

August 2020 Edition

Respiratory/Oxygen Users Disaster Evacuation Planning Guide®



Provided Compliments of:

No Person Left Behind

www.oxygen.nopersonleftbehind.org

(239) 368-6846



No Person Left Behind

Respiratory.nopersonleftbehind.org

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FIRE SAFETY VALVE INFORMATION

Help improve patient safety by reducing the impact of oxygen-aided fires with the Firesafe Cannula Valve.

- Automatically stops the flow of oxygen in the event that the downstream oxygen tubing is ignited
- Offers a cost-effective solution to lower the risk of serious patient injury in an oxygen line.
- Can be installed in seconds and helps keep patients safe no matter what method of oxygen delivery they use.
- Now bidirectional, so it's easier to install.
- 4 year intended life (or until it shuts off in the event of a fire)
- Serving as a longer-lasting tubing connector.

The potential for firebreaks to reduce the impact of accidents and saves lives is clear.

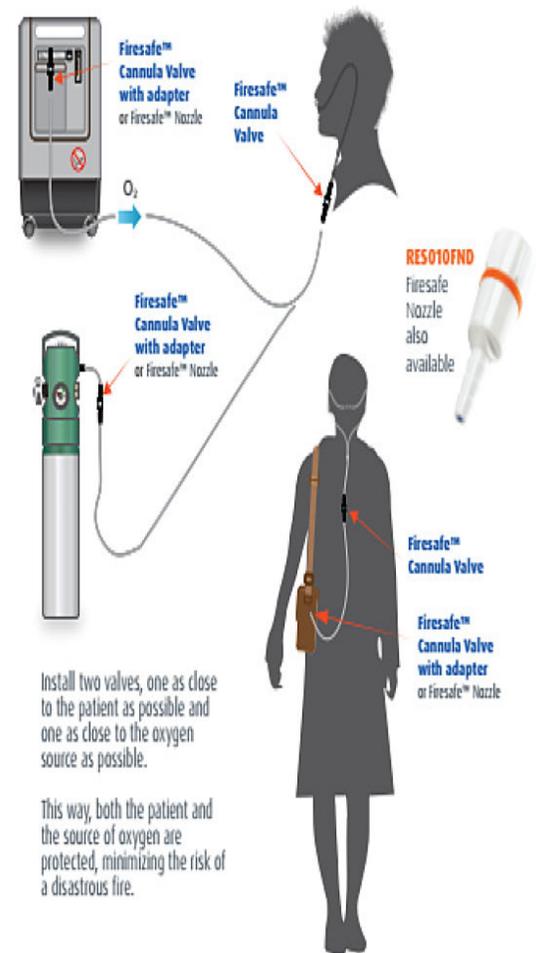
After firebreaks became mandatory in England and Wales in 2006, the Average number of deaths by fire was .36 per thousand patients per year. In the US, where firebreaks were not required, 0.62 patients per thousand died – almost twice as many.



OXYGEN SAFETY



RES010
Firesafe Valve



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 | |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I live in a Tropical Storm or Category 1 Storm Surge Area. |
| <input type="checkbox"/> | <input type="checkbox"/> | I live in a mobile or manufactured home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I live in an RV or onboard a boat. |
| <input type="checkbox"/> | <input type="checkbox"/> | I live on an island. |
| <p>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. One should consider evacuation if they <u>use electrically powered medical equipment and refrigerated medicines</u> and have no portable or stationary home generator to provide power for an extended period of time.</p> | | |

| YES | NO | |
|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My home does not have a hurricane rated garage door. |
| <input type="checkbox"/> | <input type="checkbox"/> | My home has a gabled roof. |
| <input type="checkbox"/> | <input type="checkbox"/> | My home does not have storm shutters or other code approved window protection. |
| <p>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.</p> | | |

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

January – April

DISASTER PREPAREDNESS CHECKLIST

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

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

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

| Done | To Do | N/A | Other Special Considerations: |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan for any special medical needs you may have |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Update pet/service animal vaccinations and records |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make plans for boats and/or RVs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

PREPARE YOUR OXYGEN DISASTER KIT

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

| Have | Need | N/A | Oxygen / Nebulizer / CPAP-BiPAP - Item Check List |
|--------------------------|--------------------------|--------------------------|--|
| <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"/> | 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 |
| <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"/> | 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

| |
|--|
| 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 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? |

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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |

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 |
| | | |

Prescription Refills during an Emergency

Many people depend on prescription medications as part of their daily routine. During an emergency, routines are frequently interrupted and people often face unusually stressful situations. Following these simple steps may help ease some of the stress and allow prescription medication users to increase their chances of survivability. These steps generally apply to non-controlled medications. Special arrangements must be made to refill a prescription listed as a Schedule II controlled substance. A list of laws, rules and regulations is attached for reference.

- Have the name, address, phone number, and picture identification of the prescription user
- If possible, have the prescribing health professional's prescription (the "scrip")
- Have the bottle in which the prescription was last filled, which will include the name, address and phone number of the pharmacy that filled that prescription
- Have the name, address and phone number of the prescribing health care professional
- If the prescription is a Schedule II controlled substance, the pharmacy will need to contact the prescribing physician
- Have the name, address and phone number of the insurance provider (if appropriate)

Next is a compilation of rules, regulations and statutes.

Chapter 465, Florida Statutes

465.0275 Emergency prescription refill.--In the event a pharmacist receives a request for a prescription refill and the pharmacist is unable to readily obtain refill authorization from the prescriber, the pharmacist may dispense a one-time emergency refill of up to a 72-hour supply of the prescribed medication, with the exception of those areas or counties included in an emergency order or proclamation of a state of emergency declared by the Governor, in which the executive order may authorize the pharmacist to dispense up to a 30-day supply, providing that:

- (1) The prescription is not for a medicinal drug listed in Schedule II appearing in chapter 893.
- (2) The medication is essential to the maintenance of life or to the continuation of therapy in a chronic condition.
- (3) In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort.
- (4) The dispensing pharmacist creates a written order containing all of the prescription information required by this chapter and chapters 499 and 893 and signs that order.
- (5) The dispensing pharmacist notifies the prescriber of the emergency dispensing within a reasonable time after such dispensing.

Florida Executive Order 08-170 – Threat of Tropical Storm Fay

D. In accordance with 465.0275, Florida Statutes, any pharmacist in the areas or counties covered under this Executive Order are authorized to dispense up to a 30-day emergency prescription refill.

This is typical language in an executive order triggering the emergency refill stipulation.

Chapter 64B16-27, Florida Administrative Code

Rule 64B16-27.211, F.A.C Prescription Refills- No prescription may be filled or refilled in excess of one (1) year from the date of the original prescription was written. No prescription for a controlled substances listed in Schedule II may be refilled. No prescription for a controlled substance listed in Schedules III, IV, or V may be filled or refilled more than five (5) times within a period of six) months after the date on which the prescription was written.

Federal Rules

Title 21 Code of Federal Regulations

Part 1306.12 Refilling prescriptions; Issuance of multiple prescriptions.

(a) The refilling of a prescription for a controlled substance listed in Schedule II is prohibited.

(b)(1) An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance provided the following conditions are met:

(i) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;

(ii) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription;

(iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;

(iv) The issuance of multiple prescriptions as described in this section is permissible under the applicable state laws; and

(v) The individual practitioner complies fully with all other applicable requirements under the Act and these regulations as well as any additional requirements under state law.

(2) Nothing in this paragraph (b) shall be construed as mandating or encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing Schedule II controlled substances. Rather, individual practitioners must determine on their own, based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.

Schedule II Substances

2) SCHEDULE II.--A substance in Schedule II has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of the substance may lead to severe psychological or physical dependence. The following substances are controlled in Schedule II:

(a) Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis:

1. Opium and any salt, compound, derivative, or preparation of opium, except nalmefene or isoquinoline alkaloids of opium, including, but not limited to the following:

- a. Raw opium.
- b. Opium extracts.
- c. Opium fluid extracts.
- d. Powdered opium.
- e. Granulated opium.
- f. Tincture of opium.
- g. Codeine.
- h. Ethylmorphine.
- i. Etorphine hydrochloride.
- j. Hydrocodone.
- k. Hydromorphone.
- l. Levo-alphaacetylmethadol (also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM).

m. Metopon (methyldihydromorphinone).

n. Morphine.

o. Oxycodone.

p. Oxymorphone.

q. Thebaine.

2. Any salt, compound, derivative, or preparation of a substance which is chemically equivalent to or identical with any of the substances referred to in subparagraph 1., except that these substances shall not include the isoquinoline alkaloids of opium.

3. Any part of the plant of the species *Papaver somniferum, L.*

4. Cocaine or ecgonine, including any of their stereoisomers, and any salt, compound, derivative, or preparation of cocaine or ecgonine.

(b) Unless specifically excepted or unless listed in another schedule, any of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

1. Alfentanil.

2. Alphaprodine.

3. Anileridine.

4. Bezitramide.

5. Bulk propoxyphene (nondosage forms).

6. Carfentanil.

7. Dihydrocodeine.

8. Diphenoxylate.

9. Fentanyl.

10. Isomethadone.
11. Levomethorphan.
12. Levorphanol.
13. Metazocine.
14. Methadone.
15. Methadone-Intermediate,4-cyano-2-dimethylamino-4,4-diphenylbutane.
16. Moramide-Intermediate,2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid.
17. Nabilone.
18. Pethidine (meperidine).
19. Pethidine-Intermediate-A,4-cyano-1-methyl-4-phenylpiperidine.
20. Pethidine-Intermediate-B,ethyl-4-phenylpiperidine-4-carboxylate.
21. Pethidine-Intermediate-C,1-methyl-4- phenylpiperidine-4-carboxylic acid.
22. Phenazocine.
23. Phencyclidine.
24. 1-Phenylcyclohexylamine.
25. Piminodine.
26. 1-Piperidinocyclohexanecarbonitrile.
27. Racemethorphan.
28. Racemorphan.

29. Sufentanil.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including their salts, isomers, optical isomers, salts of their isomers, and salts of their optical isomers:

1. Amobarbital.
2. Amphetamine.
3. Glutethimide.
4. Methamphetamine.
5. Methylphenidate.
6. Pentobarbital.
7. Phenmetrazine.
8. Phenylacetone.
9. Secobarbital.

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? |

Oxygen Users Disaster Evacuation Planning Checklist

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <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>

Portable Electric Generator Safety Tips

Portable electric generators offer great benefits when outages affect your home. Below are guidelines for safely connecting and operating portable generators.



Don't connect your generator directly to your home's wiring. Connecting a portable electric generator directly to your household wiring can be deadly to you and others. A generator that is directly connected to your home's wiring can 'backfeed' onto the power lines connected to your home.

Utility transformers can then "step-up" or increase this backfeed to thousands of volts—enough to kill a utility lineman making outage repairs a long way from your house. You could also cause expensive damage to utility equipment and your generator.

The only safe way to connect a portable electric generator to your existing wiring is to have a licensed electrical contractor install a transfer switch. The transfer switch transfers power from the utility power lines to the power coming from your generator.

The Double-Throw Switch, a "must" for generator operation

Double-throw means that the operator can place or "throw" the switch into two different positions. One position feeds power from the utility system to the load while the other position feeds power from the standby generator to the load. This switch does not allow for a backfeeding to occur; backfeeding occurs when electricity travels from the generator back through the transformer and onto the power lines where linemen maybe working. The transformer increases house voltage back up to 7,200 volts on the power lines during back feeding. This switch will also prevent damage to a consumer's generator when the utility re-energizes its system during an outage.

Typically the transfer switch is located between the utility meter and loads to be served. It should be within 25 feet or less of the generating unit for convenience and safety.

Never plug a portable electric generator into a regular household outlet. Plugging a generator into a regular household outlet can energize "dead" power lines and injure neighbors or utility workers. Connect individual appliances that have their outdoor-rated power cords directly to the receptacle outlet of the generator, or connect these cord-connected appliances to the generator with the appropriate outdoor-rated power cord having a sufficient wire gauge to handle the electrical load.

Don't overload the generator. Do not operate more appliances and equipment than the output rating of the generator. Overloading your generator can seriously damage your valuable appliances and electronics. Prioritize your needs. A portable electric generator should be used only when necessary, and only to power essential equipment.

Never use a generator indoors or in an attached garage. Just like your automobile, a portable generator uses an internal combustion engine that emits deadly carbon monoxide. Be sure to place the generator where exhaust fumes will not enter the house. Only operate it outdoors in a well-ventilated, dry area, away from air intakes to the home, and protected

from direct exposure to rain and snow, preferably under a canopy, open shed or carport. Keep the generator at least 10 feet from the structure and with the exhaust pointing away.

Under no circumstances should portable generators be used indoors, including inside a garage, carport, basement, crawlspace, or other enclosed or partially-enclosed area, even with ventilation. Opening doors and windows or using fans will not prevent CO buildup in the home. The CO from generators can rapidly lead to full incapacitation and death, but CO can't be seen or smelled. Even if you cannot smell exhaust fumes, you may still be exposed to CO. If you start to feel sick, dizzy, or weak while using a generator, get to fresh air RIGHT AWAY - DO NOT DELAY.

Because you may have windows open to get fresh air while the power is out, be sure to place the generator away from windows, doors, and vents that could allow CO to come indoors. To avoid electrocution, keep the generator dry and do not use in rain or wet conditions. To protect the generator from moisture, operate it on a dry surface under an open canopy-like structure, such as under a tarp held up on poles. Dry your hands if wet before touching the generator.

It is a good idea to install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home, according to the manufacturer's installation instructions. If CO gas from the generator enters your home and poses a health risk, the alarm will sound to warn you. Test the battery frequently and replace when needed.

Use the proper power cords. Plug individual appliances into the generator using heavy-duty, outdoor-rated cords with a wire gauge adequate for the appliance load. Overloaded cords can cause fires or equipment damage. Don't use extension cords with exposed wires or worn shielding. Make sure the cords from the generator don't present a tripping hazard. Don't run cords under rugs where heat might build up or cord damage may go unnoticed.

Read and adhere to the manufacturer's instructions for safe operation. Don't cut corners when it comes to safety. Carefully read and observe all instructions in your portable electric generator's owner manual.

To prevent electrical shock, make sure your generator is properly grounded. Consult your manufacturer's manual for correct grounding procedures.

Be sure to turn the generator off and let it cool down. Do not store fuel indoors or try to refuel a generator while it's running. Gasoline (and other flammable liquids) should be stored outside of living areas in properly labeled, non-glass safety containers. They should not be stored in a garage if a fuel-burning appliance is in the garage. The vapor from gasoline can travel invisibly along the ground and be ignited by pilot lights or electric arcs caused by turning on the lights. Avoid spilling fuel on hot components. Put out all flames or cigarettes when handling gasoline. Always have a fully charged, approved fire extinguisher located near the generator. Never attempt to refuel a portable generator while it's running.

Turn off all equipment powered by the generator before shutting down your generator.

Avoid getting burned.

Many generator parts are hot enough to burn you during operation.

Keep children away from portable electric generators at all times.

Safety

Think Safety First!

- ~ Don't use a generator indoors. Burning fuel produces carbon monoxide, which is deadly. Operate the generator in a well-ventilated area.
- ~ Be sure you have a properly installed transfer switch before you hookup your generator.
- ~ Check your wiring to be sure it's in good condition. If you have damaged wiring, be sure all repairs are done prior to attaching the generator to your load. Comply with the National Electric Code standards and use only a qualified electrician.
- ~ Voltage drop may occur if an extension cord connected to the appliance is too long, or the wires are too small. The longer the cord, the bigger the wires need to be. If the extension cord becomes very warm during use, it is inadequate and poses a fire danger.
- ~ Many engine parts are very hot during operation, and severe burns may result if touched. Keep children away from generators at all times.
- ~ Electric motors require extra power on startup. Be sure to calculate your load and startup requirements before your generator is attached to the double-throw switch. Don't overload the generator.
- ~ Never fuel an electric generator while the generator is running.
- ~ Check the oil level in the engine each time you use or refuel the generator.
- ~ Do not remove or tamper with safety devices. They are there to protect you and your property.
- ~ To keep your generator ready for emergency use, operate a generator of an engine powered unit once per month and operate the generator of a tractor driven unit at least once every three months.
- ~ Keep record of hours used, lubrication, change of oil, filters, according to equipment specifications.
- ~ Seek the advice of a certified electrician if you are in doubt of any portion of your electrical system.

| Appliance Information | | |
|------------------------------|----------------|------------|
| Appliance | Watts | Horsepower |
| Refrigerator | 600- 1000 | 1/4 |
| Freezer | 400-1000 | 1/4 to 1/2 |
| Water Pump | | 1/2 to 2 |
| Furnace Oil Burner | | 1/6 |
| Furnace Blower | | 1/4 to 1/2 |
| Electric Clothes Dryer | 1500-5000 | |
| Clothes Washer | 600-900 | 1/4 to 1/2 |
| Water Heater | 1000-6000 | |
| Electric Range | 3000-12,000 | |
| Small Surface Unit | 1000-1400 | |
| Large Surface Unit | 1500-2400 | |
| Oven | 2500-4000 | |
| Television | 75-600 | |
| Dishwasher | 1200 | 1/6 |
| Electric Fan | 75-300 | |
| Electric Heater | 500 and up | |
| Electric Iron | 500- 1200 | |
| Coffee Maker | 1000 | |
| Mixer | 100- 175 | |
| Electric Skillet | 1200 | |
| Toaster (2 slice) | 1100 | |
| Incandescent Lamps | (W on lamp) | |
| Fluorescent Lamps* | (W on lamp) | |
| Mercury Yards* | 200-300 or 450 | |

This booklet on Generator Safety was brought to you by No Person Left Behind.

www.nopersonleftbehind.org

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Disaster Planning For Respiratory Issues

Q B L H G Q M D F R Y P A T I E N T Y F S T W E Q
L F H C Y E I N L S R R S E U T Q C D U R D X C Z
E K W Z H Y B M B T D E O B T B U K K H Q P R Y U
N C X F L V M E U N W T S T M R M G S R T V R O A
Y Q H R E K V B T W W B M T A L T F O J L E E W C
A V Z L F T I D Q H D O B Y T R K V H O T Z K V G
F D T T K N X S E C V A E R T L I R Y T L S F V H
D H P G G T N Z F Y U X O W E L X P A A H R O B S
T U O F K O J R N A A E D Z T A H B S V Z E X D U
D P X K M N S L E G P F Y V F K T J A E M I Y I I
L X Q B N P B U M L I T S T A A U H Z Z R F G S K
F A L R M X V E A J J I P U U L H U I Y J I E T T
A L N M T G Q U M S M V S O T P Q B R N U F N I P
W M D O O D I S E P A P I B T I W E H B G I X L S
D P L T I C K N A K M B W D Q J O A F X J M U L N
P B V E N T I L A T O R A F M B I V U E E U U E Q
Q A Y J A L P I Y X C A Z C I J E C N N V H B D G
I Q B A E T G O P S M N W G K L T Q X M A U H R G
S J E D O K S J V E Q B D C D U D V R P L S R I X
E D I U H R U D Q I V M R N M N P Y P I L T G J Q
D U X Z E I R P F L A S E I W U J U Z T X A D J H
G R E T S A S I D P M Y W R S C Z E W D L T N H Z
W N A A R F L P F P Y E O T Z L R T G B O N U D P
Q W U J N M V O B U Q E P R T U I M M F J Q V J W
Q C P A P I M T N S H Y U N L K S V H N O C L P A

| | | | | | |
|-----------|-----------|----------|--------|----------|-------------|
| BACKUP | BATTERY | BIPAP | OXYGEN | PLAN | VENTILATOR |
| BREATHING | CORDS | CPAP | POWER | SUPPLIES | RESPIRATORY |
| DISASTER | DISTILLED | PATIENT | TUBING | WATER | HUMIFIERS |
| NEBULIZER | | OPTIONAL | | | GUIDELINES |

Solution

+ + + + + + + + + + Y P A T I E N T + + S + + + +
+ + + + + + + + + + R + + + + + + + + + + D + + +
+ + + + + + + + + + T + + O + + + + + + + + + R Y +
+ + + + + + + + + U + + + + T + + + + + + + + + R O +
+ + + + + + + B + + + + + + A + + + + + + E + + C
+ + + + + + I + + + + + B + + R + + + + T + + + +
+ + + + + N + + + + + + R + + I + + T + S + + +
+ + + + G + + + + + + + + + E + + P A + + R O + +
+ + + + + + + + + + + + + + + A + B S + + E X D +
+ + + + + + + + + + + + + + + T + + E + I Y I +
L + + + + + + + + + + + + + + + + H + + R F G S +
+ A + + + + + + + + + + + + + + + I + + I E T +
+ + N + + + + + + S + + + + + + + + + N + F N I +
+ + + O + + + + E P A P I B + + + + + + G I + L +
+ + + + I + + N + + + B + + + + + + + + + M + L N
+ + V E N T I L A T O R A + + + + + + + + U + E +
+ + + + + L P + + + + + + C + + + + + + + H B D +
+ + + + E + + O + S + + + + K + + + + + + U + + +
+ + + D + + + + + E + + + + + U + + + P L + + + +
+ + I + + R + + + I + + R + + + P + + I L + + + +
+ U + + E + + + + L + + E + + + + + Z + + A + + +
G R E T S A S I D P + + W + + + + E + + + + N + +
+ + A + + + + + + P + + O + + + R + + + + + + + +
+ W + + + + + + + U + + P + + + + + + + + + + + +
+ C P A P + + + + S + + + + + + + + + + + + + + + +

(Over, Down, Direction)

- BACKUP (12, 15, SE)
- BATTERY (18, 9, NE)
- BIPAP (14, 14, W)
- BREATHING (13, 6, SE)
- CORDS (25, 5, NW)
- CPAP (2, 25, E)
- DISASTER (9, 22, W)
- DISTILLED (24, 9, S)
- GUIDELINES (1, 22, NE)
- HUMIFIERS (22, 17, N)
- NEBULIZER (25, 15, SW)
- OPTIONAL (8, 18, NW)
- OXYGEN (23, 8, S)
- PATIENT (12, 1, E)
- PLAN (20, 19, SE)
- POWER (13, 24, N)
- RESPIRATORY (21, 11, NW)
- SUPPLIES (10, 25, N)
- TUBING (10, 3, SW)
- VENTILATOR (3, 16, E)
- WATER (2, 24, NE)

Disaster Planning For Respiratory Issues

- KUBPAC B A C K U P ₂₃
- TERBAYT B A T T E R Y ₂₀
- BAPIP B I P A P ₂
- XOYGEN O X Y G E N ₁₂
- PALN P L A N ₄
- RANTOLVETI V E N T I L A T O R _{27 8}
- BEITRGANH B R E A T H I N G _{29 16}
- SOCDR C O R D S ₃
- PPCA C P A P ₁₁
- EROPW P O W E R ₇
- LESSIUPP S U P P L I E S _{32 34 35 5}
- SYRPEATORRI R E S P I R A T O R Y _{33 14 28 30}
- TASDIRSE D I S A S T E R _{1 36}
- DSDILTELI D I S T I L L E D ₁₀
- TTEIPAN P A T I E N T _{26 6}
- GIBTUN T U B I N G ₁₃
- TAEWR W A T E R ₁₉
- SUIHIMRIFFE H U M I F I F I E R S _{17 25}
- ZERLUINEB N E B U L I Z E R ₁₅
- PILOTONA O P T I O N A L _{18 9 24}
- SUELIEGIDN G U I D E L I N E S _{31 21 22}

D I S A S T E R P L A N N I N G F O R R E S P I R A T O R Y
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 I S S U E S
 31 32 33 34 35 36

Unscramble each of the clue words.
 Copy the letters in the numbered cells to other cells with the same number

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>

911 First Responder Respiratory Awareness Information

The purpose of this request for information to help provide information about respiratory/oxygen use and storage at your residence and available to first responders upon dispatch to your residence in case of an emergency.

This information is for use by 911 and first responders only.

Please Print - This information needs to be updated on a yearly basis for accuracy.

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Point of Contact: _____ Phone: _____

Do you have a **Oxygen in Use** Sign posted at your residence? Yes No

If so where? _____

Type Residence: House Condo Duplex Trailer Other

Type Resident: Permanent Seasonal: From: _____ to _____

Type of Respiratory Devices at your residence or stored:

Oxygen: Tanks (How Many) _____ Location: _____

Concentrator: (How Many) _____ Location: _____

Ventilator: (How Many) _____ Location: _____

If you would like to upload a photo of your tank storage location to help aid first responders when responding to an emergency at your location.

Also, feel free attach a photo of your storage location with this form

Please send this form to your local 911 Dispatch Center.



No Person Left Behind

Respiratory.nopersonleftbehind.org

Oxygen.nopersonleftbehind.org

FIRE SAFETY VALVE INFORMATION

Help improve patient safety by reducing the impact of oxygen-aided fires with the Firesafe Cannula Valve.

- Automatically stops the flow of oxygen in the event that the downstream oxygen tubing is ignited
- Offers a cost-effective solution to lower the risk of serious patient injury in an oxygen line.
- Can be installed in seconds and helps keep patients safe no matter what method of oxygen delivery they use.
- Now bidirectional, so it's easier to install.
- 4 year intended life (or until it shuts off in the event of a fire)
- Serving as a longer-lasting tubing connector.

The potential for firebreaks to reduce the impact of accidents and saves lives is clear.

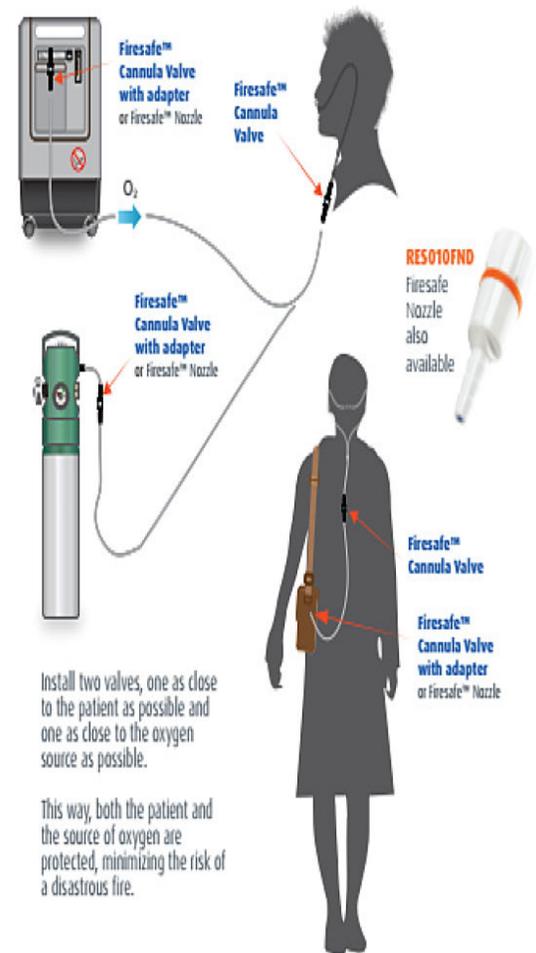
After firebreaks became mandatory in England and Wales in 2006, the Average number of deaths by fire was .36 per thousand patients per year. In the US, where firebreaks were not required, 0.62 patients per thousand died – almost twice as many.



OXYGEN SAFETY



RES010
Firesafe Valve



Oxygen Use at Home

Fire Safety and Guidelines for Storing and Handling Oxygen Equipment

Thank you for choosing Home Care Medical to be your oxygen provider. Safety is extremely important to us. Please follow these guidelines to keep you and your family safe.

Fire Safety

Oxygen is safe when used properly. When not used properly, it can be dangerous. It will fuel a fire, causing it to start easily and to burn faster and hotter. Sparks and materials that normally would not burn can start a fire because of the oxygen you use. It is very important to protect yourself, those around you and your home when using oxygen.

Follow these fire prevention tips

- **NEVER SMOKE** or allow others to smoke near where oxygen is being used or stored.
- Put signs on all doors to let visitors and emergency personnel know oxygen is in use. “No Smoking” signs should also be posted.
- Use and store oxygen in well ventilated areas (not in cabinets, closets, other confined spaces or behind curtains.) The small amount of oxygen gas continually vented from oxygen units can accumulate in a confined space and become a fire hazard.
- Keep grease, oil and petroleum products away from your oxygen equipment. Do not use lotions or ointments (Vaseline, Vicks, Chapstick, etc.) in or around your nose. Oxygen can react with these oily substances and cause burns. Only use waterbased products.
- Do not use anything flammable while using your oxygen including cleaning fluid, gasoline, paint thinner, aerosols or alcohol-containing sprays.
- Keep oxygen at least five feet away from flames or heat sources, including gas stoves, barbecue grills, space heaters, fireplaces and candles. Do not relight a pilot light.
- Do not use electric razors, hair dryers or any heat producing and electrical appliance that has a motor while you are using oxygen.
- Do not use bedding or clothes made of wool, nylon or synthetic fabrics including electric blankets as these materials have the tendency to produce static electricity. The use of cotton material bedding and clothing will avoid sparks from static electricity.
- Turn your oxygen equipment off when you are not using it.
- Have a working smoke detector. Check the batteries regularly.
- Keep a working fire extinguisher within easy reach and be sure everyone knows how to use it.
- Plan and practice an evacuation route for you and your family.
- Discuss fire safety for neighboring residences and buildings.

Oxygen Tank Safety

- Oxygen tanks should always be stored in a stand or cart to prevent tipping or falling.
- Unsecured tanks should be placed flat on the floor. Do not allow tanks to stand or lean in an upright position while unsecured.
- Do not drag, roll, slide or drop tanks. Do not lift a tank by its cap or valve.
- Do not put oxygen tubing under rugs or furniture.
- Oxygen tanks should be transported in the passenger compartment of a vehicle with the windows open slightly (2-3 inches) to provide adequate ventilation.
- When transporting tanks in a vehicle, be sure they are secured and positioned properly.
- Never leave tanks in a car trunk or a hot vehicle.

Concentrator Safety

- Use only a properly grounded wall outlet. A grounded outlet has three holes and can take a three-pronged plug.
- Do not plug the concentrator into an outlet that has other appliances plugged into it.
- Do not use extension cords.
- Avoid using power sources that create heat or sparks. Use a power supply or electrical circuit that meets or exceeds the amperage requirements of the concentrator.
- Do not put oxygen tubing and electrical cords under furniture or rugs.

Liquid Oxygen Safety

- Liquid oxygen is very cold and can cause burns if it spills and comes in direct contact with your skin.
- Avoid touching any frosted or icy connectors of either the stationary or portable units.
- Avoid contact with any stream of liquid oxygen while filling the portable unit.
- Keep both your portable and stationary units in an upright position. Do not lay them down or place them on their sides.
- Secure the units when you travel so they do not tip.
- When using your portable unit in the car, open the windows about 2-3 inches for proper ventilation.



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NO SMOKING NO SMOKING



Oxygen in Use Oxygen in Use

NO SMOKING



Oxygen In Use