

# Ventilator Respiratory Disaster Planning Guide

Have	Need	N/A	Ventilator - Item Check List
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Prescription Document - backup
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator instruction guide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator 110 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator 12 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Heated Humidifier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distilled Water - 1 gallon for travel in approved travel container
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Patient Circuit - 4 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Battery Pack Charger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Battery – 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Face / Nasal Mask - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator Backpack Case
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your Name Labels - on your Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Extension Cords - 9 foot and or 15 foot

Do you use a **Ventilator Breathing Machine**? \_\_\_\_\_ If yes, complete the following: (also see Ventilator Check List)

Comments:

<b>Supplier Name</b>	<b>Your Account Number</b>
<b>Normal Telephone Number</b>	<b>Emergency Telephone Number</b>

Do you use an **electric wheelchair** or **scooter**? \_\_\_\_ If yes, complete the following:  
 Do you have extra batteries?  
 Does it have a **Ventilator bracket**?

Comments:

<b>Supplier Name</b>	<b>Your Account Number</b>
<b>Normal Telephone Number</b>	<b>Emergency Telephone Number</b>

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<p>Do you rely on other <b>battery powered equipment</b> (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:</p>	
<p>Comments:</p>	
<p><b>Supplier Name</b></p>	<p><b>Your Account Number</b></p>
<p><b>Normal Telephone Number</b></p>	<p><b>Emergency Telephone Number</b></p>

<p>Do you use disposable or limited use items (i.e. Ventilator Patient Circuit)?          If yes, do you have at least a four (4) -week supply?          Do you have a spare face mask?          How will you get more, if needed?</p>	
<p>Comments:</p>	
<p><b>Supplier Name</b></p>	<p><b>Your Account Number</b></p>
<p><b>Normal Telephone Number</b></p>	<p><b>Emergency Telephone Number</b></p>

<p>Do you use any <b>other electrical equipment</b> 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?</p>	
<p>Comments:</p>	
<p><b>Supplier Name</b></p>	<p><b>Your Account Number</b></p>
<p><b>Normal Telephone Number</b></p>	<p><b>Emergency Telephone Number</b></p>

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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?

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## NOTES


## VENTILATOR EQUIPMENT CHANGING

Equipment Change Out Time Frame	Ventilator - Item Check
Update yearly if you Travel and/or Fly	Ventilator Prescription Document - backup
<b>Ventilator</b>	
Replace as needed for repair	Ventilator
Replace as needed for repair	Ventilator 110 Volt power supply
Replace as needed for repair	Ventilator 12 Volt power supply
Replace as needed for repair	Ventilator Heated Humidifier
Replace every week	Ventilator Patient Circuit
Replace as needed	Heated Humidifier – Distilled Water
Replace every month	Ventilator – Face Mask Cushion
Replace every 6 months	Ventilator – Face Mask / Nasal Mask
<b>Oxygen Tanks</b>	
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