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Oxygen Users Disaster Evacuation Planning Guide©

Provided Compliments of:

No Person Left Behind

www.oxygen.nopersonleftbehind.org

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Create an Oxygen Disaster Evacuation Plan

A personal oxygen user's safety plan can make you or a family member who uses oxygen better prepared during any disaster. First, know if you live in an evacuation area. Next, know your home's vulnerability to **storm surge**, **flooding** and **wind**.

Your plan is based on this knowledge. The following options will help guide your decision to stay at home or evacuate. If you live in a mobile home or on a boat, you must always evacuate.

Option A: Stay at home. If your home can withstand the expected winds, and you are away from the coast and not in a flood prone area, consider staying home. **(**See the current ALL HAZARDS GUIDE for your county or visit your county Emergency Operations Center website).

Option B: **Stay with a relative, friend, or hotel outside the evacuation area**. If you plan to do this, make arrangements in advance. Consider where you will go if the friend or relative is not home.

Option C: Relocate out of the area. Local officials will tell you which evacuation routes to use. Plan your route ahead of time, also plan alternate routes. Include maps and directions in your hurricane kit. Leave early to avoid high wind and flooding.

Option D: Go to a public shelter if you have no safe place to go. Local media will announce which shelters are open. Do not wait until the last minute to learn the route to the shelter. Shelters will not be able to provide oxygen or other medical equipment, supplies, care, etc. You need to take your personal Medical Go Kit with you.

- **Evacuate if ordered**.
- **Move quickly but without panic.**
- **Execute your family plan.**

Gather and record important information in this booklet to create your Oxygen Disaster Plan. This plan will help you or any oxygen user safety plan to better prepared during any disaster.. After your plan is complete, discuss it with everyone involved and keep a copy in your Disaster Evacuation Kit and your Oxygen Evacuation Kit.

EVALUATE YOUR RISK

What is the storm surge category where your home is located? (see the current ALL HAZARDS GUIDE or visit www.LeePA.org)	
What is the finished floor elevation for your home's first floor?	

YES	NO	
[ ]	[ ]	I live in a Tropical Storm or Category 1 Storm Surge Area.
[ ]	[ ]	I live in a mobile or manufactured home.
[ ]	[ ]	I live in an RV or onboard a boat.
[ ]	[ ]	I live on an island.

If you answered YES to any of these, your home is not safe from storm surge. You will be among the first to be **ordered to evacuate**. Keep a copy of your plan handy, prepare your supplies and evacuate immediately if ordered. One should **consider evacuation** if they use electrically powered medical equipment and refrigerated medicines and have no portable or stationary home generator to provide power for an extended period of time.

YES	NO	
[ ]	[ ]	My home does not have a hurricane rated garage door.
[ ]	[ ]	My home has a gabled roof.
[ ]	[ ]	My home does not have storm shutters or other code approved window protection.

If you answered yes to any of these questions, you should protect and strengthen those areas. If you have not addressed these, **you should probably evacuate**.

YES	NO	
[ ]	[ ]	I am required to purchase flood insurance.
[ ]	[ ]	My home was built prior to 2003.
[ ]	[ ]	There are large trees that could hit my house if they blew over.
[ ]	[ ]	My home has two or more stories constructed of different materials. (i.e. CBS lower story and wood framed upper story)
[ ]	[[	I live in a building with an elevator and would have a hard time getting in and out if the elevator did not work.

If you answered yes to any of these questions, you or your home may be vulnerable to the impact of a hurricane. **You should consider evacuation**.

January – April

DISASTER PREPAREDNESS CHECKLIST

Done	To Do	N/A	**Inspect Your Home:**
[ ]	[ ]	[ ]	Inspect Roof – Top (shingles, tiles, vents, etc.)
[ ]	[ ]	[ ]	Inspect Roof – Attic (roof anchors, sheathing, etc.)
[ ]	[ ]	[ ]	Inspect Storm Shutters / Window Protection (include any tools)
[ ]	[ ]	[ ]	Inspect Garage Door Bracing (include any tools)
[ ]	[ ]	[ ]	Identify household utility shut offs and how to operate them
[ ]	[ ]	[ ]	Consider creating a safe room
[ ]	[ ]	[ ]	Confirm that house numbers are easily visible from the street
[ ]	[ ]	[ ]	Inspect and prune or remove trees that could fall on your house
[ ]	[ ]	[ ]	Make any required repairs
[ ]	[ ]	[ ]	Identify any special tools needed and their location

Done	To Do	N/A	**Create a Oxygen Disaster Plan and Evacuation Kit:**
[ ]	[ ]	[ ]	Review or develop your oxygen disaster plan
[ ]	[ ]	[ ]	Secure waterproof containers for documents and supplies
[ ]	[ ]	[ ]	Secure coolers for food and ice (wheels and pull handles help)
[ ]	[ ]	[ ]	Purchase a landline (old fashioned) phone if you don’t have one
[ ]	[ ]	[ ]	Begin to rotate dated items from your supply kit to current use

Done	To Do	N/A	**Inventory Household Contents and Review Insurance:**
[ ]	[ ]	[ ]	Make an itemized inventory of your belongings
[ ]	[ ]	[ ]	Photograph or video tape your possessions (with date if possible)
[ ]	[ ]	[ ]	Review and update your insurance policies as needed
[ ]	[ ]	[ ]	Record policy numbers and claims telephone number
[ ]	[ ]	[ ]	Copy important records for your supply kit

Done	To Do	N/A	**Other Special Considerations:**
[ ]	[ ]	[ ]	Plan for any special medical needs you may have
[ ]	[ ]	[ ]	Update pet/service animal vaccinations and records
[ ]	[ ]	[ ]	Make plans for boats and/or RVs
[ ]	[ ]	[ ]	

PREPARE YOUR OXYGEN DISASTER KIT

Have	Need	N/A	IMPORTANT DOCUMENTS for EVERYONE
[ ]	[ ]	[ ]	Driver's License / Personal Identification
[ ]	[ ]	[ ]	Military ID / DD214
[ ]	[ ]	[ ]	Passports / Green Card / Naturalization Documents
[ ]	[ ]	[ ]	Social Security Cards
[ ]	[ ]	[ ]	Health and Medical Insurance Documents
[ ]	[ ]	[ ]	Disabilities Services Documentation
[ ]	[ ]	[ ]	Marriage Certificates
[ ]	[ ]	[ ]	Will / Power of Attorney
[ ]	[ ]	[ ]	Deed or Lease (for proof of residence)
[ ]	[ ]	[ ]	Vehicle Registration / Titles / Proof of Insurance
[ ]	[ ]	[ ]	Property Insurance Documents
[ ]	[ ]	[ ]	Life Insurance Documents

Have	Need	N/A	Oxygen / Nebulizer / CPAP-BiPAP - Item Check List
[ ]	[ ]	[ ]	Oxygen Prescription Document - backup
[ ]	[ ]	[ ]	Oxygen Concentrator – with instruction guide
[ ]	[ ]	[ ]	Oxygen Concentrator 110 Volt power supply
[ ]	[ ]	[ ]	Oxygen Concentrator 12 Volt power supply
[ ]	[ ]	[ ]	Oxygen Tanks – How many? [ ]
[ ]	[ ]	[ ]	Oxygen Manifold – backup – 1 each
[ ]	[ ]	[ ]	Oxygen Wrench – plastic - backup - 1 each
[ ]	[ ]	[ ]	Oxygen Tank Washers – backup - 2 each
[ ]	[ ]	[ ]	Oxygen Nasal Cannula - 2 each
[ ]	[ ]	[ ]	Oxygen Tubing 7 foot extension - 2 each
[ ]	[ ]	[ ]	Oxygen Tubing 20 foot extension - 1 each
[ ]	[ ]	[ ]	Oxygen Extension Connectors - 2 each
[ ]	[ ]	[ ]	Nebulizer
[ ]	[ ]	[ ]	Nebulizer tubing, tee, mouthpiece, and reservoir
[ ]	[ ]	[ ]	Nebulizer breathing medicine
[ ]	[ ]	[ ]	CPAP/BiPAP Prescription Document - backup
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Distilled Water - 1 gallon in travel
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – 6 / 8 Foot Hose - 1 each
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Face / Nasal Mask - 1 each
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Oxygen Enrichment Adapter 1 each
[ ]	[ ]	[ ]	Your Name Labels - on your Equipment
[ ]	[ ]	[ ]	Power Extension Cords - 9 foot and or 15 foot

OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

Do you take any **breathing prescription medicines**?______If yes, list them on the MEDICATION LOG
Do you take any over the counter breathing medicines?______If yes, list them on the MEDICATION LOG
Do you have at least a two week supply of your breathing medicine? How will you get your breathing medicine replaced or refilled if it is lost or if you run out?
Comments:

Do you take any **Nebulizer breathing prescription medicines**?______If yes, list them on the MEDICATION LOG
Do you have at least a two week supply of your Nebulizer breathing medicine? How will you get your Nebulizer breathing medicine replaced or refilled if it is lost or if you run out?
Comments:

What will happen if you are away from home and your regular doctor and pharmacy? What if your doctor or regular pharmacy is effected and not available? What will you do?
Comments:

Does any of your **medicine need to be refrigerated**?_______If yes, how will you do that without normal power (battery powered refrigerator, cooler with ice, with dry ice)? Where will you get the things you need? How long can you keep your medicine without regular power?	
Comments:	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

Do you use any **Durable Medical Equipment**?	If yes, complete the following:
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

Do you use **Oxygen**? If yes, complete the following: (also see Oxygen Check List)	
What is the cylinder size? How long will your supply last?	Do you keep spare cylinders? How will you get more if needed?
Comments:	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

Do you use **Nebulizer**?______If yes, complete the following: (also see Oxygen Check List)	
Do you have a spare set of - tubing, tee, mouthpiece, and reservoir? How will you get more if needed?	
Comments:	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

Do you use a **CPAP/BiPap Breathing Machine**?______If yes, complete the following: (also see Oxygen Check List)	
Do you have spare tubing? How will you get more if needed?	Do you have a spare face mask?
Comments:	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

Do you use an **electric wheelchair** or **scooter**?_______If yes, complete the following. Do you have extra batteries? Does it have an **Oxygen bracket**?	
Comments:	
Supplier or Repair Service Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

Do you use a **manual wheel chair** or can you **substitute a manual chai**r for your electric model if needed?_______ Does it have an **Oxygen bracket or Oxygen bag**? If so, complete the following:	
Supplier or Repair Service Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

Depending on your chair type and specific needs, here are some additional items to consider.
• Portable Ramp
• Heavy gloves for use while possibly wheeling over broken glass and debris
• A spare battery for your chair and/or adapter for recharging your battery from a vehicle
• Tire patch kit and portable air compressor or canned “seal-in-air product” to repair flat tires
• Spare cane or walker (if appropriate) in case your chair becomes unusable.

Do you rely on other **battery powered equipment** (hearing aids, alarms, phone alerts). If yes, do you have spare batteries for them? Can you get replacement batteries easily or do they have to be special ordered? If they must be special ordered, complete the following:	
Comments:	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

Do you use any **other electrical equipment** that is critical to your well-being? Do you have electrical extension cords? (i.e. 9 foot, 10 foot, 15 foot) What will happen if you lose power? Is there a manual or battery operated substitute that you can use?

Do you use disposable or limited use items (i.e. dressings, catheters, cannulas, adult diapers) If yes, do you have at least a two-week supply? If you run out where will you get more?	
Supplier Name	**Your Account Number**
Normal Telephone Number	**Emergency Telephone Number**

If you must relocate out of this area, will your answers to the previous questions change? Do you need additional plans?

Have you contacted all your health providers and discussed your plans with them?
Do they have complete contact information for you (routine and emergency)?
Have you identified your out-of-the-area contact to them and provided contact information?
Do medical providers have plans to continue your care after a disaster? What are the plans?
If you need care in a hospital, make prior arrangements with your doctor. What hospital?

If you answered yes to some of the previous questions, you should consider registering with the **County Special Needs Program**. **The service is free**. Call **your County Emergency Operations Center**
Have you completed the Special Needs Application?
What is your Special Needs Shelter assignment?
You must have a care giver to be in a Special Needs Shelter. Who is your caregiver?
If you do not live with them, how will you contact them?

NOTES

MEDICATION LOG

Name of the Person Taking These Medications	Date This Form Was Completed or Updated

Primary Care Physician	**Your Account Information (if needed)**
Regular Telephone Number	**Emergency Telephone Number**

Name of Medication	Dosage and Times	Reason for taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for taking	Size, Shape, Color
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Name of Medication	Dosage and Times	Reason for taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

OXYGEN EQIUPMENT CHANGING

Equipment Change Out Time Frame	Oxygen / Nebulizer / CPAP- Item Check
Update yearly if you Travel and Fly	Oxygen Prescription Document - backup
Oxygen Concentrator	
Replace as needed for repair	Oxygen Concentrator
Replace as needed for repair	Oxygen Concentrator 110 Volt power supply
Replace as needed for repair	Oxygen Concentrator 12 Volt power supply
Oxygen Tanks	
Replace as needed if they are empty	Oxygen Tanks – How many? [ ]
Replace as needed for repair	Oxygen Manifold
Replace as needed if broken or lost	Oxygen Wrench – plastic
Replace every 2 weeks	Oxygen Nasal Cannula
Replace every month	Oxygen Tubing 7 foot extension
Replace every month	Oxygen Tubing 20 foot extension
Replace every month	Oxygen Extension Connectors
Nebulizer	
Replace as needed for repair	Nebulizer
Replace every month	Nebulizer tubing, tee, mouthpiece, and reservoir
Replace as needed	Nebulizer breathing medicine
CPAP/BiPAP	
Replace as needed for repair	CPAP breathing unit
Replace as needed	CPAP breathing unit – Distilled Water - 1
Replace every 3 months	CPAP breathing unit – 6/8 Foot Hose
Replace every 6 months	CPAP breathing unit – Face Mask
Replace as 3 months needed, if broke or missing	CPAP breathing unit – Oxygen Enrichment Adapter
Replace as needed	Your Name Labels - on your Equipment

Oxygen Users Disaster Evacuation Planning Checklist

PREPARE YOUR OXYGEN DISASTER KIT

Have	Need	N/A	Oxygen / Nebulizer / CPAP-BiPAP - Item Check List
YES		**NO**	**On questions that request a YES or NO answer**
[ ]	[ ]	[ ]	Do you use **Oxygen**?
[ ]	[ ]	[ ]	Do you take any **breathing prescription medicines**?
[ ]	[ ]	[ ]	Oxygen Prescription Document - backup
[ ]	[ ]	[ ]	Oxygen Concentrator – with instruction guide
[ ]	[ ]	[ ]	Oxygen Concentrator 110 Volt power supply
[ ]	[ ]	[ ]	Oxygen Concentrator 12 Volt power supply
[ ]	[ ]	[ ]	Oxygen Tanks – How many? [ ]
[ ]	[ ]	[ ]	Oxygen Manifold – backup – 1 each
[ ]	[ ]	[ ]	Oxygen Wrench – plastic - backup - 1 each
[ ]	[ ]	[ ]	Oxygen Tank Washers – backup - 2 each
[ ]	[ ]	[ ]	Oxygen Nasal Cannula - 2 each
[ ]	[ ]	[ ]	Oxygen Tubing 7 foot extension - 2 each
[ ]	[ ]	[ ]	Oxygen Tubing 20 foot extension - 1 each
[ ]	[ ]	[ ]	Oxygen Extension Connectors - 2 each
[ ]	[ ]	[ ]	Do you use **Nebulizer**?
[ ]	[ ]	[ ]	Nebulizer tubing, tee, mouthpiece, and reservoir
[ ]	[ ]	[ ]	Nebulizer breathing medicine (Do you have 30 day supply?)
[ ]	[ ]	[ ]	Do you use a **CPAP/BiPap Breathing Machine**?
[ ]	[ ]	[ ]	CPAP/BiPAP Prescription Document - backup
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Distilled Water - 1 gallon in travel
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – 6 / 8 Foot Hose - 1 each
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Face / Nasal Mask - 1 each
[ ]	[ ]	[ ]	CPAP/BiPAP breathing unit – Oxygen Enrichment Adapter 1 each
[ ]	[ ]	[ ]	Did you put Your Name Labels - on your Equipment
[ ]	[ ]	[ ]	Power Extension Cords - 9 foot and or 15 foot

OXYGEN PLAN FOR SPECIAL HEALTH NEEDS

YES		NO	On questions that request a YES or NO answer
[ ]	[ ]	[ ]	Do you have a plan if you are away from home?
[ ]	[ ]	[ ]	Does any of your **medicine need to be refrigerated**?
[ ]	[ ]	[ ]	Do you use an **electric wheelchair** or **scooter**
[ ]	[ ]	[ ]	Do you use a **manual wheel chair**
[ ]	[ ]	[ ]	can you **substitute a manual chair** for your electric model if needed?

[ ]	[ ]	[ ]	Does it have an **Oxygen bracket or Oxygen bag**?
[ ]	[ ]	[ ]	Do you rely on other **battery powered equipment** (hearing aids, alarms,
[ ]	[ ]	[ ]	Do you use disposable or limited use items (i.e. dressings, catheters,
[ ]	[ ]	[ ]	Do they have complete contact information for you (routine and emergency)?
[ ]	[ ]	[ ]	Have you contacted all your health providers and discussed your plans with
[ ]	[ ]	[ ]	Have you identified your out-of-the-area contact to them and provided
[ ]	[ ]	[ ]	Do medical providers have plans to continue your care after a disaster?
[ ]	[ ]	[ ]	If you answered yes to some of the previous questions, you should consider

OXYGEN EQIUPMENT CHANGING

Equipment Change Out Time Frame	Oxygen / Nebulizer / CPAP- Item Check List
Update yearly if you Travel and Fly	Oxygen Prescription Document - backup
Oxygen Concentrator	
Replace as needed for repair	Oxygen Concentrator
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Replace as needed if they are empty	Oxygen Tanks – How many? [ ]
Replace as needed for repair	Oxygen Manifold
Replace as needed if broken or lost	Oxygen Wrench – plastic
Replace every 2 weeks	Oxygen Nasal Cannula
Replace every month	Oxygen Tubing 7 foot extension
Replace every month	Oxygen Tubing 20 foot extension
Replace every month	Oxygen Extension Connectors
Nebulizer	
Replace as needed for repair	Nebulizer
Replace every month	Nebulizer tubing, tee, mouthpiece, and reservoir
Replace as needed	Nebulizer breathing medicine
CPAP/BiPAP	
Replace as needed for repair	CPAP breathing unit
Replace as needed	CPAP breathing unit – Distilled Water - 1 gallon
Replace every 3 months	CPAP breathing unit – 6/8 Foot Hose
Replace every 6 months	CPAP breathing unit – Face Mask
Replace as 3 months needed, if broke or missing	CPAP breathing unit – Oxygen Enrichment Adapter
Replace as needed	Your Name Labels - on your Equipment

This is the Oxygen users checklist, for a more detailed plan please use the Oxygen Disaster Planning Guideline located at http://nopersonleftbehind.org/Publications/OxygenDisasterEvacuationPlan.pdf

Oxygen Users Disaster Evacuation Planning Guideline

Emergency Travel Information

In order to assist you in your travels, the following information is recommended that you have all in one place so that it can be located easily and quickly in case you have an emergency.

Page 1 Your Name – Emergency Medical Travel Information

Page 2 Travel Itinerary – where you are going to.
a. copy of your tickets or boarding passes or Travel Information

Page 3 Travel Itinerary – when you are going to return home.
a. copy of your tickets or boarding passes or Travel Information

Page 4 Contact information for where you are going
a. Name of Contact
b. Phone Number of Contact
c. Address of Contact

Page 5 Travel authorization for Concentrator
a. Request from Airline
b. Fill out top part by you
c. Give to your Pulmonary Doctor to complete
d. Then fax to the number on the form
e. Keep copy here for your travel and to get through TSA

Page 6 Copy of your **medical diagnoses** from your doctor.

Page 7 Copy of your **medical issue invoice for your concentrator with your name on it to confirm that this device was issued to you**.

Page 8 List **of medications, medical conditions, surgeries and medical insurance, also include your name, date of birth, ssn, phone number and address**.

Page 9 List of all your **doctors to include name, address, phone, fax and specialty**.

Page 10 Copy of **Oxygen Users Disaster Evacuation Planning Guide**
a. http://www.nopersonleftbehind.org/Publications/OxygenDisasterEvacuationPlan.pdf

Page 11 Copy of your **Oxygen Concentrator Users Manual**
Page 12 Copy of **Safe Travel Guide for Persons with Disabilities**
a. Located at http://www.nopersonleftbehind.org/safe-travel/safe-travel.htm