



Office of Quality Enhancement Department of Developmental Services

Emergency Fact Sheet (EFS) Standards and Requirements

To determine compliance, it is essential to understand the role of the **Emergency Fact Sheet (EFS)**. The EFS is a **critical document** designed to facilitate emergency response by providing essential details that can:

- Aid in locating an individual if they go missing.
- Guide medical personnel in delivering appropriate care in a health emergency.

For a provider to meet the standard, the EFS must be readily available (in paper or electric form) and easily accessible to all staff across site-based services, outreach, and case management to ensure quick access for emergency personnel.

When Individuals receive services in multiple settings (e.g., residential and day programs), the day program can obtain a copy of the current EFS from the residential provider. In these cases, the day provider will be responsible for ensuring that the information is maintained and updated when information is shared, or changes have occurred.

Key Required Components for Compliance:

To meet the standard, the EFS must be complete, current, and accurate, containing the following:

1. **Photograph:** A current and accurate photo, per regulations (taken within the last five years and updated after any significant change in appearance).
2. **Name:** Include any nicknames the individual might respond to.
3. **Age:** Either birth date or current age (if listed, must be accurate).
4. **Language & Communication Ability:** Examples include English, Spanish, American Sign Language (ASL), gestures, or other communication methods.
5. **General Physical Characteristics:** Gender, weight, height, build, hair color, and **any** identifying marks (e.g., hearing aids, eyeglasses, tattoos).
6. **Abilities & Physical Limitations:** Travel ability (e.g., independent traveler, uses wheelchair, requires supervision).
7. **Special Medical Conditions:**
 - Specialized Medical Equipment – If applicable: Ventilators, feeding tubes, insulin pumps, or implanted devices like pacemakers or defibrillators
 - Medical History – Key medical conditions such as:
 - Cardiac disease (e.g., history of heart attacks, heart failure)
 - Respiratory conditions (e.g., asthma, COPD)
 - Medical conditions that affect medical care such as diabetes, seizure disorders, dysphagia
 - Stroke history
 - Dementia or other cognitive impairments (ASD, I/DD)
 - Psychiatric conditions, especially those that affect emergency care (PICA, Prader-Willi, SIB)
 - Known allergies (food, drug, environmental).
 - Advanced directives such as **DNR, DNI, MOLST/POLST** (attach to EFS if applicable).
8. **List of Current Medications:**



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- All currently prescribed/taken medications (as per the current medication treatment chart).
- Dosages are not required.
- 9. **Significant Behavioral Characteristics:** Any notable behaviors that may affect emergency response.
- 10. **Pattern of Movement (if previously missing):** Frequent locations the individual may visit if lost.
- 11. **Response to Search Efforts:** How the individual typically reacts when approached by police or emergency responders (e.g., cooperative, frightened, likely to hide).
- 12. **Provider Contact Information:** Name and phone number of the designated contact person for each provider serving the individual.
- 13. **Legal Competency Status:** Type of guardianship (if applicable).
- 14. **Guardian/Emergency Contact Information:**
 - Health care proxy contact information (if applicable)
 - Guardian's name and phone number (if applicable).
 - If no guardian, include the name and phone number of a family member or friend to be contacted in an emergency.

Other Components:

- **Health Insurance Information:** Insurance status and contact information for medical inquiries.
- **Service Coordinator Information:** Name and phone number of the service coordinator.
- **Primary Physician Contact:** Name, address, and phone number of the individual's primary physician.
- **Self-Protection Ability:** Assessment of whether the individual can protect themselves without assistance.
- **Former Address:** Previous residence, if relevant.
- **Training/Work Program Information:** Name, address, and phone number of any active work or training programs.