

## *Emergency Equipment and Medical Supplies*

	<b>Number of Supplies Needed</b>	<b>Total Number of Supplies on <u>          </u> (date)</b>	<b>Total Number of Supplies on <u>          </u> (date)</b>	<b>Total Number of Supplies on <u>          </u> (date)</b>	<b>Total Number of Supplies on <u>          </u> (date)</b>
<b>Wheelchairs</b>					
<b>Walkers &amp; Canes</b>					
<b>Portable/Folding Chairs (for Staging Area)</b>					
<b>Oxygen Concentrators</b>					
<b>IV Poles</b>					
<b>Feeding Pumps</b>					
<b>Suction Machines</b>					
<b>Bedside Commodes</b>					
<b>Adaptive Devices</b>					
<b>A Five-Seven Day Supply Shall be Maintained:</b>					
<b>First Aid Supplies</b>					
<b>Band-Aids</b>					
<b>Gauzes and Bandages</b>					
<b>Alcohol/Hydrogen Peroxide</b>					
<b>Neosporin</b>					
<b>Disposable gloves</b>					
<b>Disposable gowns</b>					
<b>Surgical masks</b>					
<b>Eyewash Saline Solution</b>					
<b>Incontinence Products</b>					
<b>Barrier Cream</b>					
<b>Sanitizing Wipes</b>					
<b>Hand Sanitizer</b>					
<b>Medication Cups/Straws</b>					
<b>Nutritional supplements</b>					
<b>Catheter supplies</b>					
<b>Ostomy supplies</b>					