NIMS IMPLEMENTATION ACTIVITIES FOR HOSPITAL AND HEALTHCARE SYSTEMS IMPLEMENTATION FAQS

ADOPTION AND IMPLEMENTION

Regarding National Incident Management System (NIMS) implementation, what constitutes a hospital and/or healthcare system? (Posted 4/24/07)

All hospitals and healthcare systems receiving Federal preparedness and response grants, contracts or cooperative agreements (e.g., Bioterrorism Hospital Preparedness Program, Department of Homeland Security grants) must work to implement the National Incident Management System (NIMS). Hospital and healthcare systems are defined as all facilities that receive medical and trauma emergency patients on a daily basis. These facilities do not include non-hospital receivers (i.e., nursing homes, assisted living communities, long-term care facilities and specialty hospitals (i.e. psychiatric, rehabilitation facilities)). However, non-hospital receivers are strongly encouraged to work with their local hospitals, public health departments and emergency management to integrate applicable elements of NIMS Implementation (i.e. planning, communications, resources) to allow for better communication and coordination.

Are there requirements that hospitals must meet in order to be NIMS compliant? (Posted 4/20/07)

Yes, the National Integration Center (NIC), in conjunction with the Department of Health and Humans Services (HHS) and the Hospital Incident Command System (HICS) working group, developed NIMS implementation activities that were released on September 12, 2006. http://www.fema.gov/emergency/nims/compliance/assist_non_govt.shtm. Some requirements need to be achieved by September 30, 2007. The additional remaining requirements need to be achieved by September 30, 2008. More details are provided below.

What specific requirements do hospitals and healthcare systems need to achieve by September 30, 2007 to be NIMS-compliant? (Posted 4/24/07)

The Department of Health and Human Services (HHS) requires the following four (4) NIMS activities be adopted and/or implemented by hospitals receiving FY 2006 Federal preparedness and response grants, contracts, or cooperative agreements by September 30, 2007.

- Revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

- Complete *IS-700: NIMS: An Introduction*

- Complete *IS-800.A: NRP: An Introduction*

- Complete *ICS 100* and *ICS 200* Training or equivalent courses

For further information, please contact your regional or state Bioterrorism Hospital Preparedness Program Project Officer.

Original posting date 4/13/07
Revised posting date 4/20/07

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What specific requirements do hospitals and healthcare systems need to achieve by September 30, 2008 to be NIMS-compliant? (Posted 4/24/07)

Hospitals receiving Federal preparedness and response grants, contracts or cooperative agreement funds for FY 2007 have until September 30, 2008, to fully implement all 17 NIMS activities.

The 17 *NIMS Implementation Activities for Hospital and Healthcare Systems* are as follows:

- Organizational Adoption
    - Adoption of NIMS
- Command and Management
    - Incident Command System (ICS)
    - Multi-agency Coordination System (MACS)
    - Public Information System (PIS)
- Preparedness Planning
    - NIMS Implementation Tracking
    - Preparedness Funding
    - Revise and Update Plans
    - Mutual-Aid Agreements
- Preparedness Training
    - IS 700 NIMS
    - IS 800a NRP
    - ICS 100 or equivalent and 200 or equivalent
- Preparedness Exercises
    - Training and Exercises
    - All Hazard Exercise Program
    - Corrective Actions
- Resource Management
    - Response Inventory
    - Resource Acquisition
- Communication and Information Management
- Standard and Consistent Terminology

State, territory, tribal and local jurisdictions have additional NIMS activities for FY07. Does a hospital have to also complete those activities? (Posted 4/13/07)

No. NIMS activities focused initially on state, territory, local and tribal jurisdictions. NIMS activities for hospitals and healthcare systems were added later. Any Federal preparedness funding programs that assist State, territory, tribal, local, private sector or non-governmental agencies to prepare to, respond to and/or recover from an incident requires NIMS implementation. As a result, many of these NIMS activities have been incorporated into the 17 hospital-specific activities.

The National Integration Center, along with the Department of Health and Human Services, will continue to coordinate with hospitals and healthcare systems and State, territory, tribal and local

governments to ensure that NIMS activities for hospitals and healthcare systems are clearly articulated and implemented as appropriate.

Training

Which NIMS courses should hospital and healthcare system employees complete? (Posted 4/20/07)

The function of the responder during an incident, whether it is within the hospital or at an incident, will determine the appropriate courses required. The National Integration Center (NIC) and HICS working group outlined who should take the IS 700, 800 and ICS 100, 200 courses in the NIMS Implementation Activities for Hospitals and Healthcare Systems document http://www.fema.gov/emergency/nims/compliance/assist_non_govt.shtm . Hospitals have the discretion to determine which employees complete the courses.

Courses for ICS100 and 200 for healthcare workers have been released on the EMI website. Do hospital workers have to complete that course if they have already taken an ICS 100 and 200 course? (Posted 4/20/07)

ICS100 and 200 have been modified to reflect preparedness and response activities in hospitals and healthcare system settings.   The overall concepts and principles in the course for healthcare workers follow those of the generic, law enforcement, and public works ICS courses that are also posted on the EMI website. A healthcare worker only needs to complete the ICS 100 and/or 200 courses once, unless additional requirements are imposed by the State, territory, tribal or local government or by the employing healthcare agency.

Can a hospital utilize a vendor created training course? If so, how do we verify that it is NIMS compliant? (Posted 4/20/07)

The NIC has posted the NIMS National Standard Curriculum Training Development Guidance (March 2007) on the NIC website http://www.fema.gov/pdf/emergency/nims/nims_tsctdg_0307v2.pdf . This document outlines the objectives that must be met for ICS 100, 200, 300, and 400 for any vendor created courses. As long as the course meets the objectives then it is considered NIMS compliant. The sponsoring organization is responsible to ensure any vendor created training meets the objectives for a course.

Will the NIC certify an ICS course as NIMS compliant for hospital and healthcare system responders? (Posted 4/20/07)

The NIC does not certify ICS courses as NIMS compliant.   The NIMS National Standard Curriculum Training Development Guidance (March 2007) on the NIC website http://www.fema.gov/pdf/emergency/nims/nims_tsctdg_0307v2.pdf outlines the minimum objectives that must be met for each ICS course.   Hospitals may create their own "equivalent courses" for 100, 200, 700, and 800 provided their course(s) meet the objectives found in the NIMS Training Guidance document.   It is the responsibility of the organization sponsoring the NIMS ICS training to determine whether the course meets the objectives outlined in the NIMS National Standard Curriculum Training Development Guidance.

Original posting date 4/13/07
Revised posting date 4/20/07

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The sponsoring agency also reserves the right to create their own test for ICS courses as long as the test questions meet the objectives as outlined in the NIMS National Standard Curriculum Training Development Guidance (March 2007).

To where should a hospital submit NIMS training records? (Posted 4/20/07)

Any documentation for NIMS training courses needs to be maintained by the hospital or healthcare system. If courses are completed through the Emergency Management Institute (EMI) website, EMI does maintain a database by State of who has completed courses. Currently, the database is not separated by individual agencies so a hospital would not be able to track solely by the database list.

The NIMS Integration Center has not set a timeline as to how long NIMS training records/certificates must be kept on file.

Where do I find classroom materials to teach 100, 200, 700 and or 800? (Posted 4/20/07)

The classroom materials for these courses can be found at the following websites:

IS 100 - http://www.training.fema.gov/EMIWeb/IS/is100.asp
IS 200 - http://www.training.fema.gov/EMIWeb/IS/is200.asp
IS 700 - http://www.training.fema.gov/EMIWeb/IS/is700.asp
IS 800 - http://www.training.fema.gov/EMIWeb/IS/is800a.asp

Specific classroom materials for ICS 100 and 200 for healthcare workers will be posted on the EMI website in April 2007.

What qualifications does an instructor need to teach ICS 100 and 200 in the classroom setting? (Posted 4/20/07)

All lead ICS instructors should have training and experience in adult education and have served as Incident Commander or in a command staff or general staff position. The lead instructor can be a member of a hospital, healthcare organization, or other response discipline.

Specific requirements for ICS-100 and ICS-200 are as follows:

ICS-100
ICS-100 Lead and Unit Instructors should have successfully completed ICS-100, ICS-200 and IS-700.

ICS-200
Two instructors recommended to teach ICS-200 level classes
- Lead instructor should have successfully completed ICS-300
- Unit instructors should have successfully completed ICS-200, and
- Lead instructor should have training and experience in adult education and have served as an Incident Commander or in a command staff or general staff position

The NIC also recognizes that first responders and disaster workers across the nation can complete ICS-200 level training on-line to meet NIMS requirements. When completing the training on-line no instructors are utilized.

Original posting date 4/13/07
Revised posting date 4/20/07

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The NIC also recognizes that the completion of ICS-200 training in a classroom with other staff members or with a multi-discipline audience is extremely beneficial. Some emergency management disciplines may not have enough qualified lead instructors or easy access to individuals in other disciplines that have completed ICS-300 training or have experience serving in the command structure. While the NIC, <u>strongly recommends the above referenced guidelines for ICS-200 instructors</u> it fully realizes that there may simply not be enough qualified lead instructors that meet the guidelines to teach ICS-200 training in the classroom. The overall benefit of **teaching the training in a classroom**, even with a lead instructor who has not yet completed ICS-300 training or has extensive ICS experience … far exceeds **completing the training on-line**.

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Hospital Incident Command System (HICS)

What is the relationship between HICS and NIMS? (Posted 4/13/07)

As released in September 2006, there are 17 elements that hospitals should address to become NIMS compliant. The implementation of HICS as the hospital incident command system will assist hospitals in meeting some but not all of these requirements. In particular, HICS covers topic areas for hospitals with regards to planning, responding, decision-making, and documentation will be found. Hospitals should carefully review all of these elements and undertake the steps necessary to ensure complete compliance within the outlined activities.

Do hospital personnel who have been previously trained in the Hospital Emergency Incident Command System (HEICS) need to be re-trained in HICS in order for a receiving hospital to be NIMS compliant? (Posted 4/13/07)

HEICS was built upon Incident Command System principles and therefore is compatible with NIMS. However, it is not compliant with <u>all</u> NIMS activities for hospitals. HICS functionally uses ICS, but has translated it to meet the specific needs of hospitals. Hospitals should update their plans, procedures, and/or policies and conduct training as necessary to reflect NIMS compliance.

The HICS updated Incident Management Team chart (formerly known as the organization chart) has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting.

Does completion of the HICS course materials, as they are listed on-line, make a hospital NIMS compliant? (Posted 4/13/07)

The HICS materials are posted on the California EMS Authority website, http://www.emsa.ca.gov/hics/hics.asp. These materials do not make a hospital NIMS compliant since the materials primarily support Element 2 – Incident Command System in the NIMS Activities for Hospitals and Healthcare Systems. The teaching of the HICS materials on this website alone do not provide materials to cover the objectives for 100, 200 and 700, which are required activities to be NIMS compliant.

Does a HICS course take the place of ICS 100 & 200 and IS700 courses? (Posted 4/13/07)

The on-line HICS materials, http://www.emsa.ca.gov/hics/hics.asp , do not meet the objectives as outlined in the NIMS National Standard Curriculum Training Development Guidance (March

2007) on the NIC website http://www.fema.gov/pdf/emergency/nims/nims_tsctdg_0307v2.pdf for ICS 100 and 200 and IS700. When HICS was developed it was not intended to meet the objectives for 100, 200 and 700 courses.

However, the Center for HICS Education and Training is currently conducting a classroom train-the-trainer (TTT) course that also covers the objectives for IS700 and ICS 100 and 200 in addition to the HICS material. This course provides trainers with the ability to teach HICS within the hospital environment. The TTT materials will support a trainer to teach the 100, 200 and 700 courses since the classroom materials meet the objectives as outlined in the NIMS Training Guidance. The materials for TTT are not publicly posted; therefore teaching from the materials that are online at http://www.emsa.ca.gov/hics/hics.asp will not meet NIMS compliance for 100, 200 and 700. Please refer to the Center for HICS Education and Training website for current information on the approved training http://www.hicscenter.org/ .

Joint Commission and Centers for Medicaid and Medicare Services (CMS)

To receive Joint Commission accreditation, must my hospital implement NIMS? (Posted 4/13/07)

No. Per Joint Commission, at this time a hospital is not required to implement NIMS in order to receive accreditation.

Must my hospital implement NIMS in order to meet CMS Medicare and Medicaid requirements? (Posted 4/13/07)

No. Per CMS, a hospital does not have to implement NIMS in order to meet CMS coverage and reimbursement requirements.

Original posting date 4/13/07
Revised posting date 4/20/07