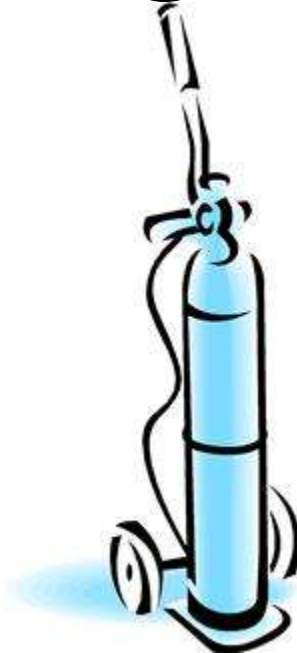


May 2012 Edition

Oxygen Users Disaster Evacuation Planning Guide.®



Provided Compliments of:

No Person Left Behind

www.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.

- **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, <u>your home is not safe from storm surge</u> . 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.		

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
☐	☐	☐	Oxygen Concentrator 110 Volt power supply
☐	☐	☐	Oxygen Concentrator 12 Volt power supply
☐	☐	☐	Oxygen Tanks – How many? ☐
☐	☐	☐	Oxygen Manifold
☐	☐	☐	Oxygen Wrench – plastic - backup - 1 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 breathing unit
☐	☐	☐	CPAP/BiPAP breathing unit – Distilled Water - 1 gallon
☐	☐	☐	CPAP/BiPAP breathing unit – 6/8 Foot Hose - 1 each
☐	☐	☐	CPAP/BiPAP breathing unit – Face Mask - 1 each
☐	☐	☐	CPAP/BiPAP breathing unit – Oxygen Enrichment Adapter 1 each
☐	☐	☐	Your Name Labels - on your Equipment

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?	Do you keep spare cylinders?
How long will your supply last?	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?	Do you have a spare face mask?
How will you get more if needed?	
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 chair 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 EOC for more information.
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

OXYGEN EQUIPMENT 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