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| 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:**

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| 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**
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**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:**

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

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| 1. Save it and email to those who can help.
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| 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.
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**My Plan**

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| **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

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| --- | --- | --- | --- |
| **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

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

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| **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

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

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| **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

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

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| **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

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

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| **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

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

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| **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

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

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| **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**

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| **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.
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**Special Considerations for Critical Needs**

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| **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.
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**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.