



The goal is to sustain and maintain essential and critical healthcare system services statewide during and after a major emergency or disasters through strong coordination, collaboration and leveraging all the statewide healthcare resources and information sharing.



About HHEM

- Commissioned in 2002 by the federal government with the support of the Hawaii State Department of Health.
- Over 200 volunteer medical missions with the US Coast Guard.
- Over 186 healthcare organizations state wide, which include all of the hospitals, dialysis centers and most long-term care facilities.

How to Apply

Scan QR code



Or go to: Hawaiihealthcareemergencymanagement.net

Medical Emergency Response Team

- Triage, treat and manage disaster patients.
- Respond to disasters within Hawaii and Pacific RIM.
- Augment staffing at healthcare facilities following disasters.
- Provide assistance during medical evacuations and mass casualty events.
- Deploy technical specialty teams (IMT, PIO, Patient Tracking Specialists, etc.)
- Assign team members to statewide EOC to aid coordination and support during disasters
- Deploy critical care Aeromedical strike teams and care for patients aboard USCG aircraft.
- Deploy infectious disease strike teams to establish isolation and quarantine units as well as augment, care and transport special pathogen patients in isopods.
- Establish, staff and manage alternative care sites at acute care facilities and isolated communities to increase capability and capacity.

Questions?

Contact us by phone **(808)599-2899**

Or email us at info@HHEMC.net

MEMBERSHIP APPLICATION

INSTRUCTIONS : Prepare this form with all requested information together with signature. Send to Hawaii Healthcare Emergency Management at the email address below.

APPLICANT INFORMATION			Date of application (MM/DD/YYYY):		
	Applicant Name (<i>Last, First, Middle initial</i>):		Are you a U.S. Citizen?		
			Yes No		
	Occupation:		Date of Birth (MM/DD/YYYY):		
	Primary Employer:				
	Job Title or function:				
	Clinical Credentials (MD, DO, RN, RT, EMT, MICT, etc.):		Licensed in the following States:		
	Home Mailing Address:				
	City:		State:	Zip Code:	
	Work Telephone#:	Home Telephone#:		Cell Telephone#:	
Work e-Mail Address:		Home (personal) e-Mail Address:			
Do you have a U.S. Passport?		Are you currently an active member of:			
Yes No		Medical Reserve Corps: Yes No			
		Active or reserve military: Yes No			
If YES, Passport# :		American Red Cross: Yes No			
Expiration Date:					
<p>I certify that the information provided on this application is true and correct to the best of my knowledge.</p> <p>In addition, I hereby authorize HHEM to verify my professional credentials and conduct a Criminal Background Check in support of this application for membership. I understand the results of these investigations will not be shared with third parties or any existing or future employer.</p>					
_____			_____		
Applicant signature			Date		

AUTHORIZATION	Revised: June 2022			
	Hawaii Healthcare Emergency Management			
	Office Phone: (808) 599-2899 Facsimile: (855) 439-5589 Email: info@hhemc.net			