ASSOCIATION OF HEALTHCARE
EMERGENCY PREPAREDNESS
PROFESSIONALS

AHEPP Guide to the Professional Standards of Healthcare Emergency Management

July 2025 Edition

Table of Contents

Statement from AHEPP Leadership

The Association of Healthcare Emergency Preparedness Professionals is pleased to update the AHEPP Guide to the Professional Standards of Healthcare Emergency Management. This guide was originally developed and released in 2022. It was developed as a framework from which the professionalization of Healthcare Emergency Management (HcEM) could be built. Clear competencies help us identify where we are strong, and where we need work. They allow us to not only assess ourselves but allow industry to assess us. Finally, they explain to the industry the complexities of the positions we hold, and the breadth of skills, knowledge, and abilities required to perform our roles. This 2025 edition takes the best of the 2022 edition and strives to update, clarify, and simplify these skills, knowledge, and abilities.

The original 2022 guide was a culmination of effort by the AHEPP Professional Standards Committee. The committee worked diligently to create a framework that represents the current state of healthcare preparedness. Of special note was the work of Angie Santiago from Wakefield Brunswick, Inc. Ms. Santiago not only led the Professional Standards Committee but read volumes of information from the National Fire Protection Agency, Emergency Management Institute, Center for Medicare/Medicaid Services, and others. She consolidated this information and provided the committee with the proper needles from the regulatory and educational haystack. AHEPP is very grateful to her for her incredible efforts.

It is our hope that this revision provides another step on the journey from healthcare emergency preparedness being seen "other duties as assigned" to a profession. The knowledge and skills required to perform well in this field are significant. Additionally, the industry within which we perform our duties becomes more complicated, regulated, and scrutinized every year. Being a healthcare emergency manager is, to say the very least, a very challenging career choice. Those of you reading this document have our utmost respect for what you do for us, our families, and our communities.

In service to the profession,

The AHEPP Staff and the 2025 Professional Standards Review Task Force

AHEPP Professional Standards Committee

AHEPP is grateful to the Original Professional Standards Committee members for their thoughtful contributions and guidance on the initial document:

Kevin Arthur
Heather Costa
Angela Devlen
Keith Hansen
Sarah Gene Hjalmarson
Steve Ikuta
Antoine Richards
Kristine Sanger
Angie Santiago

AHEPP is grateful to the Professional Standards Review Task Force members for their thoughtful contributions and guidance on the 2025 edition:

Kevin Arthur
Julie Bulson
Thomas Calimano
Roberta Coffman
Anna Hansen
Keith Hansen
Michelle Hill
Steve Ikuta
Darcy Golliher
Thomas Jeffers
David Marsee
Kristine Sanger
Shannan Saunders
Meredie Sexton

About the AHEPP Professional Standards

The AHEPP Professional Standards are created and maintained by AHEPP's Professional Standards Committee. This guide is part of AHEPP's Common Body of Knowledge designed to educate healthcare emergency management professionals about the diverse elements of a robust and healthy healthcare emergency management program. It may be used to assess an individual's professional capabilities or measure an organization's healthcare emergency management program.

The Professional Standards considers healthcare emergency management as an integrated management system that combines the tenets of mass casualties, medical surge, public health crises, crisis management, emergency management, healthcare administration, clinical operations, facilities continuity, business continuity, and cybersecurity. The Committee defines a Healthcare Emergency Manager (HcEM) as an emergency management professional within the healthcare or public health sectors.

AHEPP's Professional Standards provide a multi-faceted framework which uniquely addresses the risks to healthcare organizations and their unique preparedness and mitigation strategies, response, and recovery considerations.

AHEPP provides the Guide to Healthcare Emergency Management Professional Standards as a free resource to the public or membership at *https://www.ahepp.org/page/ProfessionalStandards.* It is available only in English; however, future translations will be considered.

The AHEPP Professional Standards will be reviewed and updated on a regular basis or as the industry changes affect healthcare emergency management professionals.

For questions about this publication, please contact ahepp@ahepp.org. You may also visit the website at https://www.ahepp.org/ for more information.

Approach

The AHEPP Professional Standards Committee conducted a literature review of documents, authoritative websites, training content, academic texts, journals, glossaries, and regulatory requirements publicly available to healthcare emergency management professionals. The published works were referenced with FEMA, National Disaster and Emergency Management

University Emergency Management Institute (EMI), Centers for Medicare & Medicaid Services (CMS), National Institutes of Health, National Health Security Index, Office of the Assistant Secretary for Preparedness & Response (ASPR), and National Fire Protection Association (NFPA).

The Domains and Competencies subcommittee reviewed content and cross walked them to the CMS Emergency Preparedness Rule, EMI training objective, and NFPA 1600-2019.

Summary

Healthcare is delivered through complex systems of private and public entities which include, but not limited to facilities, providers, supply chain, and service providers, as well as various government agencies.

In the United States, Presidential Policy Directive 21 (PPD-21) categorizes Healthcare and Public Health as one of the critical infrastructure sectors vital to public health, economy, and the national safety and security of the United States. In other nations, such as the Critical 5 member nations (Australia, Canada, New Zealand, the United Kingdom, and the United States) categorize Healthcare and Public Health as one of the critical infrastructure sectors necessary for the national security, economic security, prosperity and health and safety of their respective nations. As such, healthcare organizations must be able to provide safe patient care during natural disasters, infrastructure failures, technology disruptions, violent attacks, or cybersecurity incidents.

The AHEPP Professional Standards provides guidance to healthcare emergency management professionals on the critical roles they perform in a healthcare emergency management program. The Professional Standards currently consist of 10 competencies healthcare emergency managers should consider when designing and implementing their healthcare emergency management program. Finally, an AHEPP HcEM should understand the concepts of traditional emergency management and how to apply or modify them within the context of healthcare.

Competencies

This 2025 edition of the AHEPP Professional Standards establishes the following 10 competency areas.

1. Training & Education
2. Communications
3. Compliance, Law, Regulatory
4. Stakeholder Coordination
5. Exercise Design & Execution
6. Organizational Assessment and Risk Management
7. Leadership
8. Program Management & Governance
9. Response Operations
10. Planning

Competencies

The AHEPP Professional Standards competencies come from established credible bodies such as National Fire Protection Association (NFPA), Centers for Medicare & Medicaid Services (CMS), and the Emergency Management Institute (EMI). An AHEPP certified healthcare emergency manager (HcEM) should be able to demonstrate their professional competencies by applying these competencies within a healthcare organization.

1. Training & Education

1.1 Create a training strategy to educate leadership about their roles related to the emergency management program.

1.2 Create a training strategy to educate staff and essential partners about their roles related to the emergency management program.

1.3 Explain to non-emergency management stakeholders the role of the Incident Command System (ICS) or the Incident Management System (IMS) in relation to the interaction with the jurisdictional Emergency Operations Center (EOC) as the liaison/central point of contact during the response and recovery phases.

1.4 Provide training opportunities for team members to improve their capability as healthcare emergency managers.

2. Communications

2.1 Disseminate accurate, need-to-know, information to external and internal partners.

2.2 Apply strategies to monitor for and address rumors in a professional, polished manner.

2.3 Ensure communication technology is secure, protected, and available. Redundant options should exist for each critical communications technology.

2.4 Understand how the communications plan utilizes social media to inform stakeholders of an incident's situation and status.

2.5 Create and maintain a communications plan for internal stakeholders.

2.5.1 Ensure the components of a crisis communication plan are designed to gather and disseminate information to inform or to provide actionable steps to take.

2.5.2 Develop interoperable and integrated communication strategies to facilitate information sharing during a healthcare emergency.

3. Compliance, Law, Regulatory

3.1 Understand and apply jurisdictional regulations as well as organizational standards and policies into their program. This may include, but is not limited to:

- CMS Appendix Z
- NFPA 1600 Standard
- Occupational Safety and Health Administration (OSHA) 29 CFR 1910.120 (Best Practices for Hospital Based First Receivers)
- OSHA 29 CFR 1910.134 (Respiratory Protection)
- The Joint Commission (TJC)
- DNV

4. Stakeholder Coordination

4.1 Conduct stakeholder analysis: Identify key stakeholders and coordinate with them during all phases of emergency management.

4.2 Engage appropriate internal and external partners in all phases of emergency management.

4.3 Foster and maintain collaborative relationships with community leaders and governmental officials to support mutual missions and goals.

4.4 Participate in healthcare emergency management related committees (i.e., AHEPP, ESF-8, Healthcare Coalitions, Local Emergency Planning Committees, state-related healthcare emergency management associations, etc.)

4.5 Understand the governmental disaster declaration process, as well as the role of the facility/system and potential available support and regulatory relief at each governmental level.

5. Exercise Design & Execution

5.1 Create an exercise program that follows HSEEP doctrine to properly develop, deliver, and evaluate exercises.

5.2 Coordinate with external stakeholders (including vendors as needed) to develop exercises that include whole community participation

5.3 Design and conduct exercises that adequately test plans and are based on HVA/RISC/THIRA findings, real life incidents, etc. .

5.4 Be able to create an exercise program that meets the organization's unique vision and mission to deliver safe healthcare during a major interruption or incident

5.5 Create after-action reports to help identify gaps and create improvement plans

6. Organizational Assessment and Risk Management

6.1 Perform hazard vulnerability, threat, risk, and capability assessments to identify risks to the organization, people, infrastructure, technologies, and critical functions.

6.2 Measure the clinical, political, social, and economic impacts of a major healthcare crisis using credible intelligence and data sourcing.

6.3 Include social determinants of health in the hazard vulnerabilities and risk assessment methodology.

6.4 Engage with facility behavioral threat assessment teams to identify and manage targeted violence risks.

6.5 Incorporate the results of risk assessments and capability assessments from an all-hazards approach into the organization's strategic planning process.

6.6 Understand the role of internal and external partners and governance in relation to the healthcare emergency management program.

6.7 Create accountability and documentation processes to avoid unethical or illegal activities during a response or recovery phase.

6.8 Create a risk management assessment process to ensure emergency management planning is based on realistic risks, threats, and capabilities.

7. Leadership

7.1 Crisis Leadership

7.1.1 Recognize the complexities of the healthcare system which is a system of organizations that include, but are not limited to, healthcare facilities, providers, government agencies, Non-Governmental Organizations, payers, employers, communities, pharmacies, and third-party companies.

7.1.2 Lead the organization to reduce its vulnerability to hazards and enhance its ability to respond to and recover from incidents.

7.1.3 Provide stable leadership while promoting the capabilities of team members, partners, and external stakeholders.

7.1.5 Adapt to ever-changing situations to reach the desired outcome in any incident.

7.2 Personnel Management

7.2.1 Understand the role of healthcare emergency managers in coordinating employees and partners to prepare for, respond to, and recover from an incident.

7.2.2 Collaborate with leadership and Human Resources to identify and address the personnel needs in an incident.

7.2.3 Expand the understanding of social determinants of health, daily living activities, and basic and emotional needs of workforce members during the emergency response and recovery phases.

7.2.4 Ensure that all programs and plans include measures to identify and mitigate risks and vulnerabilities to the workforce.

7.2.7 Support professional development through awareness of new methodologies and tools which can support all phases of emergency management.

8. Program Management & Governance

8.1 Apply the phases of emergency management and continuity of care within the EM program.

8.2 Develop a framework for a healthcare emergency management program.

8.3 Develop, implement, and provide education regarding the authorization / activation process prior to declaring an internal or external disaster response.

8.4 Establish procedures and tools that support effective decision making during a crisis / incident.

8.5 Develop an organizational structure that integrates the organization's vision, mission, and values, and includes a mission statement outlining the program's purpose, goals, and priorities, along with defined objectives and performance measures.

8.6 Educate staff on the principles of risk management, social determinants of health, hazard vulnerabilities, inclusive preparedness, and emergency management phases.

8.7 Create processes to ensure the healthcare emergency management program is implemented and visible throughout the organization.

8.8 Develop and implement a process for evaluating the performance of the healthcare emergency management program.

8.9 Incorporate social determinants of health, physical or cognitive ability, language, cultural, or economic disparities into the strategy, mission, and goals of the healthcare emergency management program.

8.10 Create a program charter demonstrating your leadership's commitment to the program that includes:

8.10.1 Documentation outlining ways to prevent, mitigate the consequences of, prepare for, respond to, maintain continuity during, and recover from incidents.

8.10.2 Support of the development, implementation, and maintenance of the program.

8.10.3 Provision of the necessary resources to support the program.

8.10.4 Ensure the program is reviewed and evaluated as needed to determine program effectiveness.

8.10.5 Support for corrective action to address program deficiencies.

8.11 Create governance that ensures adherence to regulatory requirements and organizational policies.

8.12 Advocate for sustainable financial support of a healthcare emergency management program within the organization.

8.13 Develop effective strategies to influence leadership and staff to adopt a culture of preparedness across the organization.

9. Response Operations

9.1 Foster a collaborative relationship between executive leadership and the Incident Management team during response operations.

9.2 Ensure appropriate procedures are activated to initiate the EOP for an incident.

9.3 Assure prioritization principles of life safety, incident stabilization and property preservation are incorporated into the response.

9.4 Implement an Incident Management System and use the principles of management by objectives and incident action planning.

9.5 Support leaders in their roles when incident command is established.

9.6 Ensure planning and discussions occur for demobilization and recovery.

10. Planning

10.1 Define "incident" for your organization and determine the necessary authority to implement a plan or establish the command center structure.

10.2 Coordinates and collaborates with clinical, business, and technology functions within the healthcare organization to create an EOP that meets their needs.

10.3 Identify issues or barriers which can negatively impact the healthcare emergency management program and create a strategy to address them.

10.4 Understand how social vulnerabilities and social determinants of health influence planning for, responding to, and recovering from an incident.

10.5 Adopt a data driven and local approach vs. a templated approach to risk management, which may vary by location or risk. Incorporate innovation, response, and/or technology to support mitigation, preparedness, response, and recovery.

10.6 Build emergency management plans and programs based on risk management principles, including the use of hazard identification, as well as risk and impact analyses, to establish priorities and allocate resources.

10.7 Ensure plans address infrastructure, facilities, communications, patient care / safety, clinical outcomes, administration, security, and technology from an all-hazards perspective.

10.8 Understand the content of the Crisis Standards of Care plan and how it's implementation impacts emergency management activities.

10.9 Understand business continuity planning and how the principles of critical functions, supply chain, billing and revenue, information

technology maintenance, and continuity of care impact emergency management.

10.10 Exhibit knowledge of the continuity of care continuum to provide patient care, including planned and intentional ceasing of operations, regardless of circumstances.

Glossary

ASPR – Administration for Strategic Preparedness & Response

CMS – Centers for Medicare and Medicaid Services

EMI - Emergency Management Institute

EOP – Emergency Operations Plan

FEMA – Federal Emergency Management Agency

HcEM- Healthcare Emergency Manager

HSEEP – Homeland Security Exercise Evaluation Program

HVA – Hazard Vulnerability Analysis

ICS – Incident Command System

IMT – Incident Management Team

NFPA - National Fire Protection Association

NIH – National Institutes of Health

RISC – Risk Identification and Site Criticality

THIRA – Threat and Hazard Identification and Risk Assessment

Works Cited

CMS, Centers for Medicare & Medicaid. (2021, October 26). *Emergency Preparedness Rule*. Retrieved from Quality, Safety, & Oversight Group: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule

EMI, Emergency Management Institute. (2021, October 26). *Foundations of Emergency Management*. Retrieved from National Emergency Management Basic Academy: https://training.fema.gov/empp/e101.aspx

EMI, Emergency Management Institute. (2021, October 26). *Training FEMA Competencies Executive Managerial*. Retrieved from Executive/Managerial Training and Education Level: https://training.fema.gov/competencies/executive%20managerial%20training%20and%20education%20level.pdf

EMI, Emergency Management Institute. (2021, October 26). *Training FEMA Competencies Specialized*. Retrieved from Training FEMA Competencies: https://training.fema.gov/competencies/specialized%20training%20and%20education%20level.pdf

EMI, Emergency Management Institute. (2021, October 26). *Training FEMA Competencies Strategic Leadership*. Retrieved from Leadership in the Emergency Management Environment: https://training.fema.gov/competencies/strategic%20leadership%20training%20and%20education%20lev

FEMA. (2021, October 26). *FEMA Emergency Managers NIMS*. Retrieved from National Incident Management System: https://www.fema.gov/emergency-managers/nims

Institute of Medicine of the National Academies. (2009). *Institute of Medicine 2009. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report.* Washington, DC: The National Academies Press.

Institute of Medicine of the National Academies. (2013). *Crisis stadards of care: A toolkit for indicators and triggers.* Washington, DC: The National Academies Press.

National Academies of Sciences, Engineering, and Medicine. 2021. Crisis standards of care: Ten years of successes and challenges: Proceedings of a

workshop. Washington, DC: The National Academies Press. https://doi.org/10.17226/25767

NFPA. (2019). *NFPA 1600, Standard on Continuity, Emergency, and Crisis Management.* Quincy: National Fire Protection Association.

Document History

Initial Review	Version 1: November 2021
PSC Comments & Review	Version 1: December 2021
Membership Comments	Version 1: September/October 2022
Published	Version 1: January 2022
Second Review	Version 2: February 2025
Comments & Review	Version 2: April 2025
Published	Version 2: July 2025