Home Use Devices
How to Prepare for and Handle Power Outages
for Medical Devices that Require Electricity
Home Use Devices: How to Prepare for and Handle Power Outages for Medical Devices that Require Electricity
As a home medical device user, it is important that your device works during a power outage and that you have a plan in place to ensure you know what to do. This completed booklet will help you have an established plan to obtain and organize your medical device information, take necessary actions so that you can continue to use your device, have the necessary supplies for the operation of your device, and know where to go or what to do during a power outage.

If you use more than one medical device, you should complete a booklet for each device and ask your healthcare professional to help you. Remember to update this booklet as your treatment, doctors, caregivers, or personal contacts change.
<table>
<thead>
<tr>
<th><strong>My Device is:</strong></th>
<th><strong>Model #</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Power Company</td>
<td>Phone #</td>
</tr>
<tr>
<td>Local Fire Department</td>
<td>Phone #</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>Phone #</td>
</tr>
<tr>
<td>Home Care Agency</td>
<td>Phone #</td>
</tr>
<tr>
<td>Health Care Provider(s) (Nurse, Therapist, Doctor)</td>
<td>Phone #</td>
</tr>
<tr>
<td>Device Supplier</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

**My current medicines and location(s) are:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
My personal emergency file contains:

- Instructions for using the medical device and all device manuals.
- First aid kit
  - Medical records
  - Insurance cards
  - Current home care doctor’s orders
  - Plan of treatment
- What a family member, friend or hospital should do to help me in an emergency.
- My power of attorney (personal and medical) allowing someone to act on my behalf if I am not able to.
- Contact information for my health care provider(s) and pharmacy.
- Contact information for family, friends and medical transportation services.
- Where to go before, during and after an emergency.
- Where to go for medical supplies.
- My file is located here: _________________________________
<table>
<thead>
<tr>
<th>My Device is:</th>
<th>Model #</th>
</tr>
</thead>
<tbody>
<tr>
<td>My device manufacturer is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My device supplier is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My supplies are purchased at</td>
<td>Phone #</td>
</tr>
<tr>
<td>My medical power of attorney is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My power of attorney is</td>
<td>Phone #</td>
</tr>
<tr>
<td>Type of transportation I use is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My doctor’s name is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My home care agency is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My pharmacy is</td>
<td>Phone #</td>
</tr>
<tr>
<td>My family and friends are</td>
<td>Phone #</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?</td>
<td></td>
</tr>
<tr>
<td>Does my device have a back-up system? If yes, how long will it operate and where is it located?</td>
<td></td>
</tr>
<tr>
<td>Can my device operate on another power source? If yes, what type?</td>
<td></td>
</tr>
<tr>
<td>Could I be harmed if my device stops for a short period of time? If yes, what is that time period?</td>
<td></td>
</tr>
<tr>
<td>Will my device still work if it does not have power for an extended period of time? If yes, how long can it work without power?</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 2 - Gather Information from the Device Manufacturer or Medical Provider on Power Outage Situations

- Yes  No  What happens if I lose power in the middle of a treatment? Should I restart a treatment if it is stopped in the middle or resume where it stopped?

- Yes  No  Do I need extra medical supplies that would last for a minimum of 3 days? If yes, where are they located?

- Yes  No  Does my device or do my supplies have to be kept at a certain temperature? If yes, what temperature?

- Yes  No  Do I need a portable cooler and ice packs to store refrigerated supplies and medicines? If yes, where are they located?

- Yes  No  Do I need the proper products to clean my device? If yes, what are they and where are they located?

- Yes  No  Is there specific information about power outages for my specific device that I should write here?
Additional Power Source—Batteries

☐ Yes    ☐ No  Can my device use batteries in the event of a power outage?

☐ Yes    ☐ No  Can I change the batteries in my device? If not, who should I contact?

☐ Yes    ☐ No  Do I have a functioning flashlight with an extra supply of batteries? If so, where are they located?

What type of batteries does my device use?

How many batteries does it take to operate my device?

How long will the device last on battery power?

How do I switch operation of my device from battery to electric power?
Remember to:
Keep your personal emergency contacts up to date!
Notify Contacts
Notify the following when power is lost and restored:

- Local power company: ___________________________ Phone # __________
- Local fire department: ___________________________ Phone # __________
- Family and friends: ___________________________ Phone # __________
- Health care provider(s): ___________________________ Phone # __________

Check Supplies
Look for the following when checking supplies and do **NOT** use if:

- Packaging is torn or damaged.
- They are wet or dry and shouldn’t be.
- They are very hot or very cold and shouldn’t be.
- There are loose or missing pieces and shouldn’t be.

Check Device
Look for the following when checking your device and do **NOT** use if you find:

- Signs of damage, including power cords.
- Incorrect device settings.
Remember to:
Inform your caregiver if you have moved your emergency file!
SECTION 4 • Determine Who to Contact if You Notice Anything Unusual

Supplies
I should contact the following if I notice anything unusual about my supplies (check all that apply).

☐ Home care agency ___________________________ Phone # ____________
☐ Health care provider(s) ________________________ Phone # ____________
☐ Pharmacy ________________________________ Phone # ____________

Device
I should contact the following if I notice anything unusual about my device (check all that apply).

☐ Home care agency ___________________________ Phone # ____________
☐ Health care provider(s) ________________________ Phone # ____________
☐ Pharmacy ________________________________ Phone # ____________
Remember to:
Replace your batteries according to the manufacturer's instructions!
When the power goes out, I should **NOT:**

- Perform an action to the device that I am not sure of
- Assume my device is working correctly
- Leave home without my device
- Forget my power outage booklet
Remember to:
Always take this booklet when a power outage emergency occurs.
A medical device is any product or equipment used to diagnose a disease or other conditions, to cure, to treat or to prevent disease. The Food and Drug Administration’s Center for Devices and Radiological Health regulates medical devices to provide reasonable assurance of their safety and effectiveness.

A home use medical device is intended for users in any environment, apart from the professional healthcare facility or the emergency medical services, requires adequate instructions for use, and may also require training for the user by a qualified healthcare professional to assure safe and effective use.

☐ A user is a patient (care recipient), caregiver, or family member who directly uses the device or provides assistance to use the device.

☐ A qualified healthcare professional is a licensed or non-licensed healthcare professional with proficient skill and experience with the use of the device so that they can aid or train someone to use and maintain the device.

For additional FDA information, visit our Home Use Devices website at:
http://www.fda.gov/homeusedevices

Medical Device and Hurricane Emergencies
http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161498.htm

How do you report any serious injuries or deaths?
Report these events to the Food and Drug Administration’s Adverse Event Reporting Program at 1-800-332-1088 (24 hours a day, seven days a week) and to your supplier. FDA will take action when needed to protect the public’s health.

For more information, visit our website:
http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm

Endorsing Organizations
National Association for Home Care & Hospice  http://www.nahc.org/
Apria Healthcare  http://www.apria.com
American Association for Homecare  http://www.aahomecare.org

“Protecting and Promoting Your Health”