
BC Association for Individualized Technology and Supports for People with Disabilities
Provincial Respiratory Outreach Program (PROP)
#103 - 366 East Kent Avenue South, Vancouver BC V5X 4N6
Phone toll-free 1-866-326-1245 (local and long distance)
When Emergencies Happen

Sometimes a situation may arise when you feel your safety is at risk. If you feel you have an emergency respiratory situation, you must call 911 or contact your hospital or doctor.

Do Not Call PROP

If there is a power outage or other emergency in your community, do not call PROP. Our after hours On Call Service is only for equipment troubleshooting. Call 911 or the appropriate agency, such as BC Hydro, to find out the facts and what you should do.

We are unable to offer assistance in an emergency, so don’t delay calling the authorities that can provide the help you need.

BC Hydro Power Outage Contact Information
1-888-769-3766
https://www.bchydro.com/outages

Have Your Plan Ready

Having a personal plan in place can give you peace of mind and help you to cope during an emergency. Use this booklet to help you prepare your individual plan ahead of time.

Alternative Sources of Power

Make arrangements to have at least one fully accessible alternative location for power close to your home. This could be a hospital, hotel, fire hall, ambulance or gas station. Have at least one contact person at the location who is familiar with your needs.

Alternative Source of Power: _______________________________________
Street Address: _________________________________________________
City: ___________________ Postal Code: _________________________
Contact Person: _________________________________________________
Phone: ___________________ Cell: _____________________________
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Phone: ___________________ Cell: _____________________________

Alternative Source of Power: _______________________________________
Street Address: _________________________________________________
City: ___________________ Postal Code: _________________________
Contact Person: _________________________________________________
Phone: ___________________ Cell: _____________________________
Contact Person: _________________________________________________
Phone: ___________________ Cell: _____________________________
Client Contact Information

First Name: _____________________________
Your Middle Name(s): ________________________________
Last Name: _________________________________________
Street Address: _______________________________________
City: __________________ Postal Code: _________________
Phone: ___________________ Cell: _______________________ 
Fax: ______________________ Email: ______________________ 

Your Device & Settings (if applicable)

Make: _______________________ Model: ______________
Mode: ________________________
Volume: _____________ Pressure: ___________ (IPAP & EPAP)
Respiratory Rate: ________________TI: _______________ 
Wave form: __________________________
Sensitivity (trigger): ____________________________
High Alarm: _____________ Low Alarm: ______________
Sigh: ______________________________

Travel bag checklist

Have a travel bag packed with everything you would need to take with you in an emergency.. The contents of your travel bag should include (if applicable):

- Spare trach tubes/spare bilevel masks
- Spare complete circuit
- Ambu bag and mask
- Portable suction unit and accessories
- List of your medications and medical needs, including details of the strength and dose of your medications
- Copy of current settings
- Copy of this booklet

Any other supplies you might need:

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

If you have a back up power source, periodically test the duration of this power source, so you know how much time you have before you implement your next plan of action.
Emergency supplies
An emergency situation may occur that means you have to stay in your home for an extended period of time. Have some emergency supplies ready, but do not needlessly stockpile: you may want to have enough supplies for at least 72 hours.

Here are the basic items to have ready:
- Medications
- Bottled water
- Food
- Flashlight(s)
- Spare batteries
- Battery operated radio
- Tested alternate power source
- Cell phone or landline telephone that is not cordless
- Medical supplies

Make sure your supplies are not expired. For example, update your medications and check that your bottled water and food is within its “best before” date. You should also check your flashlight(s) and replace your spare batteries from time to time.

Long-term refuge
Some emergencies may mean you have to leave your home and stay somewhere else for a while. Make plans on where you will go if this happens.

Long-term Emergency Refuge: _____________________________
Street Address: _________________________________________
City: _______________________ Postal Code: _______________
Contact Person: _________________________________________

Emergency transportation
Have an emergency transportation plan ready in case you need to leave home quickly.

Primary Contact for Emergency Transportation
Name: _________________________________________________
Phone: ____________________ Cell:_______________________

“Always keep your manuals for your ventilator, humidifier, suction machine(s) etc. in the same place. It will save you time when you need to troubleshoot problems.”
Your Personal Support Network

Members of your personal support network are people who know your health care needs and who may be contacted in an emergency.

Family Doctor

Name: ______________________________________________________
Street Address: ________________________________________________
City: ___________________ Postal Code: ______________
Phone: ___________________ Cell: ______________________
Fax: ___________________ Email: ____________________

Other Doctors and Health Professionals

Name: ______________________________________________________
Specialist In: ________________________________________________
Street Address: ________________________________________________
City: ___________________ Postal Code: ______________
Phone: ___________________ Cell: ______________________
Fax: ___________________ Email: ____________________

Family members and friends

Name: ______________________________________________________
Relationship to you: __________________________________________
Street Address: ________________________________________________
City: ___________________ Postal Code: ______________
Phone: ___________________ Cell: ______________________
Email: ____________________

Name: ______________________________________________________
Relationship to you: __________________________________________
Street Address: ________________________________________________
City: ___________________ Postal Code: ______________
Phone: ___________________ Cell: ______________________
Email: ____________________

"Keep enough stock on hand so that you only need to order respiratory supplies a few times a year. This way there is no panic when you run short or if something is no longer usable."
To learn more about emergency preparedness, check out https://www.getprepared.gc.ca or www.pep.bc.ca.

Thank you to our PROP clients and members for the feedback used in this booklet.