New EM Coordinators:
Navigating Your Way to Success

PRESENTER

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Session Roadmap

What we will cover

- Why emergency management matters in health care
- Core frameworks: all-hazards, the EM cycle, HICS
- Hazard Vulnerability Analysis and the Emergency Operations Plan
- Response procedures, surge, and crisis communication
- Training, exercises, recovery, and continuity
- Emerging risks and what readiness looks like today
- Professional development: advancing your knowledge & skills

SECTION I

Introduction

Purpose, importance, and the all-hazards mandate

Why Emergency Management Matters

Purpose

- Protect life, sustain care, and keep the facility operational when normal systems fail
- Move the organization from improvised reaction to a planned, practiced response

Who it protects

- Patients: continuity of clinical care, safe evacuation or shelter, uninterrupted critical services
- Staff: role clarity, physical safety, and psychological support under extreme conditions
- Operations: utilities, supply chain, information systems, and financial viability

Regulatory and Accreditation Drivers

The compliance floor

- CMS Emergency Preparedness Rule: risk assessment, emergency plan, communication plan, policies and procedures, training and testing
- The Joint Commission Emergency Management chapter: HVA, Emergency Operations Plan, exercises, and After-Action evaluation
- California Title 22: facility-specific disaster and fire plans, staffing, and drill requirements

Scope

- An all-hazards approach: one flexible plan that scales to any event rather than a separate plan per threat

SECTION II

Key Concepts and Frameworks

All-hazards, the emergency management cycle, and HICS

The All-Hazards Approach

One framework, many threats

- Build capabilities that are common to most events, then add hazard-specific annexes

Natural

- Earthquakes, wildfires, floods, extreme heat, severe storms

Technological

- Utility and power failure, IT and cyber outage, hazardous materials release, medical gas or water loss

Human-caused

- Active threat, civil unrest, mass casualty incidents, infectious disease outbreaks, and pandemics

The Emergency Management Cycle

Mitigation

- Reduce the probability or impact before anything happens: seismic retrofits, defensible space, redundant utilities, cyber hardening

Preparedness

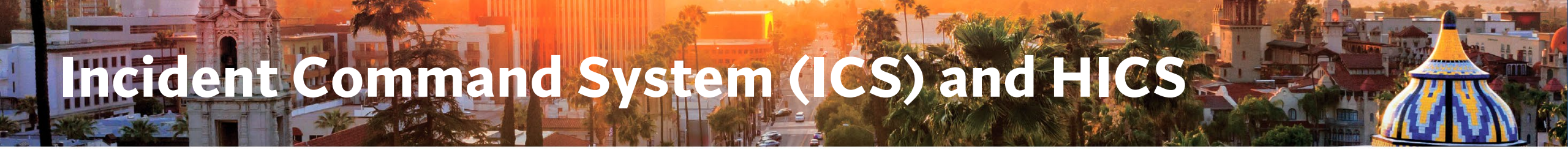
- Plans, supplies, training, drills, mutual aid agreements, and staff readiness

Response

- Activate the plan, stand up command, protect life safety, and stabilize operations

Recovery

- Restore services, demobilize, support people, document costs, and feed lessons back into mitigation



Incident Command System (ICS) and HICS

A standardized command structure

- HICS is health care's adaptation of ICS, so hospitals speak the same language as EMS, fire, public health, and emergency operations centers

Key command and general staff roles

- Incident Commander: overall authority, sets objectives, approves the Incident Action Plan
- Operations: directs the tactical response, clinical care, and patient movement
- Planning: tracks status, builds the Incident Action Plan, and manages documentation
- Logistics: supplies, staffing support, communications equipment, and facilities
- Finance/Administration: cost tracking, procurement, claims, and time reporting

Why it works

- Scalable to the incident, unified chain of command, manageable span of control, and role-based rather than title-based

SECTION III

Risk Assessment and HVA

Identifying, ranking, and acting on the risks that matter

Hazard Vulnerability Analysis

Purpose

- A structured, documented method to identify credible threats and rank them so planning follows real risk, not intuition
- Required by CMS (annually) and The Joint Commission (every 2 years)

How risks are prioritized

- Probability of occurrence
- Severity of impact on people, property, and business operations
- Current level of preparedness, which reduces the net risk score
- Result: a ranked list that identifies the top hazards the plan must address first

What the HVA Must Consider

Geographic and environmental threats

- Seismic zones, wildland-urban interface, floodplains, extreme heat, and regional weather patterns

Facility-specific risks

- Aging infrastructure, single points of failure in utilities, hazardous materials on site, campus access and egress

Community coordination

- Align with the local jurisdiction's hazard assessment, health care coalition, EMS system, and neighboring facilities

Turning results into action

- Drive plan revisions, mitigation projects, supply caches, staffing models, exercise scenarios, and capital budget requests

SECTION IV

The Emergency Operations Plan

The organization's playbook for any incident

Emergency Operations Plan: Core Components

Definition

- The EOP is the all-hazards document that defines how the organization prepares for, responds to, and recovers from emergencies

Activation and notification

- Who can activate, at what level, and how staff and leaders are alerted

Communication

- Internal notification trees and external contacts: public health, EMS, coalition partners, media, and families

Resources and assets

- Supplies, pharmaceuticals, equipment, water, fuel, and staffing

Safety and security

- Access control, lockdown, traffic flow, and decontamination

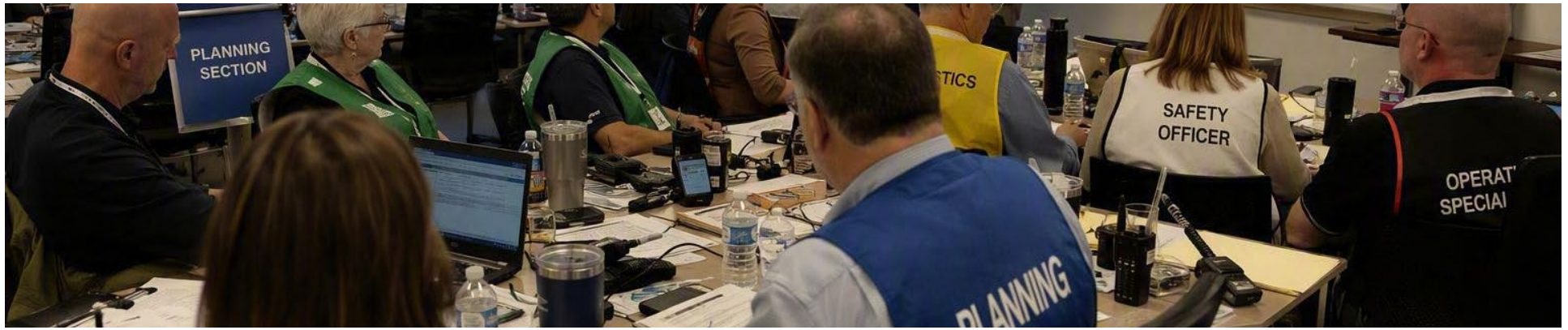
Clinical and support activities

- Patient care continuity, tracking, surge, and staff support roles

SECTION V

Emergency Response Procedures

Initial actions, surge capacity, and communication



Code Systems and Initial Actions

Disaster activation

- Standardized codes and plain-language alerts, immediate report to a designated labor pool, and activation of the command center

Evacuate or shelter in place

- Shelter in place when moving patients is more dangerous than staying, and the building remains habitable
- Evacuate horizontally first, then vertically, then off site; move the most ambulatory patients first when time is short
- Both require patient tracking, medical records, medications, and equipment to move with the patient

Surge Capacity and Clinical Operations

Patient surge and staffing

- Expand space, staff, and supplies: discharge or transfer eligible patients, open flexed units, and activate call-back and labor pool models
- Plan for crisis standards of care when demand persistently exceeds resources

Alternate care sites

- Pre-identified on-campus or community locations for low-acuity patients, with defined scope, staffing, and supply support

Triage principles

- Do the greatest good for the greatest number; sort rapidly, reassess continuously, and match acuity to available resources

Communication During an Incident

Redundant systems

- Never rely on a single channel: overhead paging, two-way radio, satellite phone, secure messaging, and runners as a last resort
- Test redundancy during drills, not during the event

Internal coordination

- Scheduled leadership briefings on the operational period rhythm, a single source of truth, and clear message discipline

External partners

- Public health, EMS and the medical health operational area coordinator, law enforcement, fire, coalition partners, and vendors
- Coordinate public and media messaging through a designated Public Information Officer

SECTION VI-VII

Training, Exercises, Recovery

Building readiness and getting back to normal

Training, Drills, and Exercises

Regulatory expectation

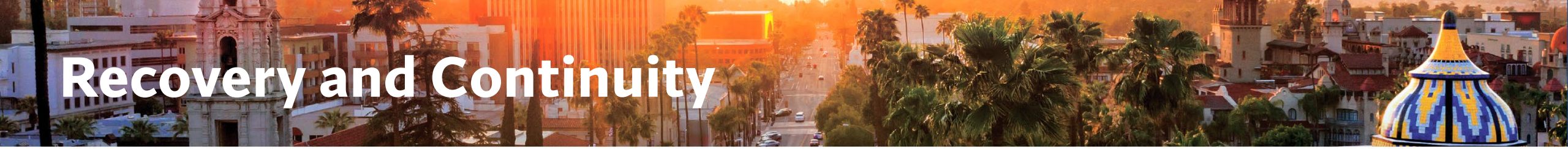
- CMS requires two exercises per year, at least one of which is a full-scale community-based exercise where available. If not available, a functional exercise is acceptable.
- An actual event can meet the exercise requirement.

Types of exercises

- Tabletop: discussion-based, low cost, tests plans, and decision making
- Functional: tests command, control, and coordination without moving people and equipment
- Full-scale: real-time, resource-intensive, tests the whole system end to end

Staff education and evaluation

- Role-specific competency validation at onboarding and annually
- After-Action Reports and Improvement Plans with owners, deadlines, and verified closure



Recovery and Continuity

Transition from response to recovery

- Deliberate demobilization, formal deactivation of command, and a defined handoff to recovery leadership

Business continuity

- Restore clinical services by priority, repair infrastructure, rebuild supply chain, and reconcile records created on downtime procedures

People first

- Psychological first aid, employee assistance, peer support, and rest cycles for staff and their families

Financial and regulatory

- Cost documentation for reimbursement, insurance claims, regulatory reporting, and waiver reconciliation

SECTION VIII-IX

Integration and Emerging Risk

Where emergency management meets daily operations

Integration with Health Care Operations

Emergency management is not a standalone program

- It succeeds only when it is wired into the departments that run the hospital every day

Key partners

- Infection prevention: outbreak response, PPE strategy, isolation and cohorting capacity
- Safety and security: access control, workplace violence, active threat response
- Facilities and utilities: generators, water, medical gas, HVAC, and life safety systems
- Information technology: downtime procedures and cyber incident response

Leadership and governance

- An executive-sponsored emergency management committee with medical staff representation, reporting to the board on readiness

Current and Emerging Risks

Lessons from recent events

- COVID-19: prolonged response, workforce burnout, and the limits of just-in-time supply chains
- Supply chain disruption: single-source dependencies for drugs, IV fluids, and critical devices

Climate-related emergencies

- More frequent and severe wildfires, heat events, flooding, and public safety power shutoffs

Cybersecurity

- Ransomware is now a patient safety event: extended EHR downtime, diverted ambulances, and delayed care
- Cyber response belongs in the EOP and must be exercised like any other hazard

SECTION X

Professional Development

Advancing your knowledge & skills

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EMERGENCY MANAGEMENT CERTIFICATIONS

Build Your Expertise. Strengthen Preparedness. Advance Your Career.

	Certification	Post-Nominal	Organization	ANSI Accredited	Academic Requirement	Required Experience
FOUNDATIONAL	Certified Healthcare Emergency Manager	CHEM	International Board for Certification Services & Mgt.	N	None	6 year
	Associate Business Continuity Professional	ABCP	DRI International	Y	None	6 year
INTERMEDIATE	Associate Emergency Manager	AEM	International Association of Emergency Management	Y	200 hours	No
	Certified Healthcare Emergency Professional	CHEP	International Board for Certification Services & Mgt.	N	None	6 year
	Certified Emergency and Disaster Professional	CEDP	International Board for Certification Services & Mgt.	N	None	6 year
ADVANCED	Certified Emergency Manager	CEM	International Association of Emergency Management	Y	BA/BS	3
	Certified Business Continuity Professional	CBCP	DRI International	Y	None	2

ANSI ACCREDITED: Y = Yes | N = No

ACADEMIC REQUIREMENT: Minimum educational requirement (if any)

REQUIRED EXPERIENCE: Minimum professional experience

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EMERGENCY MANAGEMENT DEGREE DIRECTORY

	INSTITUTION	DEGREE	ONLINE OPTION?	LEVEL
1	American Military University	Emergency / Disaster Management	Yes	BA/MA
2	American Public University	Emergency / Disaster Management	Yes	BA/MA
3	Capella University	Emergency Management and Planning	Yes	MS/DEM
4	CSU - Long Beach	Emergency Services Administration	Yes	MS
5	Eastern Kentucky Univ	Safety, Security & Emergency Management	Yes	MS
6	Eastern New Mexico University	Emergency Management	Yes	BA
7	Jacksonville State University	Emergency Management	Yes	BS/MS/DEM
8	Massachusetts Maritime Academy	Emergency Management	No	BS
9	North Dakota State University	Emergency Management	No	BS
10	Red Rocks Community College	Emergency Management and Planning	Yes	AAS
11	St. Petersburg College	Emergency Administration and Mgt	Yes	CT
12	Thomas Edison State University	Homeland Security and Emergency Mgt	Yes	BS
13	University of Central Missouri	Crisis and Disaster Management	No	BS
14	University of Chicago Illinois	EM and Resilience Planning Certificate	Yes	CT
15	University of Nebraska Omaha	Emergency Management	Yes	BS
16	Upper Iowa University	Emergency and Disaster Management	Yes	BS
17	Utah Valley University	Emergency Services Administration	No	multiple

ONLINE OPTION
Y = Yes | N = No

LEVEL KEY
AAS = Associate | BA = Bachelor | BS = Bachelor of Science | MA = Master of Arts
MS = Master of Science | DEM = Doctor of Emergency Management | CT = Certificate
multiple = Varies

ABOUT
Programs and availability are subject to change.
Visit each institution's website for the latest information.

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FEMA COURSE CATALOG

Build skills. Strengthen preparedness. Save lives.

20+ COURSES	FREE ALL COURSES	VARIES HOURS	CEUs VARIES CONTINUING EDUCATION UNITS	3 PROGRAMS	IN-PERSON OR VILT

Courses are free and open to healthcare and emergency management professionals.

CENTER FOR DOMESTIC PREPAREDNESS (ANNISTON)

FEMA

COURSE	LEVEL	COST	TIME (HR)	CEUs	FORMAT	CODE
Framework for Healthcare Emergency Management (FRAME)	Beginner	free	32	3.2	in-person	ARW-900
Healthcare Leadership for Mass Casualty Incidents	Intermediate	free	32	3.2	in-person	MGT-901
Healthcare Leadership for Patient Evacuation and Planning	Intermediate	free	32	3.2	VILT	HCV-12
Healthcare Facility Mass Casualty Management	Intermediate	free	32	3.2	VILT	HCV-13
Healthcare Facility Patient Decon	Intermediate	free	32	3.2	VILT	HCV-14
Healthcare Emergency Management Program	Intermediate	free	3	0.3	VILT	HCV-6
Healthcare Facility Preparedness	Intermediate	free	13	1.3	VILT	HCV-8
Healthcare Emergency Response Operations (CBERN)	Intermediate	free	32	3.2	in-person	PER-267
Patient Management: Highly Infectious Disease	Intermediate	free	3	0.3	VILT	HIDV-4
Full Course Catalog	Varies	free	Varies	Varies	Varies	Catalog

EMERGENCY MANAGEMENT INSTITUTE (EMI)

FEMA

COURSE	LEVEL	COST	TIME (HR)	CEUs	FORMAT	CODE
Homeland Security Exercise & Design Program (HSEEP)	Intermediate	free	16	1.6	in-person or VILT	E0146
ICS 300 - Intermediate Incident Command	Intermediate	free	21	2.1	in-person or VILT	E0300
ICS 400 - Advanced Incident Command	Advanced	free	15	1.5	VILT	E0400
Full Course Catalog	Varies	free	varies	Yes	Varies	Catalog

NATIONAL DISASTER & EMERGENCY MANAGEMENT UNIVERSITY (NDEMU)

FEMA

COURSE	LEVEL	COST	TIME (HR)	CEUs	FORMAT	CODE
Basic Academy	Beginner	free	120	Yes	in-person or VILT	Basic
Advanced Academy	Advanced	free	133	Yes	in-person	Advanced
Executive Academy	Advanced	free	128	Yes	in-person or VILT	Executive

TIME (HR)
Estimated time to complete the course

CEUs
Continuing Education Units earned

FORMAT
in-person: Classroom instruction
VILT: Virtual Instructor-Led Training

COST
All courses are **FREE**

WHO SHOULD ATTEND?
Healthcare professionals, emergency managers, and response partners

STRENGTHEN LEADERSHIP
Develop the skills to lead in any situation.

IMPROVE PREPAREDNESS
Build knowledge and plans to reduce risk and impact.

ENHANCE RESPONSE CAPABILITIES
Gain practical skills to respond effectively when it matters most.

BUILD RESILIENT COMMUNITIES
Work together to strengthen healthcare and community resilience.

SAVE LIVES
Better preparation today protects lives tomorrow.

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EMERGENCY MANAGEMENT CONFERENCES 2026–2027

Connect. Learn. Prepare. Lead..ad.

CONFERENCE TITLE/LINK	ORGANIZATION	DATES	LOCATION
IAEM Annual Conference	International Association of Emergency Managers	November 6–12, 2026	Long Beach, CA
IAEM Healthcare Symposium	International Association of Emergency Managers	November 8, 2026	Long Beach, CA
IAEM Annual Conference	International Association of Emergency Managers	November 12–18, 2027	Colorado Springs, CO
Emergency Management Standards Base Camp	The Joint Commission	November 13, 2026	Orlando, FL or virtual
DRI2027- The Business Continuity Conference	DRI International	February 21–24, 2027	Arlington, TX
AHEMP 2027	Association of Healthcare Emergency Management Professionals	February 22–24, 2027	Orlando, FL
NEMA Annual Forum	National Emergency Management Association	October 19–22, 2026	Little Rock

Stay informed. Build connections. Advance the mission of emergency management.

Stronger together.
Safer communities.

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SECTION XI

Conclusion

Key Takeaways

Preparedness is continuous, not episodic

- Readiness is built in the quiet periods and decays without attention

Standardization drives coordination

- HICS and a well-maintained EOP let internal teams and outside agencies work as one

Training and drills drive readiness

- Plans only work if people have practiced them and the gaps have been closed

Leadership engagement ensures accountability

- Executive ownership turns findings into funded, completed improvements

Partnerships enhance resilience

- No single facility absorbs a major event alone; coalitions and community ties are force multipliers

Professional Development

- Explore the multitude of certification, certificate, degree, and conference opportunities.

Questions and Answers

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