Emergency Response at Home: A National Practice Module

Preparing for and responding to emergencies in the home.

Why this module matters. About 73% of cardiac arrests outside the hospital happen at home, and immediate CPR can double or triple survival. Caregivers are often first on the scene.

About this module

This module gives teams a shared, evidence-based approach to preparing for and responding to emergencies in the home. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Home care aides, family caregivers, supervisors, and agency emergency planners
Format	7 units, case scenarios, a knowledge check, and a national checklist
Time	About 2 hours as training, plus hands-on CPR training
How to use it	Caregivers focus on Units 2 to 5. Agency planners use Units 6 and 7 and the checklist.

Learning objectives

After completing this module, learners will be able to:

1. Describe common emergencies at home.
2. Prepare an emergency information sheet and go-bag.
3. Recognize when to call 911.
4. Give clear information to 911.
5. Plan for disasters and outages.
6. Meet federal preparedness rules.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. The national picture

Medical emergencies and disasters happen at home. Caregivers are often the first person on the scene, and what they do in the first minutes can decide the outcome.

Measure	Figure	Source
Out-of-hospital cardiac arrests each year	More than 356,000	American Heart Association
Share that happen at home	73.4%	AHA
Survival to hospital discharge	9.1% (2021)	AHA
Effect of immediate CPR	Can double or triple the chance of survival	AHA
People who received bystander CPR	40.2%	AHA
Strokes each year	More than 795,000; about 610,000 are first strokes	CDC
Adults who develop sepsis each year	About 1.7 million; at least 350,000 die in the hospital	CDC, 2026
Older adult falls	4.5 million ED visits (2024)	CDC

Unit 2. Prepare before an emergency

Item	What to have ready
Emergency information sheet	Diagnoses, medicines, allergies, clinicians, insurance, preferred hospital
Advance directive or POLST	Where it is kept, and the decision-maker’s contact
Emergency contacts	Posted by the phone and saved in the caregiver’s phone
Address and access	House number visible from the street; how responders get in
Medicines list	Updated after every change
Go-bag	Medicines for several days, copies of documents, glasses, hearing aids, chargers
Power-dependent equipment plan	Backup power, utility and local emergency office registration where available
Training	CPR, choking response, and this module

Medicare-certified home health agencies must include an individual emergency plan for each patient as part of the comprehensive assessment (42 CFR 484.102).

Unit 3. Call 911: life-threatening signs

Emergency	Signs	While waiting for help
Cardiac arrest	Not responsive, not breathing or only gasping	Call 911, start hands-only CPR (push hard and fast in the center of the chest, 100 to 120 a minute), use an AED if available, unless a DNR or POLST says otherwise
Heart attack	Chest pain or pressure, pain in arm, jaw, or back, shortness of breath, sweating, nausea	Call 911; keep the person resting; follow dispatcher instructions
Stroke (BE FAST)	**B**alance loss, **E**yes (vision change), **F**ace drooping, **A**rm weakness, **S**peech difficulty, **T**ime to call 911	Note the time symptoms started; do not give food, drink, or medicine
Choking	Cannot speak, cough, or breathe; hands at throat	Abdominal thrusts if trained; if unresponsive, call 911 and start CPR
Severe breathing trouble	Cannot speak in full sentences, blue lips	Call 911; help the person sit upright; use prescribed inhaler or oxygen as directed
Sepsis	Confusion, fever or chills, cold or sweaty skin, fast heartbeat, severe pain, shortness of breath, often with a known infection	Call 911 or seek urgent care; say “I am worried about sepsis”
Severe bleeding	Bleeding that will not stop	Firm pressure with a clean cloth; call 911
Unresponsive with diabetes	Confused, sweaty, shaky, or unresponsive	Call 911 if unresponsive; if awake and able to swallow, give fast sugar as in the care plan

Unit 4. Urgent but not always 911

Situation	Action
A fall with no danger signs	Do not lift; check for injury; help up only if safe; report the same day
New confusion that is mild	Report to the nurse or clinician immediately; it may signal infection or delirium
Fever without danger signs	Call the clinician
Medicine mistake	Call Poison Help (1-800-222-1222) and the clinician
Heat illness, early signs	Move to a cool place, give fluids if able, cool the skin; call 911 if confused or not sweating

Unit 5. Talking with 911

1. Stay calm and give the exact address first.
2. Say what is happening and the person's age.
3. Say if they are breathing and awake.
4. Follow the dispatcher's instructions.
5. Unlock the door, turn on outside lights, and secure pets.
6. Have the emergency information sheet and medicines ready.
7. Call the agency and family once help is on the way.

Unit 6. Disasters and power outages

Event	Key steps
Power outage	Flashlights, not candles; backup for oxygen and medical devices; keep medicines that need cooling cold
Extreme heat	Cooling centers, fans and water, check every few hours, watch for confusion
Wildfire smoke	Stay indoors, close windows, use air filters, have an evacuation plan
Earthquake or storm	Know safe spots, keep shoes and a flashlight by the bed, follow local alerts
Evacuation	Take the go-bag, medicines, devices, and documents; tell the agency where you are

Medicare-certified home health agencies must have an all-hazards emergency plan, a communication plan, staff training at least every 2 years, yearly exercises, and a plan review at least every 2 years.

Unit 7. After the emergency

- Report every emergency to the agency and family.
- Document what happened, what you did, and times.
- Update the care plan and emergency information.
- Caregivers may feel shaken. Talk with a supervisor and use support services.

Case scenarios

Case 1. Sudden weakness

At 10:05 a.m., a client's speech becomes slurred and her right arm is weak.

- What is happening?
- What do you do first?

Discussion: Possible stroke (BE FAST). Call 911 immediately, note 10:05 as the start time, keep her safe, give nothing by mouth, and call the agency and family.

Case 2. Confused and feverish

A client with a urinary infection is now confused, shivering, and breathing fast.

- What should the caregiver suspect?
- What should they say to 911 or the clinician?

Discussion: Possible sepsis. Call 911 or seek urgent care, and say "I am worried about sepsis."

Knowledge check

1. What share of cardiac arrests outside the hospital happen at home? *(About 73%)*
2. What does BE FAST stand for? *(Balance, Eyes, Face, Arm, Speech, Time)*
3. How fast should chest compressions be? *(100 to 120 per minute)*
4. Name three signs of sepsis. *(Confusion, fever or chills, fast heartbeat, cold or sweaty skin, shortness of breath)*
5. What is the Poison Help number? *(1-800-222-1222)*
6. What should you tell 911 first? *(The exact address)*

National Home Emergency Readiness and Response Checklist

This checklist turns national emergency guidance and federal home health preparedness rules into one tool for agencies and families. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Prepare

Action	National basis	Done	Notes
Emergency information sheet complete and posted	Best practice	☐	
Advance directive or POLST location known	Best practice	☐	
Individual emergency plan in the assessment	42 CFR 484.102 (home health)	☐	
Go-bag ready; medicines list current	FEMA Ready.gov	☐	
Plan for power-dependent equipment	42 CFR 484.102; best practice	☐	
Caregivers trained in CPR and choking response	AHA	☐	

B. Recognize and respond

Action	National basis	Done	Notes
Caregivers know 911 signs, including BE FAST and sepsis	CDC	☐	
Hands-only CPR started for cardiac arrest unless a DNR applies	AHA	☐	
Exact address given first to 911	Best practice	☐	
Agency and family notified	Best practice	☐	

C. Agency program

Action	National basis	Done	Notes
All-hazards emergency plan and communication plan	42 CFR 484.102	☐	
Staff emergency training at least every 2 years	42 CFR 484.102	☐	
Exercise or drill at least yearly	42 CFR 484.102	☐	
Plan reviewed at least every 2 years	42 CFR 484.102	☐	
Every emergency documented and reviewed	Best practice	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

American Heart Association: CPR Facts and Stats (cpr.heart.org)

CDC: Stroke Facts (cdc.gov)

CDC: About Sepsis (Aug. 2026) (cdc.gov)

CDC: Facts About Older Adult Falls (cdc.gov)

42 CFR 484.102: Home health emergency preparedness (law.cornell.edu)

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