FY 2008 & 2009 (October 1, 2007—September 30, 2009)
NIMS Implementation Objectives for Healthcare Organizations

Introduction
Homeland Security Presidential Directive (HSPD)-5 *Management of Domestic Incidents* called for the establishment of a single, comprehensive national incident management system. As a result, the U.S. Department of Homeland Security released the National Incident Management System (NIMS) in March 2004. NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment. This consistency provides the foundation for implementation of the NIMS for all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response. The NIMS document, as revised in 2007, reflects contributions from stakeholders and lessons learned during recent incidents.

The long-term goal of NIMS is to provide a consistent framework for all aspects of emergency management and incident response. This framework should be sustainable, flexible, and scalable to meet changing incident needs and allow for integration of other resources from various partners through mutual aid agreements and/or assistance agreements.

FY 2007 NIMS Implementation Objectives for Healthcare Organizations
In the summer of 2006, the Incident Management Systems Integration (IMSI) Division worked in collaboration with the Department of Health and Human Services (HHS) and the Hospital Incident Command System working group to identify NIMS implementation objectives for healthcare organizations. These objectives were designed to assist healthcare organizations with implementation of NIMS, further enhancing the efficiency and effectiveness of their response and recovery role. The implementation of these objectives enhances the relationship between healthcare organizations and their respective local government, public health and other emergency response agencies. Developing a relationship with local government, public health and other emergency response agencies enables hospitals to gain further insight regarding the availability of training as well as capabilities (equipment and procedures) provided by local agencies.

The FY 2006 NIMS Implementation Objectives for Tribal Nations and Local Jurisdictions were reviewed for healthcare organizations and 17 were identified as appropriate.   On September 16, 2006, the first of 17 objectives were released for healthcare organizations. Of the 17 objectives identified for healthcare organizations, four were deemed critical to NIMS implementation for FY 2007 in order to be eligible for FY 2007 preparedness funding. These objectives focused on NIMS awareness courses and updating plans and policies. During FY 2007, the remaining 13 objectives were addressed by many hospitals across the nation providing them the ability to move forward with NIMS implementation. Over the past year, IMSI continued to identify local objectives and examine how they apply to healthcare organizations.

NIMS Implementation in FY 2008 and 2009
In August, 2007, a healthcare working group was held to tailor existing State and local objectives to healthcare organizations. The foundational 17 objectives were reviewed and streamlined to 14 objectives for FY 2008 and 2009. Healthcare organizations will be expected to implement and achieve all 14 objectives by September 30, 2009. The remaining objectives from FY 2007 will be addressed in FY10 and out years. Healthcare organizations are strongly encouraged to coordinate NIMS implementation efforts with State and local response entities to ensure consistency across the State and local jurisdictions.

Reporting FY 2008 and 2009 NIMS Implementation
Healthcare organizations that receive FY 2008 HHS Assistant Secretary for Preparedness and Response (ASPR) funding will be required to implement and report on all 14 NIMS implementation objectives.

Specific objectives to be evaluated are:
- Adopt NIMS
- Complete IS 700, IS 800, ICS 100 and ICS 200
- Participate in exercises
- Redundant Communications
- Two-way Communications

Revision of the IS-800 National Response Plan

There is no requirement for healthcare personnel who have completed IS-800.A – National Response Plan to also complete IS-800.B – National Response Framework. It is suggested that healthcare personnel complete IS-800.B – National Response Framework in order to be informed of current information regarding response for all levels of government, as well as the private sector. It is the decision of the healthcare organization's administration to issue this requirement to staff. The FACT Sheet lists IS-800.B – National Response Framework as the implementation objective names since it is the most current title of the course.

For further information or questions regarding the FY 2008 & 2009 Implementation Objectives for Healthcare Organizations please contact IMSI at FEMA-NIMS@dhs.gov or 202-646-3850.

FY 2008 & 2009 NIMS Implementation Objectives

Adoption

1. Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.
2. Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).

Preparedness: Planning

3. Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.
4. Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.

Preparedness: Training and Exercises

5. Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.
6. Identify the appropriate personnel to complete IS-800 or an equivalent course.
7. Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.

Communications and Information Management

8. Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.
9. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.
10. Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

Command and Management

11. Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.
12. ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.
13. Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
14. Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.