Preparing for Power Outage: Persons Dependent on Electricity

Power outages can occur for a variety of reasons including earthquake, winter storm, or Public Safety Power Shut-off (PSPS). Putting together a power outage plan now can help protect your health and safety in the event of a power failure.

1. **Take an inventory of items you need that rely on electricity**
   - This can include: oxygen concentrator, CPAP, wheelchairs, garage door, refrigerated medications, elevator, ventilator, at-home dialysis, and many other devices.

2. **Assemble a power outage kit**
   - Battery operated flashlights or lanterns
   - Back-up batteries for electrical equipment (keep these charged, even unused batteries lose power)
   - Back-up oxygen tank, tubing, and mask
   - Car charger for devices and external battery pack to charge phone
   - Cash in small bills
   - These items are in addition to your general disaster supplies. Get information on general disaster supply kits at: [www.ready.gov/build-a-kit](http://www.ready.gov/build-a-kit)

3. **Sign-up for alerts!**
   - Sign up for Santa Barbara County emergency notifications and alerts at [www.readysbc.org](http://www.readysbc.org) and Nixle (text your zip code to 888777).

4. **Call your local power company**
   - If you are dependent on a medical device, be sure to register with your power company. Ask about the medical baseline program.
     - SCE: Update your online account or call 1-800-447-6620
     - PG&E: Update your online account at pge.com or call 1-800-743-5000

5. **Talk with your healthcare provider and medical device provider**
   - Talk to your healthcare provider, home health, or hospice agency about your power outage plan.
     - Find out how long your medications will be OK without refrigeration; get specific guidance for critical medications
   - Ask your medical equipment provider and/or home health provider about their plans to assist you in emergencies:
     - Get daytime and after-hours emergency phone numbers for your provider

6. **Plan for back-up power**
   - Remember: Hospitals should not be a source of electrical support or oxygen during a power outage.
     - Read your medical equipment manual and identify options you have for back-up power
     - Purchase back-up batteries, if possible, for your device and keep them charged

7. **Plan where you will go in the event of an outage and arrange transportation**
   - Plan for a local and out of area location where you can access power
   - Identify what transportation you will use to go to a location with electricity
   - Keep car gas tanks at least half full
   - Gas stations cannot pump gas during outages

8. **Establish your support team in advance (family, caregiver, friends)**
   - Plan how you will communicate with your team - phones may not work
   - Complete [My Power Outage Emergency Plan](http://www.readysbc.org) (reverse side) with list of team and important phone numbers

9. **Consider owning a home generator and know how to use it**
   - Learn how to use and maintain the generator ahead of time
   - Have an adequate fuel supply and store it safely
   - Always use the generator outdoors, at least 20 feet away from a window

10. **Practice your plan with your support team**

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Brought to you by: [Santa Barbara County Public Health](http://www.sbchealth.org)
**My Power Outage Emergency Plan**

### Type of Medical Equipment

**Brand/Model #:**

Back-up batteries will last for *(hrs)*:

### Flashlight is located:

O₂ tank is located & will last for *(hrs)*:

O₂ tubing/mask is located:

Can you hook up O₂ tubing without assistance?:  
- [ ] Yes  
- [ ] No

### Medical Equipment Provider Information

- **Medical Equipment Provider Name:**
- **Daytime Phone #:**
- **After-hours Emergency Phone #:**

### Personal Care Provider Information

( e.g. Home Health, Hospice, Dialysis, Caregiver)

- **Name of agency/provider:**
- **Daytime Phone #:**
- **After-hours Emergency Phone #:**

### My Support Team & Where I Will Go During an Outage

#### Local:

- **Name:**
- **Phone:**
- **Address:**

#### Out-of-Area:

- **Name:**
- **Phone:**
- **Address:**

### Generator Information

- **Wattage:**
- **Generator?**  
  - [ ] Yes  
  - [ ] No
- **Fuel Type:**
- **Fuel Use per hour:**
- **What will generator power?**  
  (refrigerator, O₂ concentrator, etc.)