|  |
| --- |
| Power Outage Plan for Life Support in the Home:  Staying safe when the power goes out |

**Power outages can happen suddenly, disrupting daily life and your medical care at home. It’s important to have a plan to stay safe and informed. This Plan covers six key areas:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 1. **Support People** | 1. **Keeping my health equipment working** | 1. **Home essentials for power outages** | 1. **Meeting my basic needs** | 1. **Staying in touch & getting information** | 1. **Feeling confident & prepared** |

**There are also extra tips that may help you:**

* Short-Term & Long-Term Power Outage Planning
* Special Considerations for Critical Needs

**How to complete this Plan:**

|  |
| --- |
| 1. Each of the 6 areas has a goal and steps to follow. |
| 1. Read the steps, fill out your actions in the  ‘My Plan’ section, and check them off when done. |

**Once you’ve completed this Plan:**

|  |
| --- |
| 1. Save it and email to those who can help. |
| 1. If you’ve printed it, keep it in a safe place, make copies or take photos of it and share it with others who can help. |

**My Plan**

|  |  |
| --- | --- |
| **Household address:** | |
| **Household members** (including pets!)**:** | |
| **Plan Owner/s name:** | |
| **Plan Owner/s phone:** | **Plan Owner/s email:** |

**My Emergency Contact List**

Call **000** for Police, Fire Services and Ambulance

Call **132 500** for State Emergency Service (SES) assistance in floods and storms

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor** | **Name:** | **Phone:** | **Email:** |
| **Emergency Vet** | **Name:** | **Phone:** | **Email:** |
| **Insurance home** | **Name:** | **Phone:** | **Email:** |
| **Insurance vehicle** | **Name:** | **Phone:** | **Email:** |
| **Helper:** | **Name:** | **Phone:** | **Email:** |
| **Helper:** | **Name:** | **Phone:** | **Email:** |
| **Other:** | **Name:** | **Phone:** | **Email:** |

# 1. Support People

|  |  |
| --- | --- |
| **The Goal:** Have people ready to help during a power outage |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Talk to your doctors and carers:** Share your Plan for advice on staying well, including equipment and medications. | **My doctors and carers advice:**  **About my medical equipment:**  **About my medication/s:**  **About my health condition/s:** |  |
| **Set up helpers:**  Contact friends, family, and neighbours who can help you and share your Plan.  **TIP!** Add them to the Emergency Contact List  (see [page 1](#_Power_Outage_Plan)) | **My Helpers** |  |
| **Helper’s name:**  **Relationship to me:**  **Contact details:**  **How they will help me:**  **How they will contact me (if there are no phones):**  **I practiced this Plan with them on:** (insert date) |
|  | **Helper’s name:**  **Relationship to me:**  **Contact details:**  **How they will help me:**  **How they will contact me (if there are no phones):**  **I practiced this Plan with them on:** (insert date) |  |
|  | **Helper’s name:**  **Relationship to me:**  **Contact details:**  **How they will help me:**  **How they will contact me (if there are no phones):**  **I practiced this Plan with them on:** (insert date) |  |
| **Communication:**  If phones and internet aren’t working, work out a way for Helpers to contact you, like in person or leaving a note. | **To contact others when phones/internet fail, I will:**  **To be contacted when phones/internet fail, they can:** |  |

# 2. Keeping my health equipment working

|  |  |
| --- | --- |
| **The Goal:** Health equipment that uses power stays functional during the power outage. |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Backup Power:**  Have a generator or battery backup power for essential medical equipment. Test it regularly and ensure Helpers know how to use it. Record setup instructions for emergencies. | **My medical equipment** |  |
| **My medical equipment is:**  **My back up power for this is:**  **I tested the backup power on:** (insert date)  **My extension cords are here:**  **My Helper**(insert name) **knows how to use this on backup power.** |
|  | **My medical equipment is:**  **My back up power for this is:**  **I tested the backup power on:** (insert date)  **My extension cords are here:**  **My Helper**(insert name) **knows how to use this on backup power.** |  |
|  | **My medical equipment is:**  **My back up power for this is:**  **I tested the backup power on:** (insert date)  **My extension cords are here:**  **My Helper**(insert name) **knows how to use this on backup power.** |  |
| **Generator Fuel:**  Store enough fuel for at least three days and show Helpers how to set up the generator safely, especially around oxygen users. | **My generator is safely stored here:**  **Fuel for my generator can be found here:**  **I have at least 3 to 7 days fuel:** Yes  **or** No |  |
| **The first Helper who can help me use it is:**  **The Helpers’ contact details are:** |
|  | **The second Helper who can help me use it is:**  **The Helpers’ contact details are:** |  |
| **Test Equipment:**  Regularly check that all equipment, like generators and medical devices, are working on backup power. | **Last test of my medical equipment on backup power was:** |  |

# 3. Home essentials for power outages

|  |  |
| --- | --- |
| **The Goal:** Ready with the essentials to keep safe and comfortable during a power outage. |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Medications:**  Keep at least 3 to 7 days’ worth of medications and ensure any that need to be kept cool have a safe storage method. | **My medication** |  |
| **My medication is:**  **To store it I:**  **I have at least a 3 to 7 days’ supply:** Yes  **or** No |
|  | **My medication is:**  **To store it I:**  **I have at least a 3 to 7 days’ supply:** Yes  **or** No |  |
|  | **My medication is:**  **To store it I:**  **I have at least a 3 to 7 days’ supply:** Yes  **or** No |  |
| **Torches and lanterns:**  Keep lights in easy-to-find spots with extra batteries.  **TIP!** Candles can be a fire risk. | **My battery powered lights are:**  **My extra batteries are:** |  |
| **Manual overrides:**  Know how to open/close doors and gates without power. | **I know how to manually operate:**  **My garage door by:**  **My electric gate by:**  **Other**       **by:** |  |
| **Transport to leave:**  Fuel or charge your vehicle and plan alternative transport if roads are blocked. | **My vehicle has fuel / is charged:** Yes  **or** No  **If I can't use my vehicle, I will:** |  |
| **Bag to go:**  If you leave, pack essentials like medications, toiletries, cooling items (ice pack), even a book. | **If I leave, I will pack:** |  |
| **Important documents:**  Keep (ID, medical, insurance) in a safe, easy-to-reach spot. | **My important documents are stored here:** |  |

# 4. Meeting my basic needs

|  |  |
| --- | --- |
| **The Goal:** Be prepared with the basics to get through the power outage comfortably. |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Food & Water:**  Have 3 to 7 days' worth of non-perishable food and water (for pets too). Have an alternative cooking method, like a camp stove. | **I have 3 to 7 days’ supply of food and water:** Yes  **or** No  **I will access drinking water by:**  **I will heat food and drinks by:** |  |
| **Hygiene Supplies:**  Stock up on essentials like toilet paper, hand sanitizers, wipes, and sanitary supplies. | **I have 3 to 7 days’ supply of:**  **Toilet paper**  **Hand sanitizer**  **Sanitary products**  **Other (list anything else essential to your health e.g. disinfectant)** |  |
| **Temperature:**  Keep blankets, warm clothing, or cooling fans handy for comfort.  **TIP!** Cool Centres with aircon and water will open during heatwaves. Visit your local council’s website for details. | **My blankets are here:**  **My manual fans or cooling device is here:** |  |
| **Keep calm:**  Keep calming items nearby, like a book or music. | **To keep myself calm I can:**  **Toilet paper**  **Listen to relaxing music**  **Read a book or magazine**  **Write down ideas and information**  **Practice deep breathing** |  |
| **Pets:**  Stock up on pet food and supplies, and plan for their care. | **Their food is here:**  **Their bed or where they stay is here:**  **Their medication, lead or things are here:** |  |

# 5. Staying in touch & getting information

|  |  |
| --- | --- |
| **The Goal:** Stay informed and check in with your support people during the power outage. |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Back-up power:**  Keep a charger or power bank for your phone.  **TIP!** Charge devices before bad weather. | **I will charge my phone by:** |  |
| **Battery-powered radio:**  Stay updated with a radio if phone or internet fails.  **TIP!** Find your local frequency at [www.reception.abc.net.au](https://reception.abc.net.au/) and write it down. | **I have a battery-powered radio or a hand-crank radio:** Yes  **or** No |  |
| **Household communication:**  Plan how to stay in touch and act during a power outage.  **TIP!** Consider when people are away at appointments, work etc.  **TIP!** If your NBN or phone can’t work, think about emergency contact options. | **Name:**  **I agree to** |  |
| **Name:**  **I agree to:** |
| **Name:**  **I agree to:** |
| **Name:**  **I agree to:** |
| **Community communication:**  Share contacts and check on each other during a power outage. **TIP!** Join local support groups. **TIP!** Share your Plan with people who can help. | **I will contact this person/group in my local area**  **Name:**  **How to contact them without power:**  **If the internet or phone goes down, I can be contacted by:**  **I have shared this with:** |  |
| **Out-of-area communication:**  Choose an out-of-area contact and inform your household. | **If the internet or phone goes down, the go-to person outside my local area who can be contacted in case of emergency is:**  **Name:**  **How I will contact them:**  **How family / loved ones can contact them:**  **How they will contact my household:** |  |

# 6. Feeling confident & prepared

|  |  |
| --- | --- |
| **The Goal:** Feel confident and prepared so that you’re ready to handle the power outage. |  |

|  |  |  |
| --- | --- | --- |
| **What You Can Do** | **My Plan** | **Done (tick)** |
| **Simulation:**  Test your Plan regularly with Helpers by simulating a power outage. | **The last time I practiced with Helpers was:** |  |
| **Check Equipment:**  Check that you and your Helpers know how to use backup equipment.  **TIP!** Make sure you know how long it will last on backup power! | **The last time I checked my equipment was:**  **The Helper/s who did this check with me:**  **Battery backup of       (insert) equipment will last       (insert time) without power**  **I or my Helper will call 000 when:** |  |
| **Life Support Register:**  Update your contact info with your power company’s Life Support Register regularly. | **My power company is:**  **I have registered as a Life Support Customer with them and have checked my contact details are up to date.** |  |
| **Decision Plan:**  Plan what to do if you feel unsafe at home. Decide at what point you will leave and inform your Helpers. | **If the situation gets worse and I don’t feel safe at home, I will:** |  |

# Extra tips!

**Short-Term & Long-Term Power Outage**

**Planning**

|  |  |
| --- | --- |
| **Short-Term (1-3 days):**   * Organise essentials (food, water, light, medical supplies). * Set up communication with family, neighbours, and medical team. * Plan calming activities (e.g. music, books). | **Long-Term (Over 3 days):**   * Manage resources (e.g. fuel generator, keep food cool). * Coordinate with neighbours and local services for support. * Consider alternative power options (e.g. larger generator, solar). * Plan for mental health support. * Know when to call 000 for urgent medical help. |

**Special Considerations for Critical Needs**

|  |  |
| --- | --- |
| **For Elderly or Those with Mobility Needs:**   * Keep mobility aids accessible and in good condition. * Plan for temperature control (extra blankets, cooling fans). * Ensure communication methods are accessible. | **For Rural Areas:**   * Stock up on food, water, and medical supplies. * Build relationships with neighbours and authorities for support. * Plan for livestock and transportation if roads are blocked. |

**Note:** Always consult your doctor or health professional for any health-related concerns.

**Mental Health Support:** Contact Beyond Blue at **1300 224 636** for free, confidential support.