the plan of care.
- 3) To ask questions about care or services.
- 4) To notify the home health agency if the visit schedule needs to be changed.
- 5) To inform the home health agency of changes made to the advance directives.
- 6) To promptly advise the home health agency of any concerns with the services provided.
- 7) To provide a safe environment for the home health agency staff.
- 8) To carry out mutually agreed responsibilities.
- 9) To accept the consequences for the outcomes if the patient does not follow the plan of care.
- 10) To call the home health agency first with all health questions or problems. This includes if you believe that you need to go to the hospital to get assistance with your needs. If you or your family/caregiver believes that your health situation is CRITICAL then call 911.

Keeping Your Information Confidential

There are government rules about keeping the information we get about you and your health confidential. The following is the information about your privacy and what your rights are as it relates to keeping your records protected from others who do not have a right to know what is on your health record. Your protected health information may be disclosed and used by us only with your written authorization. Some exceptions to this include treatment, payment, or health care operations.

PAYMENT PURPOSES:

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payer. It may also be necessary to release Protected Information to obtain prior approval from your health insurance. We may also release your Protected Information to another health care provider, individual or entity covered by the HIPAA regulations who has a relationship with you for their payment activities.

TREATMENT PURPOSES:

We may use or disclose your Protected Information for treatment purposes. During your care with our organization, it may be necessary for various personnel involved in your care to have access to your Protected Information in order to provide you with quality care.

HEALTH CARE OPERATIONS:

Your Protected Information may also be used for health care operations which are necessary to ensure the provider gives the highest quality of care. For example, your Protected Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluations or training of health care professionals or students.

Keeping You Safe at Home

Your safety is important to us. There are many situations that can pose a threat to your personal safety. This section is to identify those safety concerns with you and help prevent further problems with your health.

MEDICATION SAFETY:

- Medications and treatments are ordered and given under the indirect supervision of your physician.
- Take your medicine exactly as prescribed by your physician.
- If your physician has changed your medication but the label has not changed, be sure and tell the health care provider.
- Store your medication in a safe place according to the storage instructions on the label.
- Keep all medications together in one location if storage instructions are the same.
- Medications that you no longer take should be disposed of in a safe manner. Your nurse or pharmacist can educate you about safe disposal of medications.
- Do not discontinue your medications without physician permission.
- Never use someone else's prescription medication.
- If you miss a dose DO NOT take a double dose or alter the time or the dose in any way without checking with the nurse, pharmacist, or physician.
- Attempt to understand your medicine and what it does as much as you can. Read the medication information provided or ask a nurse or pharmacist for reading material about the medication.
- Keep an accurate record of ALL medication that you take. This includes prescription medication, over the counter medication, and any vitamins or herbal products. Include on this record any medical alerts, allergies, or suspected allergies that you might have.

Keeping You Safe at Home (Cont'd.)

OXYGEN SAFETY:

- Do not use oxygen by open flames such as gas stove.
- Do not smoke while using oxygen.
- Oxygen tanks should be stored in a stand or cart to prevent tipping and falling. Tanks not in a stand or cart can be placed flat on the floor.
- In an electrical outage be sure portable tanks are easily accessible.
- Check portable tanks monthly if not using to be sure tanks remain full.
- Turn off all oxygen if an open flame is present.
- Notify the utility company that you are on oxygen and your home should be a priority for any power outages.

FIRE SAFETY/BURN PREVENTION:

The following is a list that you can put into action in your home that will minimize the chance of fires and burns.

- Have water heaters set at 120 degrees or lower.
- Never smoke in bed or lying on the couch.
- Be cautious about cooking in clothes that are too loose or that are made of very flammable material.
- Keep cooking pan handles turned inward on the stove and check to insure burners and oven are shut off after use.
- Keep exits out of the home clear of clutter.
- Have an escape plan in the event of fires. This is especially important for where you sleep.
- Have your furnace and other potentially dangerous equipment checked annually.
- Have smoke alarms in every room. Check them monthly. Replace the batteries every six months.
- If smoke is present get down as low as possible and crawl out of the area.
- If a door is closed and feels hot to the touch, DO NOT OPEN IT. Take a different way out of the room or house.

Keeping You Safe at Home (Cont'd.)

FALLS SAFETY:

Falls are the most common cause of injury and can cause serious health results. It is important that you protect yourself from the possibility of falling. Follow these tips to help prevent the likelihood of falling.

- Keep pathways where you walk open and clear of clutter.
- Place handrails that you can easily grasp in areas where fall risks increase.
- Make sure loose small objects are off the floor.
- Make sure that carpet is not loose or uneven.
- Throw rugs should be removed.
- Do not run cords under rugs.
- Use your walker, cane, wheelchair as directed.
- Select non-skid soles on your footwear.
- Be cautious of spills and liquids on floors.
- Have a grab bar and tub mat in your shower area.
- Keep adequate lighting throughout your home (i.e. night lights, basement lights, etc).

PERSONAL SAFETY:

- Keep your Individualized Emergency Plan and Emergency Kit in a safe, easy to access place.
- Keep emergency numbers posted by all telephones.
- Keep all doors and windows locked.
- Do not open doors for strangers. Ask for identification.
- Keep the telephone within reach.
- Replace burned out light bulbs.
- Keep flashlight with fresh batteries by the bed for emergencies.
- Keep personal information such as social security number, credit cards, etc in safe place.
- Keep frequently used items within easy reach.

Infection Control

Infection control is also a safety issue since managing the spread of infections is a major part of maintaining your health. The single most important way to decrease the spread of infections is good hand washing. A good hand washing should last 15-30 seconds using soap and water. Rub your hands together in a circular motion to generate friction. Rub all sides of your hands and between your fingers. Point hands downward and rinse with water. Dry your hands with a clean towel or paper towels. It is good if you can provide the home health professional with a specific location to wash their hands with antibacterial soap and paper towels.

DISPOSAL OF ITEMS AND EQUIPMENT:

You will need to assist in disposing of care items and equipment. Place items such as disposable incontinence products, plastic tubing, or dressings in a garbage bag. It is best to have a separate waste basket or lined box to use to dispose of patient care items. When the bag is almost full, secure the opening with a tie. Place the bag inside another bag and place beside your other trash. If your state or local authority has more specific guidelines the health care professional will provide you with other instructions.

CARING FOR ITEMS THAT ARE NOT DISPOSABLE:

Equipment used by the patient should be cleaned at least three times a week or when obviously soiled. Equipment can be cleaned with hot, soapy water, wiped down with a household cleaner, or with a disposable antibacterial cleaning wipe. Thermometers should be cleaned with alcohol before and after each use.

PRESENCE OF BLOOD AND/OR BODY FLUIDS:

If there are blood or body fluids that the care provider has to manage, gloves should be worn. Spills should be cleaned up after putting on gloves. Use paper towels to wipe up the spill and follow with a household bleach solution to clean the area. For the bleach solution use 1 part bleach to 10 parts water. Double bag anything you must dispose of and place in the trash unless otherwise instructed.

*If the patient you are caring for is HIV positive, further instruction will be provided for you and your family.

Infection Control (Cont'd.)

SHARP OBJECTS:

Because there is the potential for sharp objects used on the patient to contaminate another person by inadequate disposal it is important to understand appropriate disposal of sharp objects. The following items are to be disposed of in a NON-FLEXIBLE container such as an empty liquid laundry detergent bottle.

- Needles
- Syringes
- Glass tubes
- I.V. Catheters
- Razor blades or lancets
- Staples from surgical incisions
- Scissors

Being Prepared for a Emergency/Disaster

During your initial assessment, your home health clinician will discuss and help you to develop your individualized emergency plan. This conversation may include your representative (if any), care provider, your family member(s) and/or any person involved in your care that would contribute to your safety.

Your personal plan will cover potential natural or man-made disasters/emergencies. For example, discussions will include home fire hazards, equipment failure, flooding, tornadoes or an agency-based disaster like a cyber-attack; including, how and when to contact your local emergency officials.

You will be informed about the services the home health agency has the ability to provide during an emergency and community resources that are available. Every effort will be made to avoid interruption of your services, including transferring your services to another provider if your current agency is not able to meet your needs.

Being Prepared for a Emergency/Disaster (Cont'd.)

During an emergency, if you need to be evacuated from your home, the home health agency will notify the appropriate state and local emergency officials about your health care needs, your mobility needs, special equipment you use, special needs you have, and the need for transportation.

Your health information is HIPAA protected and is always kept confidential. Your information is shared as needed with other professionals who will help to support the safe continuity of your care. You will be informed about any additional services; for example, a transportation service to a shelter.

If you think you are experiencing an urgent personal problem related to your health, contact your clinician or the home health agency. Your clinician will explain to you how and when to contact your home health agency. The agency is available 24/7 and will work with you to help you avoid any unnecessary emergency room visits and/or hospitalizations. *If you believe it is a life-threatening event call 911.*

Your emergency plan may need to be updated if your health condition changes. Your clinician will help you update your emergency plan.

A written copy of your plan will be given to you and your caregiver. Do not misplace your plan. Keep it where you can find it quickly, including your emergency kit with supplies you might need.

The following pages have suggestions to help you get organized.

It is not uncommon to experience one of the following during a community emergency situation.

- Interruptions in electrical and/or water service.
- Unavailability of telephone service and public systems (for example, radio, TV and internet).
- Impassable roads.
- Contaminated water/food.
- Interruption of public transportation.

Being Prepared for a Emergency/Disaster (Cont'd.)

It is a good idea to have an emergency kit prepared. Depending on the region you live in the kit could vary slightly. The following are standard supplies for most emergency situations:

- 1) Flashlight
- 2) Extra batteries (alkaline and/or lithium) for both the flashlight and the radio
- 3) Battery operated radio or a hand crank radio
- 4) First aid supplies including your personal medications
- 5) Sleeping supplies/blankets/sleeping bags
- 6) Cash
- 7) Canned foods and bottled water for at least three days
- 8) Non-electric can opener
- 9) Long burning candle and waterproof matches
- 10) Pet food and supplies
- 11) Toilet paper and hygiene products
- 12) Whistle on a neck cord
- 13) Important papers in a plastic zip-top bag

It is also beneficial to discuss your emergency plan with family members in advance of the emergency situation. Additional things to be considered are:

- 1) Keep a list of telephone numbers with emergency contacts on it and know how to access them if assistance is needed.
- 2) Know how to use any manual back up systems that you may have.
- 3) Wear footwear if you go outside of your home.
- 4) Know how to turn off the gas, water, and electricity in your home.

When should you seek emergency shelter and evacuate your home?

- Persons that are instructed by the local radio or TV station to leave their homes.
- Persons that live in a mobile house.
- Persons who require additional support or have special health needs that could be endangered by the loss of electricity or lack of assistance.

Your choices are to leave the area, stay with family or friends that are in a safe location or go to a public shelter. If you are evacuating your home be sure that you take along enough medication (at least one week). It is also recommended to take along insurance papers and identification papers. A few personal hygiene items should be included as well.