

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use Oxygen ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you take any breathing prescription medicines ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Prescription Document - backup
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator – with instruction guide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator 110 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Concentrator 12 Volt power supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tanks – How many? []
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Manifold – backup – 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Wrench – plastic - backup - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tank Washers – backup - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Nasal Cannula - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tubing 7 foot extension - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Tubing 20 foot extension - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Extension Connectors - 2 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use Nebulizer ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer tubing, tee, mouthpiece, and reservoir
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer breathing medicine (Do you have 30 day supply?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a CPAP/BiPap Breathing Machine ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP Prescription Document - backup
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Distilled Water - 1 gallon in travel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – 6 / 8 Foot Hose - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Face / Nasal Mask - 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPAP/BiPAP breathing unit – Oxygen Enrichment Adapter 1 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you put Your Name Labels - on your Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a plan if you are away from home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any of your medicine need to be refrigerated ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use an electric wheelchair or scooter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a manual wheel chair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	can you substitute a manual chair for your electric model if needed?

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

OXYGEN EQUIPMENT 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
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 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>