

Federal officials release new emergency planning requirements

September 23, 2016

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Article type: [News](#)

Topics: [Disaster Preparedness](#), [Emergency Medicine](#)

Some health care providers will need to be better prepared to handle disaster and emergency situations under a new federal rule.

The Centers for Medicare & Medicaid Services' (CMS') **final rule** lays out best practices that apply to 17 types of Medicare and Medicaid providers and suppliers, including hospitals, rural health clinics and federally qualified health centers. It does not apply to private physician offices.

“As people with medical needs are cared for in increasingly diverse settings, disaster preparedness is not only a responsibility of hospitals, but of many other providers and suppliers of healthcare services,” Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response Nicole Lurie, M.D., M.S.P.H., said in a news release. “... All parts of the healthcare system must be able to keep providing care through a disaster, both to save lives and to ensure that people can continue to function in their usual setting.”



Under the rule, which must be implemented by Nov. 15, 2017, providers must meet four best practice standards:

- develop an emergency plan for a wide range of situations;
- establish related policies and procedures;
- create a communication plan to coordinate with patients, staff, other providers and public health departments; and
- devise training and testing programs to practice putting the plans into motion.

“What they’re trying to do is raise the bar across the nation reflecting on the fact that we as a nation have been impacted meaningfully by disasters,” said Steven E. Krug, M.D., FAAP, chair of the [AAP Disaster Preparedness Advisory Council](#).

The Academy **provided feedback** on the rule before it was finalized asking for more child-specific provisions to account for children’s physiological and developmental differences. Most of those suggestions were not included in the final rule, but Dr. Krug said there still is an opportunity for pediatricians to make sure children are considered.

“If you’re a community-based pediatrician, the place to have that impact is to be part of the discussion and part of the planning process and offering expertise to state and local government or your local hospital where you’re a member of the medical staff to remind them their planning needs to encompass the unique needs of kids,” Dr. Krug said.

While pediatricians in private offices aren’t subject to the rule, Dr. Krug said it would be wise for them to follow the four best practice standards. The Academy has created toolkits to help them do so (see resources).

The Academy continues to work with HHS and the Centers for Disease Control and Prevention on emergency program initiatives and champions the Emergency Medical Services for Children program. The Academy’s new *Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future* also calls for federal authorities to better prepare to meet the needs of children in a disaster.

Resources

- [AAP Pediatric Preparedness Resource Kit](#)
- [AAP Children and Disasters site](#)
- [Pediatric Readiness Assessment](#)
- [Information for parents on helping children before and after a disaster](#)
- [AAP policy "Ensuring the Health of Children in Disasters"](#)
- [AAP joint policy "Guidelines for Care of Children in the Emergency Department"](#)
- [AAP clinical report "Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises"](#)

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