

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:

Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

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:

Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

Ventilator Respiratory Disaster Planning Guide

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

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?	
Comments:	
Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

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?	
Comments:	
Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

Ventilator Respiratory Disaster Planning Guide

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?

