NIMS IMPLEMENTATION ACTIVITIES FOR HOSPITALS AND HEALTHCARE SYSTEMS

Organizational Adoption

Element 1 - Adoption of NIMS

Adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.

Association to NIMS

NIMS was developed as a comprehensive national approach to incident management, applicable at all jurisdictional levels and across functional disciplines, to further improve the effectiveness of emergency response providers and incident management organizations across a full spectrum of potential incidents and hazard scenarios. This national approach improves coordination and cooperation between public and private entities in a variety of domestic incident management activities.

NIMS uses a system approach to integrate the best of existing processes and methods into a unified national framework for incident management. This framework forms the basis for interoperability and compatibility that will in turn enable a diverse set of public and private organizations to conduct well-integrated and effective incident management operations.

Implementation Guidance

Hospitals and healthcare systems should work towards adopting NIMS throughout their organization. Hospital and healthcare systems should work towards full NIMS implementation through a phased in approach outlined in the cooperative agreement guidance issued by the National Bioterrorism Hospital Preparedness Program (NBHPP).

Implementation Example

The seventeen elements included in this document are addressed in the organization's emergency management program documentation.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122
4. HICS Implementation Manual

Command and Management

Element 2 - Incident Command System (ICS)

Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation must include consistent application of Incident Action Planning and Common Communication Plans.

Association to NIMS

ICS enables effective and efficient incident management via the integration of a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. ICS is structured to facilitate activities in five major functional areas: command, operations, planning, logistics, and finance administration. ICS is also flexible and scalable allowing for functional areas to be added as necessary and terminated when no longer necessary.

Prior to the events of September 11, 2001, ICS was primarily used for on-scene incidents by responders in the field. However, in the years since, hospitals have become integrated parts of the events of September 11, the 2005 hurricane seasons, impending Bird Flu epidemic, and daily incidents that produce multiple victims. Internally, hospitals often have events occur that benefit from the use of ICS. Such events include utility failure, VIP visits or admissions, hostage situations, fires, and patient evacuation, etc. Therefore, it is important that hospitals and healthcare systems exercise their own hospital policies and procedures that fit into an established incident command structure.

Implementation Guidance

Depending on the size and on-site capabilities of the hospital and healthcare system, the size and scope of ICS will vary. Hospitals and healthcare systems should implement an ICS that allows for the provision of safe and effective patient care and continuity of hospital operations regardless of the size of the hospital, size and type of incident, and/or limitations of resources, personnel and equipment.

The structure of a hospital ICS should be included in the Emergency Operations Plan (EOP) which will identify an Incident Commander and the appropriate departments/personnel to meet the following ICS areas—command staff, operations, planning, logistics, and/or finance needed to have an effective incident command structure. Once the ICS personnel are identified, subsequent training and exercises should be conducted to review the structure and ICS responsibilities designated to the hospital's and healthcare system's personnel.

Implementation Example

The organization's Emergency Operations Plan explains the use of ICS, particularly incident action planning and a common communication plan.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. IS-100, Introduction to Incident Command System http://www.training.fema.gov/EMIWeb/IS/is100.asp

4. Training of Hospital Staff to Respond to a Mass Casualty Incident
   http://www.ahrq.gov/clinic/epcsums/hospmcisum.pdf
5. Emergency Management (EM) Principles and Practices for Healthcare Systems
   http://www1.va.gov/emshg/page.cfm?pg=122

Command and Management

Element 3 - Multiagency Coordination System

Coordinates and supports emergency incident and event management through the development and use of integrated multiagency coordination systems (MACs). That is, develop and coordinate connectivity capability with Hospital Command Center (HCC) and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs), the state EOC and others as applicable.

Association to NIMS

A MAC is a combination of facilities, equipment, personnel, procedures and communications integrated into a common system with responsibility for coordinating and supporting incident management activities. In addition to hospital and healthcare systems, MACs can include the following entities:

- Local community/public health departments;
- Emergency medical services (EMS) (both private and public);
- Local 911 centers;
- Fire Departments;
- Hazardous materials response teams;
- Local and/or state emergency management;
- Local law enforcement offices/departments;
- Private physicians' offices, ambulatory care centers, urgent care centers, and/or community health centers.

The primary functions of multiagency coordination systems are to:

- Support incident management policies and priorities;
- Facilitate logistics support and resource tracking;
- Provide information regarding resource allocation decisions to incident management personnel in concert with incident management priorities;
- Coordinate incident related information; and
- Coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

Implementation Guidance

MAC relationships should be defined prior to an incident to address the potential emergency needs and areas of priority:

- Personnel staffing, roles, and authority
- Decontamination of patients, personnel, and/or equipment etc.
- Equipment and supplies
- Security
- Ancillary Services

Once MAC relationships have been established, hospitals and healthcare systems should participate in collaborative planning sessions, resulting in exercises and training that should be conducted among the agencies to test and validate facilities, equipment, personnel, procedures and integrated communications.

Implementation Example

The organization's Emergency Operations Plan demonstrates the management and coordination connection between the HCC and other similar external centers multi-agency coordination system entities (i.e., local EOC, public health, EMS, law enforcement, and others as appropriate).

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Command and Management

Element 4 - Public Information System

Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center (JIC).

Association to NIMS

Public Information Systems establish a system and protocol for providing timely and accurate information to the public during crisis or emergency situations. This system includes "many voices" and creates "one message" that is sent out to the public. During an event, a hospital or healthcare system would assign a Pubic Information Officer (PIO) or Public Affairs Representative/Spokesperson to handle:

- Media and public inquiries;
- Emergency public information and warnings;
- Rumor monitoring and response;
- Media monitoring; and
- Other functions required for coordinating, clearing with appropriate authorities, and disseminating accurate and timely information related to the incident, particularly regarding information on public health and safety and protection.

A Public Information System is comprised of a Joint Information System (JIS) and a Joint Information Center (JIC). The JIS provides an organized, integrated, and coordinated mechanism to ensure delivery of understandable, timely, accurate, and consistent information to the public in a crisis. The JIC is a physical location where public information professionals from organizations involved in incident management activities can co-locate to perform critical emergency information, crisis communications, and public affairs functions. A hospital PIO or Public Affairs Representative/Spokesperson can be located at a hospital's command center, local EOC and/or the JIC.

Implementation Guidance

A hospital should identify at least one PIO or Public Affairs Representative/Spokesperson (dependent on the size of the hospital or healthcare system) that is responsible for media and public information as it pertains to an event that involves the hospital. The designated PIO or Public Affairs Representative/Spokesperson should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, etc.

Implementation Example

The organization's Emergency Operation Plan explains the management and coordination of public information with healthcare partners and jurisdictional authorities such as local public health, EMS, emergency management and others as appropriate.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-702 National Incident Management System – Public Information Systems http://www.training.fema.gov/EMIWeb/IS/is702.asp
5. IS-242 Effective Communication http://www.training.fema.gov/EMIWeb/PDS/

6. G-290 Basic Public Information Officer Course (EMI and State Emergency Management Agencies) – Please contact your state emergency management office for available course dates.
7. B-966 Advanced Public Information Officers Course: Health Departments and Hospitals (Noble Training Center) http://training.fema.gov/EMIWeb/NTC/
8. CDC Risk Communications Training http://www.bt.cdc.gov/erc/training.asp
9. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Planning

Element 5 – NIMS Implementation Tracking

Hospitals and healthcare systems will track NIMS implementation annually as part of the organization's emergency management program.

Association to NIMS

Within NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualifications and certification, equipment certification and publication management. In order to implement NIMS, all activities must be met and maintained by a hospital or healthcare system. A NIMS implementation designee is typically identified to implement and track NIMS implementation.

Depending on the size of the hospital, duties of the NIMS implementation designee can be included into another job position (i.e. hospital administrator, safety officer, department manager) and does not necessarily need to be a separate, stand alone position. The NIMS implementation designee should have a working knowledge of emergency management, hospital operations, and hospital command center operations. A working relationship with local emergency management can provide assistance and guidance in these areas.

Implementation Guidance

It is the sole responsibility of the hospital and healthcare system to self-certify that it is NIMS compliant. Hospital and healthcare systems should designate a NIMS implementation designee to implement annual activities and track NIMS implementation. This designee should have a working knowledge of the emergency management life cycle (i.e. Preparedness, Prevention, Mitigation, Response, and Recovery) as well as the daily and emergency operations procedures and protocols of the hospital or healthcare system.

Implementation Example

NIMS organizational adoption, command and management, preparedness planning, training, exercises, resource management, and communication and information management activities will be tracked from year to year with a goal of improving overall emergency management capability.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-1 Emergency Manager: An Orientation to the Position http://www.training.fema.gov/EMIWeb/IS/is1.asp
5. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Planning

Element 6 – Preparedness Funding

Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.

Association to NIMS

Preparedness funding enhances a hospital's and health care systems ability to prepare for and respond to bioterrorism and public health emergencies. The preparedness funding monies can assist the hospital or health care system to further achieve training, equipment, or planning. The Health Resources and Services Administration (HRSA), National Bioterrorism Hospital Preparedness Program (NBHPP) requires hospitals to be NIMS compliant.

Implementation Guidance

Hospitals and healthcare systems should establish a working relationship with their state Department of Health and state hospital associations to identify activities to obtain and appropriately allocate preparedness funding. Hospitals and healthcare systems should also develop a proactive process to seek other federal funding to support preparedness that takes advantage of developing interoperability training with their local and regional multi-disciplinary partners that enhances the Unified Command aspects of NIMS. Assistance with developing such funding should be coordinated with the assistance of each state's Hospital Association and Emergency Management Authority.

Implementation Example

The organization's emergency management program documentation includes information on local, state, and federal preparedness grants that have been received and deliverables to be achieved. Documentation demonstrates that preparedness grants received by the organization meet any regional, state, or local funding commitments.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. HRSA http://www.hrsa.gov
5. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Planning

Element 7 – Revise and Update Plans

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.

Association to NIMS

Plans describe how personnel, equipment, and other resources will support incident management activities. In addition, they describe the process and schedule for identifying and meeting training needs; the process and schedule for developing, conducting, and elevating exercises and correcting identified deficiencies, arrangements for procuring or obtaining required incident management resources through mutual-aid mechanisms and vendors/suppliers; and evaluates hazards that the hospital or healthcare system is most likely to face. EOPs describe organizational structures, roles and responsibilities, policies, and protocols for providing emergency support. EOPs also facilitate response and recovery activities, drive decisions on prevention and mitigation efforts or risk based preparedness measures for specific hazards. SOPs are a reference document that details the procedures for performing a single function or a number of independent functions.

Implementation Guidance

Hospitals and healthcare systems should update emergency plans to establish the necessary policies and procedures to achieve preparedness and respond to and recovery from an incident. Once updated, plans should be exercised and reviewed to determine and measure functional capability. Plan reviews should be conducted annually and/or after every event or incident to identify future updates that may be needed.

Implementation Example

The organization's emergency management program work plan reflects status of any revisions to EOPs such as training materials, response procedures, exercise procedures, equipment changes and/or purchases, evaluation and corrective processes.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS – 235 Emergency Planning http://www.training.fema.gov/EMIWeb/IS/is235.asp
5. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Planning

Element 8 – Mutual-Aid Agreements

Participate in and promote interagency mutual-aid agreements, to include agreements with public and private sector and/or nongovernmental organizations.

Association to NIMS

Mutual-aid is a legal agreement between two or more entities in which they agree to assist one another when their respective resources cannot meet demands. A Memorandums of Understanding (MOU) and/or Agreement (MOA) are voluntary commitment exercised at the discretion of the participating entities based on incident specific needs and available resources to meet demands.

Examples of Mutual-Aid agreements include:

- Direct One-on-One Mutual-Aid: resources are obtained from local entities.
- State Coordinated Mutual-Aid: once local and Direct One-on-One Mutual-Aid resources have been exhausted, hospitals or healthcare systems can coordinate with local emergency management who can request additional resources through the state emergency management agency.
- Interstate Mutual-Aid: once State Coordinated Mutual-Aid resources have been exhausted, state emergency management can activate Emergency Mutual Aid Compact (EMAC). EMAC is more readily available since conditions for providing assistance have been established prior to an event.

Mutual-aid agreements can be established between participating hospitals' or healthcare systems, private sector and nongovernmental organizations to supply personnel, equipment, supplies, facilities, services (i.e. decontamination, laboratory testing), etc.

The mutual–aid system is not a replacement for any individual hospital's or healthcare system's emergency planning; rather, it is meant as a supplement that will augment a hospital's or healthcare system's capabilities.

Implementation Guidance

Hospitals and healthcare systems should establish mutual-aid agreements with neighboring hospitals and/or healthcare systems, public health departments, hazardous materials response teams, local fire department, local law enforcement, area pharmacies, and/or medical supply vendors. Established mutual-aid agreements should be shared with local emergency management prior to an incident occurring.

Implementation Example

The organization's emergency management program documentation includes information supporting any hospital mutual aid agreements.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. Emergency Management Assistance Compact (EMAC) http://www.emacweb.org/

5. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Training

Element 9 – IS-700 NIMS

Complete *IS-700: NIMS: An Introduction*

Association to NIMS

NIMS provides a consistent nationwide template to enable all levels of government, private sector, and nongovernmental organizations to work together during domestic incidents. NIMS represents a core set of doctrine, concepts, principles, terminology, and organizational processes to enable effective, efficient, and collaborative incident management at all levels. NIMS also addresses emergency prevention, preparedness, response, recovery, and mitigation programs and activities. These areas are used by all response entities and encourage collaborative working relationships with each other.

Implementation Guidance

IS-700 NIMS: An Introduction should be completed by the hospital personnel that would have a leadership role in emergency preparedness, incident management, and/or emergency response during an incident. Personnel designated to fulfill ICS roles (i.e. hospital emergency manager, hospital administration, department heads) should complete IS-700 or equivalent, though additional participants may include the following hospital and healthcare systems staff:

- physicians;
- nursing;
- ancillary,
- materials/resource management;
- security/safety;
- laboratory;
- radiology; and/or
- inter-facility transport.

Implementing a phased-approach methodology would allow employees to complete the training without causing a time constraint burden on the hospital. One approach may be to include IS-700 in semi-annual or yearly competencies or as part of employee evaluation to achieve training for all identified hospital personnel. IS-700 can be taken on-line at http://www.training.fema.gov/EMIWeb/IS/is700.asp or in the classroom setting when taught by a qualified instructor. The actual timeframe and method of completing this course is left to the discretion of the hospital.

A hospital or healthcare system should maintain one overall record of completion for employees as well as documentation in the employee's personal file.

Implementation Example

The organization's emergency management program training records track completion of IS-700 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html

3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-700 Course http://www.training.fema.gov/EMIWeb/IS/is700.asp
5. NIMS Training Requirements http://www.fema.gov/pdf/emergency/nims/06_training.pdf
6. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Training

Element 10 – IS-800.A NRP

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

Association to NIMS

The National Response Plan (NRP) integrates Federal government domestic prevention, preparedness, response, and recovery plans into a single, all-discipline, all-hazards plan. The NRP provides structure and mechanisms for national-level policy and operational direction for Federal support to state, local, and tribal incident managers and for exercising direct Federal authorities and responsibilities as appropriate under the law. Understanding of the NRP, provides understanding of incident management at all levels of government, private industry and nongovernmental agencies

Implementation Guidance

IS-800.A: National Response Plan (NRP): An Introduction should be completed by personnel whose primary responsibility is emergency management within a hospital or healthcare system.

Implementing a phased-approach methodology would allow employees to complete the training without causing a time constraint burden on the hospital. One approach is to incorporate IS-800 into semi-annual or annual competencies or a part of employee evaluation to achieve training for identified hospital personnel whose primary responsibility is emergency management. IS-800 can be completed on-line at http://www.training.fema.gov/EMIWeb/IS/is800a.asp or in the classroom setting when taught by a qualified instructor. The actual timeframe and method of completing this course is left to the discretion of the hospital.

A hospital or healthcare system should maintain one overall record of training completion for all identified ICS employees.

Implementation Example

The organization's emergency preparedness program training records track completion of IS-800.A or equivalent by individual(s) responsible for the hospital's emergency management program.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. National Response Plan http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf
5. IS-800 National Response Plan (NRP) and Introduction http://www.training.fema.gov/EMIWeb/IS/is800a.asp
6. NIMS Training Requirements http://www.fema.gov/pdf/emergency/nims/06_training.pdf
7. NRP – Notice of Change http://www.fema.gov/pdf/emergency/nims/notice_change_nrp.pdf
8. Quick Reference Guide for the National Response Plan (changes made as of June 2006) http://www.fema.gov/pdf/emergency/nims/ref_guide_nrp.pdf

9. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Training

Element 11 – ICS 100 and 200

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

Association to NIMS

Incident management organizations and personnel at all levels of government and within the private-sector and nongovernmental organizations, must be appropriately trained to improve all-hazards incident management capability nationwide. ICS provides the foundation of response and recovery personnel structure to effectively manage the incident. ICS is applicable to first responders up to supervisory personnel. The various functions to manage an incident are streamlined through the ICS structure.

Implementation Guidance

ICS-100 Introduction to ICS or equivalent should be completed by the hospital personnel that would have a direct role in emergency preparedness, incident management, and/or emergency response during an incident. Personnel designated to fulfill ICS roles (i.e. hospital emergency manager, hospital administration, department heads) should complete IS-100 or equivalent, though additional participants may include the following hospital and healthcare systems staffs:

- physicians;
- nursing;
- ancillary,
- materials/resource management;
- security/safety;
- laboratory;
- radiology; and/or
- inter-facility transport.

ICS-200 ICS for Single Resources and Initial Action Incidents or equivalent should be completed by personnel whose primary responsibility is emergency management, to include (at a minimum) middle management within a hospital or healthcare system. Middle management may refer to physicians, department managers, unit leaders, charge nurses, and any staff (i.e. hospital administration) that would have a role in an emergency operations center (hospital, local, or state).

Implementing a phased-approach methodology would allow employees to complete the training without causing a time constraint burden on the hospital. One approach may be to incorporate ICS-100 and ICS-200 or equivalent courses into semi-annual or annual competencies, or as part of employee evaluation to achieve training for all hospital personnel. IS-100 and 200 can be taken on-line at http://www.training.fema.gov/EMIWeb/IS/is100.asp and IS-200 http://www.training.fema.gov/EMIWeb/IS/is200.asp or in the classroom setting when taught by a qualified instructor. The actual timeframe and method of completing these courses is left to the discretion of the hospital.

A hospital or healthcare system should maintain one overall record of completion for all employees as well as documentation in the employee's personal file.

Implementation Example

The organization's emergency preparedness program training records track completion of the ICS-100 and ICS-200 or equivalent courses by personnel who will a have primary responsibility as part of emergency management.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-100 http://www.training.fema.gov/EMIWeb/IS/is100.asp
5. IS-200 http://www.training.fema.gov/EMIWeb/IS/is200.asp
6. NIMS Training Requirements http://www.fema.gov/pdf/emergency/nims/06_training.pdf
7. Incident Command System Instructor Guidelines http://www.fema.gov/pdf/emergency/nims/ICSInstructorGdl0106.pdf
8. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Exercises

Element 12 – Training and Exercises

Incorporate NIMS/ICS into internal and external local, regional, and state emergency management training and exercises.

Association to NIMS

Incident management organizations and personnel at all levels of government and within the private sector and nongovernmental organizations must be appropriately trained to improve all-hazards incident management capability nationwide. All agencies involved in incident management must participate in realistic multidisciplinary and multijurisdictional exercises to improve integration and interoperability. This type of training ensures that personnel at all jurisdictional levels and across disciplines can function effectively together during an incident.

Implementation Guidance

Hospitals and healthcare systems should include NIMS and ICS policies and practices into internal and external training and exercises. During trainings and exercises, plans should be reviewed to ensure hospital and healthcare systems staff competency and proper execution of roles and responsibilities during an event.

Implementation Example

The organization's emergency management program training and exercise documentation reflects the use of NIMS/ICS.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Exercises

Element 13 – All-Hazard Exercise Program

Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines, multiple agencies and organizations.

Association to NIMS

Incident management organizations and personnel at all levels of government, as well as within the private sector and nongovernmental organizations, should be appropriately trained to improve all-hazards incident management capability nationwide. All agencies involved in incident management should participate in realistic multidisciplinary and multijurisdictional exercises to improve integration and interoperability. This type of training ensures that personnel at all jurisdictional levels and across disciplines can function effectively together during an incident.

Hospital and healthcare systems can conduct drills and exercises to achieve and evaluate proficiency. Drills provide instruction and/or training for personnel on particular roles, responsibilities, plans, and/or equipment. The building blocks that make up the various exercises available can be referred to as the "crawl-walk-run" approach once drills have been conducted. The "crawl-walk-run" approach is accomplished by the following:

- Tabletop (*crawl*) allows participants to move through a scenario based on discussions regarding the coordination of plans and procedures with other departments or agencies.
- Functional Exercise (*walk*) allows participants to work through plans and procedures in a real-time scenario, typically based in an operations center environment. The exercise pace can be increased or decreased depending on participants ability to work through their plans and procedures.
- Full-scale Exercise (*run*) requires participants to move people and apparatus while working through plans and procedures in real-time.

Implementation Guidance

Hospitals and healthcare systems should participate in local, regional, and/or state multi-discipline and multi-agency exercises twice per year to every 2 years (dependent on the type of drill or exercise to be held). Exercise activities should address internal and external communications, receiving, triage, treatment, and transfer of mass causalities, progression of causalities through the hospital system, resource management, security procedures, specialty lab testing, and/or site/facility safety. Exercises can be conducted through drills, tabletop, functional, and/or full-scale exercises.

It is strongly encouraged that personnel conducting drills or helping to plan exercises should have the experience and documented training to facilitate these events. Such exercise design and evaluation training is available from federal and state emergency management agencies. Additionally, a system to provide a critical evaluation process for use in every exercise, drill and actual event in which the hospital or healthcare system would participate is strongly encouraged. Such evaluations should provide both quantitative and qualitative data / information upon which to define a process for improvement in future drills, exercises or actual events. The ability to identify both strengths and areas for improvement is critical to effective drill and exercise management over time and helps to strengthen Element 14– Corrective Actions.

Implementation Example

The organization's emergency management program training and exercise documentation reflects the organization's participation in exercises with various external entities.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Preparedness Exercises

Element 14 – Corrective Actions

Hospitals and healthcare systems will incorporate corrective actions into preparedness and response plans and procedures.

Association to NIMS

Corrective action plans are designed to implement or enhance procedures that are based on lessons learned from actual incidents or from training and exercises. Corrective actions make up the improvement plan for identified issues, such as those identified in a After Action Report (AAR), that require action to be taken by a person or group by a particular date in order to correct the issue.

Implementation Guidance

After a hospital or healthcare system has participated in a drill or exercise, a corrective action report should be created. In the corrective action report, the following points should be addressed for each identified issue:

- The identified action to correct the issue or deficiency,
- The responsible person or group of people to implement the action,
- The due date for completion of the action, and
- The resulting corrective action should be incorporated into plans and procedures once completed.

Implementation Example

The organization's emergency management program documentation reflects a corrective action process.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Resource Management

Element 15 – Response Inventory

Maintain an inventory of organizational response assets.

Association to NIMS

Resource management involves coordinating and overseeing the application of tools, processes, and systems that provide incident managers with timely and appropriate resources during an incident. Resources include personnel, teams, facilities, equipment, and supplies. Resource inventory is maintained throughout the emergency management life cycle (prevention, preparedness, response, recovery, mitigation) so that a hospital is prepared for and able to support the event. During the response and recovery phase supplies and equipment may be needed from other hospitals or retail stores. Memorandums of Agreement (MOA) and Memorandums of Understanding (MOU) should be established during pre-incident times.

By standardizing the procedures, methodologies, and functions involved in these processes, the NIMS ensures that resources move quickly and efficiently to support managers and emergency responders. When they are established, multiagency coordination entities may also prioritize and coordinate resource allocation and distribution during incidents.

Implementation Guidance

Supplies and equipment (i.e., personal protective equipment (PPE), patient care supplies, generator) that will be used in excess during an incident response should be determined (based on amount of staff, potential patients, usage time, etc.), ordered, and stocked on-site or elsewhere prior to an incident. Healthcare systems should stock additional supplies at a warehouse and/or throughout their hospitals to maintain necessary supplies that during an incident that will exceed normal par levels. These supplies or response assets should be maintained in a record of inventory whether on paper or in a database.

For items whose usage would exceed par levels as a result of a large scale incident or items that for which expiration would be an issue (i.e., additional antibiotics, vaccines, PPE, etc.), an MOU or MOA should be developed to expedite receipt of items when needed. Plans should reference the MOU or MOA information to include the following:

- Contact information of who the agreement is with;
- Types or actual supplies or equipment to be provided;
- Mobilization method and receipt of resources;
- Tracking and reporting of resources;
- Recovery of resources; and
- Reimbursement of resources.

Implementation Example

The organization's emergency management program documentation includes a resource inventory (i.e., medical/surgical supplies, pharmaceuticals, personal protective equipment, staffing, etc.).

References

1. National Incident Management System (NIMS)
   http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-703 – NIMS Resource Management
   http://www.training.fema.gov/EMIWeb/IS/is703.asp
5. Emergency Management (EM) Principles and Practices for Healthcare Systems
   http://www1.va.gov/emshg/page.cfm?pg=122

Resource Management

Element 16 – Resource Acquisition

To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.

Association to NIMS

In order for a common operating system to exist, equipment, communications and data interoperability must be standardized and understood by all. Hospitals and healthcare systems should be able to directly communicate with each other via phone, computer, and/or radio. An event may disable one or more communication methods, resulting in limited communication resources. The coordination and usage of common equipment and data sources allows for communications to still function when infrastructure (i.e. phone lines, computer lines) has been impacted.

Information technology, phone, and radio communications allow for information to be relayed and coordinated in real-time.

Implementation Guidance

To the extent possible, hospital and healthcare systems should work to establish common equipment, communications, and data interoperability resources with other local hospitals, emergency medical services (EMS), public health, and emergency management that will be used during incident response.

Implementation Example

The organization's emergency management program documentation includes emphasis on the interoperability of response equipment, communications, and data systems with external entities.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. IS-703 – NIMS Resource Management http://www.training.fema.gov/EMIWeb/IS/is703.asp
5. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122

Communication and Information Management

Element 17 – Standard and Consistent Terminology

Apply standardized and consistent terminology, including the establishment of plain English communication standards across the public safety sector.

Association to NIMS

Effective communications, information management, and information and intelligence sharing (i.e. biological event) are critical aspects of domestic incident management. To establish and maintain a common operating picture and ensuring accessibility and interoperability are principle goals of communications and information management. When operating in a multidiscipline and multijurisdictional incident common language among entities will alleviate confusion and miscommunications.

Implementation Guidance

Hospitals and healthcare systems should establish common language that is consistent with language to be used by local emergency management, law enforcement, emergency medical services, fire department, and public health personnel. Plain language should be addressed in plans as well as written into training and tested during drills and exercises.

The use of plain English does not prohibit the use of in-house hospital emergency codes to communicate within the facility. When communicating with entities outside the hospital, plain language should be used in place of internal specific emergency codes (e.g. Dr. Red is internal to a hospital, if a hospital was reporting a fire to the incident commander they would simply state that they have a fire or if a hospital is establishing lock down they would not use there internal emergency code terminology to notify outside resources but simply state that they are on lock down.)

Implementation Example

The organization's emergency management program documentation reflects an emphasis on the use of plain English by staff during emergencies.

References

1. National Incident Management System (NIMS) http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf
2. HSPD-5 http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html
3. HSPD-8 http://www.fas.org/irp/offdocs/nspd/hspd-8.html
4. Emergency Management (EM) Principles and Practices for Healthcare Systems http://www1.va.gov/emshg/page.cfm?pg=122