DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for
Preparedness & Response
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TO: Hospital Preparedness Program Awardees

FROM: David Marcozzi, MD, MHS-CL, FACEP
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SUBJECT: NIMS implementation guidance for the National Hospital Preparedness Program's (HPP) FY12 Funding Opportunity Announcements (FOA)

For awareness, HPP is reducing the NIMS compliance elements from 14 to 11 as well as providing clarification and implementation guidelines. The changes are as follows:

- Revised Objective 8 (COMBINING OBJECTIVES 8 & 10) – Promote and ensure that hospital processes, equipment, communication, and data interoperability facilitates the collection and distribution of consistent and accurate information with local and state partners during an incident or event.
- Revised Objective 11 (COMBINING OBJECTIVES 11 & 12) – Manage all emergency incidents, exercises, and preplanned (recurring/special) events with consistent application of ICS organizational structures, doctrine, processes, and procedures.
- Revised Objective 13 (COMBINING OBJECTIVES 13 & 14) – Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) ensuring that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.
- Revised guidance for personnel requiring NIMS related training (reduced emphasis on IS 800 for hospital staff and clarification of staff needing IS 100,200 and 700)

It is our hope that by making these NIMS compliant changes, hospitals and health care systems are better able to implement NIMS and guidance and examples are strengthened. The guidelines come into effect on July 1st, 2012 and should be used for planning purposes and reporting for the FY12 HPP FOA.

Included with this memo are the revised guidelines.

NIMS IMPLEMENTATION FOR HEALTHCARE ORGANIZATIONS GUIDANCE

BACKGROUND

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 (DHS) released the National Incident Management System (NIMS) in March 2004. Revised in December 2008, the 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.

HSPD-5 requires that all Federal Departments and agencies make adoption of NIMS by State, tribal, and local organizations a condition to receive Federal Preparedness assistance. To that end, the U. S. Department of Health and Human Services (HHS) requires that healthcare organizations implement NIMS in order to be eligible to apply for preparedness funding through the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant program.

Presidential Policy Directive / PPD-8, *National Preparedness*, is aimed at strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the Nation. This preparedness is a shared responsibility across the entire nation, to include public and private partners. Consistent with PPD-8, the ASPR HPP overarching goal is to ensure cooperative agreement (CA) funds are used to maintain, refine, and to the extent achievable, enhance the capacities and capabilities of their healthcare systems. Furthermore, these funds must be used for exercising and improving preparedness plans for all hazards including pandemic influenza. As identified in PPD-8, these actions shall be consistent with NIMS.

ASPR HPP grant program expectations include:

- National Incident Management System (NIMS)
- Needs of At-Risk Populations
- Education and Preparedness Training
- Exercises
- Evaluations and Corrective Actions

Additionally, regardless of Federal preparedness awards 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.

FYs 2007-2008

In the summer of 2006, the NIC collaborated with the U. S. Department of Health and Human Services (HHS) and the Hospital Incident Command System (HICS) Work Group to identify NIMS implementation activities for healthcare organizations. These activities further enhanced the efficiency and effectiveness of the response and recovery role of hospital and healthcare institutions. The implementation of these activities helped to foster a relationship with local government, public health and other emergency response agencies 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 Matrix for Tribal and Local Jurisdictions* was reviewed for healthcare organizations and 17 were identified as appropriate. In September 2006, the NIC released the 17 activities for healthcare organizations. Of the 17 activities 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 activities focused on NIMS awareness courses and updating plans and policies. During FY 2007, the remaining 13 activities were addressed by many hospitals across the nation providing them the ability to move forward with NIMS implementation.

In August 2007, the NIC reconvened the healthcare work group to review 17 implementation activities. As a result, the 17 activities were streamlined to 14.

FY 2010 AND BEYOND

In fall 2009 the NIC and HHS again used the healthcare work group to review the 14 implementation activities (objectives) for currency; as a result, the work group drafted *NIMS Implementation for Healthcare Organizations Guidance*. The recommendation was to streamline the implementation and reduce the number from 14 to 11. Considering the differences in healthcare organizations compared to traditional first responder organizations, the 11 NIMS Implementation Objectives (Figure 1) are tailored specifically to healthcare organizations with implementation examples that carefully correlate to existing healthcare regulations and national preparedness grant guidance.

The NIMS Implementation Objectives are primarily organized by the following NIMS Components 1) Preparedness: Planning, Training and Exercises, 2) Communication and Information Management, and 3) Command and Management. Additional activities fall under a general category of NIMS Adoption.

The implementation guidance provided for each objective is based on the recommendations from healthcare industry practitioners from across the country that have responsibilities at different levels and expertise of the healthcare system. Implementation examples contributed by this focus group include: community based planning efforts, the development of emergency operations plans (EOPs) that address state and local community response coordination, and the development of NIMS healthcare specific training courses. As the implementation of PPD-8 advances, this guidance will be reviewed regularly to evaluate consistency with PPD-8, evolving conditions, and the National Incident Management System.

NIMS Overview

The National Incident Management System (NIMS) provides a consistent nationwide template to enable Federal, State, tribal, and local governments, nongovernmental organizations (NGOs), and the private sector to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity. NIMS represents a core set of doctrines, concepts, principles, terminology, and organizational processes that enables effective, efficient, and collaborative incident management. This consistency provides the foundation for utilization of NIMS for all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response. Homeland Security Presidential Directive - 5, *Management of Domestic Incidents* (HSPD-5) directed the development and administration of NIMS. Presidential Policy Directive / PPD-8, *National Preparedness*, establishes the requirement that preparedness activities shall be continuously evaluated to ensure consistency with NIMS.

The NIMS documents integrate best practices into a comprehensive framework for use by emergency management and response personnel in an all-hazards context nationwide. HSPD–5 requires all Federal departments and agencies to adopt NIMS and to use it in their individual incident management programs and activities, as well as in support of all actions taken to assist State, local, and tribal governments. In order to participate in NIMS and to be considered NIMS-compliant, it is necessary for entities to adhere to the standards, practices, and/or minimum criteria presented in the NIMS guidance documents. It is also important to note that although a State, local, or tribal government or NGO is not required to apply for Federal preparedness assistance, HSPD-5 requires Federal departments and agencies to make adoption of NIMS by State, local, and tribal governments and NGOs a condition for Federal preparedness assistance, through grants, contracts, and other activities.

A basic premise of NIMS is that all incidents begin and end locally. The Federal government supports State, local, and tribal authorities when their resources are overwhelmed or anticipated to be overwhelmed. The intention of the Federal government in these situations is not to command the response, but rather to support the affected State, local, and tribal authorities. This is most easily achieved when all the entities are participating in a unified system of emergency management and incident response. NIMS also recognizes the role that NGOs and the private sector have in preparedness and activities to prevent, protect against, respond to, recover from, and mitigate the effects of incidents.

Figure 1: NIMS Implementation Objectives
Adoption
1. Adopt NIMS throughout the healthcare organization to include appropriate departments and business units. 2. Ensure Federal Preparedness grants and cooperative agreements 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. Implement ICS-700: NIMS, An Introduction, ICS-100: Introduction to ICS, and ICS-200: ICS For Single Resources training to appropriate personnel 6. Implement ICS-800 National Response Framework (NRF): An Introduction training to appropriate personnel 7. Promote and integrate, as appropriate, NIMS concepts and principles (i.e. the Incident Command System) into all healthcare organization-related training and exercises.
Communications and Information Management
8. Promote and ensure that hospital processes, equipment, communication, and data interoperability facilitates the collection and distribution of consistent and accurate information with local and state partners during an incident or event. 9. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.
Command and Management
10. Manage all emergency incidents, exercises, and preplanned (recurring/special) events with consistent application of ICS organizational structures, doctrine, processes, and procedures. 11. Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) ensuring that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

Objective 1: Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.	
Association to NIMS	***Implementation Guidance***
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 systematic 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.	Healthcare organizations should adopt NIMS concepts and principles throughout their organization. Healthcare organizations should implement NIMS through a phased-in approach as outlined in the cooperative agreement guidance issued by the Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant. In accordance with HSPD-5, NIMS provides a consistent approach for federal, state, and local governments to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. Healthcare organizations must maintain an ongoing commitment to the implementation of NIMS concepts and principles.
Implementation Example	
All 11 implementation objectives included in this document are addressed in the organization's emergency management program documentation: • *Hospital Directives* • *Emergency Operations Plans (EOPs)* • *Standard Operating Procedures (SOPs)*	

Objective 2: Ensure Federal Preparedness Awards support NIMS Implementation (in accordance with the eligibility and allowable use of the awards).	
Association to NIMS	***Implementation Guidance***
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 systematic 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.	Federal preparedness grants and cooperative agreements available to healthcare organizations should support NIMS implementation by promoting the use of NIMS guidance and funding of training, planning, and other implementation activities. The intent of NIMS implementation in a healthcare organization is to ensure an effective and coordinated response to incidents that involve joint efforts between other healthcare organizations, government agencies, and private sector partners.
Implementation Example	
The organization's Emergency Operations Plan explains the use of ICS, particularly incident action planning and a common communication plan.	

Objective 3: Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.	
Association to NIMS	***Implementation Guidance***
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 organization is most likely to face. Emergency operation plans describe organizational structures, roles and responsibilities, policies, and protocols for providing emergency support. Emergency operation plans also facilitate response and recovery activities, drive decisions on prevention and mitigation efforts or risk based preparedness measures for specific hazards. Standard operating procedures are a reference document that details the procedures for performing a single function or a number of independent functions.	Healthcare organizations should update existing emergency plans to incorporate NIMS concepts and principles to establish the necessary policies and procedures to achieve preparedness and respond to and recovery from an incident when appropriate. The updated plans should be exercised and reviewed to determine and measure functional capability. Plan reviews should be conducted annually and 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. Work with other healthcare organizations, partnerships and coalitions to address findings from the Hazard Vulnerability Assessment.	

Objective 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.	
Association to NIMS	***Implementation Guidance***
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 Memorandum of Understanding (MOU) and/or Agreement (MOA) are voluntary commitments 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 an 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 healthcare organizations private sector and nongovernmental organizations to supply personnel, equipment, supplies, facilities, services (e.g., decontamination, laboratory testing), etc. The mutual aid system is not a replacement for any individual healthcare organization's emergency planning; rather, it is meant as a supplement that will augment a healthcare organization's capabilities.	Healthcare organizations should be encouraged to establish mutual-aid agreements with neighboring hospitals and/or healthcare organizations, 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. Mutual aid agreements can help address gaps in preparedness identified in the healthcare organizations Hazards Vulnerability Analysis.
Implementation Example	
The organization's emergency management program documentation includes information supporting any healthcare organization mutual aid agreements.	

Objective 5: Implement ICS-700 NIMS: An Introduction, ICS-100: Introduction to ICS, and ICS-200: ICS For Single Resources training to appropriate personnel	
Association to NIMS	***Implementation Guidance***
Incident management organizations and personnel at all levels of government and within the private-sector and nongovernmental organizations, should be appropriately trained to improve all-hazards incident management capability nationwide. ICS training provides the foundation for response and recovery personnel to effectively manage the incident.	The healthcare organization should implement a program to identify personnel that have a direct role in emergency preparedness, incident management, and/or emergency response during an incident. Personnel designated to fulfill ICS roles (e.g., hospital emergency manager, hospital administration, department heads)should take ICS-700 and ICS-100 or equivalent, though additional participants may include the following healthcare organization staff: • physicians; • nursing; • ancillary, • materials/resource management; • security/safety; • laboratory; • radiology; and/or • inter-facility transport. Personnel designated as middle management personnel should also take ICS-200 or the equivalent. Others who may consider ICS-200 include physicians, department managers, unit leaders, charge nurses, and staff members (e.g., hospital administration) that would have a role in an emergency operations center (e.g., hospital, local, or state).
Implementation Example	
The organization will identify personnel to take ICS-700 and ICS-100 content and maintain training records. Personnel that may benefit from this course include those who would be in lead ICS positions, key staff members, and/or assume an incident command position described in the hospital's emergency management plan. *The organization will identify personnel to take ICS-200 content and maintain training records. Personnel that may benefit from this course include those who would be in lead ICS positions, key staff members, and/or assume an incident command position described in the hospital's emergency management plan.*	

Objective 6: Implement ICS-800 National Response Framework (NRF): An Introduction training to appropriate personnel[1]	
Association to NIMS	***Implementation Guidance***
The National Response Framework (NRF) integrates federal government domestic prevention, preparedness, response, and recovery plans into a single, all-discipline, all-hazards plan. The NRF 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 NRF includes knowledge of incident management at all levels of government, private industry and nongovernmental agencies.	Healthcare organizations should identify personnel whose primary responsibility is emergency management within their organization and have those personnel take ICS-800.[2]
Implementation Example	
The organization will identify personnel to complete ICS-800 or equivalent content and maintain training records. Personnel that may benefit from these courses include those who would be in lead ICS positions, key staff members, and/or assume an incident command position described in the hospital's emergency management plan.	

[1] 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 IS-100, IS-200 and IS-700 or equivalent courses into semi-annual or annual competencies, or as part of employee evaluation to achieve training for all hospital personnel. The training can be taken on-line at:

- IS-100: http://www.training.fema.gov/EMIWeb/IS/is100a.asp
- IS-200: http://www.training.fema.gov/EMIWeb/IS/is200a.asp
- IS-700: http://training.fema.gov/emiweb/is/is700a.asp
- IS-800: http://training.fema.gov/emiweb/is/is800b.asp

[2] 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.

Objective 7: Promote NIMS concepts and principles into all organization-related training and exercises.	
Association to NIMS	***Implementation Guidance***
Incident management organizations and personnel at all levels of government and 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.	Healthcare organizations should integrate NIMS concepts and principles into internal and external training and exercises. Healthcare organizations should review and exercise their plans to reinforce staff familiarization with their designated roles and responsibilities during an event.
Implementation Example	
The organization's emergency management program training and exercise documentation reflects NIMS concepts and principles where appropriate.	

Objective 8: Promote and ensure that hospital processes, equipment, communication, and data interoperability facilitates the collection and distribution of consistent and accurate information with local and state partners during an incident or event.	
Association to NIMS	***Implementation Guidance***
Situational awareness of logistical resources involves a state or local Emergency Management Agency (EMA) coordinating and overseeing the application of tools, processes, and systems that provide incident managers with timely and appropriate information about what specific resources are available during an incident. Resources include facilities, personnel, teams, equipment, and supplies. Resource inventory is maintained throughout the emergency management life cycle (prevention, preparedness, response, recovery, mitigation) so that a state's health and medical system is prepared for and able to support the event. During the response and recovery phase supplies and equipment may be needed from one health and medical stakeholder to another. 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 EMA managers and emergency responders. When they are established, multiagency coordination entities may also prioritize and coordinate resource allocation and distribution during incidents. The collection of data supporting situation awareness and resource management includes voice, data and information technology as part of a larger crisis incident management system (CIMS). CIMS is part of the integrated incident management system (IMS) representing an ideal system that integrates multiple technologies (e.g., computers, cell phones, personal digital assistants, radios, etc.). The fundamental objective is optimizing emergency management operations by the use of technology tools that augment and enhance the deployment of emergency response assets. An integrated IMS requires that an EMA use an integrated system of technical capabilities that operates seamlessly and without duplication. This notion combines the elements of policy and procedure within a comprehensive emergency response plan that is aided by information technology. The objective of an integrated IMS is a system that connects all elements of an agency's	To the extent possible, hospital and healthcare systems should work to establish common equipment, communications, and data interoperability resources with other hospitals, emergency medical services (EMS), public health, and emergency management that will be used during incident response. The National Incident Management System Supporting Technology Evaluation Program (NIMS STEP) provides an objective evaluation of commercial and government software and hardware products to assist in the implementation of NIMS. Evaluation activities are designed to expand technology solutions and provide the emergency response community with an objective process to evaluate their purchases. Evaluation activities are sponsored by the National Preparedness Directorate (NPD), Federal Emergency Management Agency (FEMA). 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.

response profile (telecommunications, wireless, network, voice, video, and audio) and eliminates separate stovepipe communications networks. 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 of resource availability and/or needs. 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. Hospital may provide data elements in collaboration with the local and state EMA as a component of the CIMS/IMS.	
Implementation Example	
The organization's emergency management program documentation includes emphasis on the interoperability of response equipment, communications, and data systems with external entities. Example: EDXL Hospital Availability Exchange (HAVE) specifies an XML document format that allows a hospital's status, services, and resources (including bed capacity, emergency department status, and available service coverage) to be communicated. HAVE allows emergency dispatchers and managers to make sound logistics decisions on where to route victims, based on accurate hospital bed availability, status, services, and capacity data. Although some hospitals currently use proprietary technology to publish this kind of information, only those parties with the same systems can access their data. (OASIS Standard EDXL-HAVE v1.0, November 2008, http://www.oasis-open.org/home/index.php) *The organization's emergency management program documentation includes a resource inventory (i.e., medical/surgical supplies, pharmaceuticals, personal protective equipment, staffing, etc.).*	

Objective 9: Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.	
Association to NIMS	***Implementation Guidance***
Effective communications, information management, and information and intelligence-sharing (i.e., a 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 plain language among entities will alleviate confusion and miscommunications.	Healthcare organizations should establish a common language and communication system with local emergency management, law enforcement, emergency medical services, fire department, and public health agencies. The use of plain language should be addressed in plans, written into training and tested during drills and exercises. The use of plain language 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 (i.e., 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).
Implementation Example	
The organization's emergency management program documentation reflects an emphasis on the use of plain language by staff during emergencies.	

Objective 10: Manage all emergency incidents, exercises, and preplanned (recurring/special) events with consistent application of ICS organizational structures, doctrine, processes, and procedures.

Association to NIMS	*Implementation Guidance*
The Incident Command System (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.	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 specific response roles and tools (according to NIMS, HICS, or equivalent system) and the appropriate departments/personnel to meet the ICS needs for 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. It is noted that many community emergency incidents that involve healthcare organizations are short-term in nature and only involve local health, EMS, public health and EMA partners. Incident action planning is an integral part of incident command and should be incorporated whenever possible. The use of an incident action plan (IAP) is an example of a hospital or health systems' successful implementation of an ICS procedure. An IAP should, at a minimum, address situational awareness, response objectives, three incident command team personnel/roles responsible for identified objectives, an operational period, and safety concerns and recommendations. An effective communication plan is also an example of a hospital or health systems' successful implementation of an ICS process.

Implementation Example

The organization's EOP should explain the use of the HCO-specific all hazards structure, and may also include hazard specific sections which identify specific roles and responsibilities for specific hazards and concepts like incident action planning and a common communication plan which are likely to occur in that jurisdiction.

Examples of HCO-specific ICS structures:

- *HICS http://www.emsa.ca.gov/hics/*
- *Medical and Health Incident Management (MaHIM) http://www.gwu.edu/~icdrm/publications/*
- *Nursing Home Incident Command System (NH-ICS) http://www.fhca.org/emerprep/ics.php*

Additionally, Healthcare organizations may also adapt NIMS ICS structures referenced in http://training.fema.gov/EMIWeb/IS/ICSResource/index.htm.

Objective 11: Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) ensuring that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

Association to NIMS	***Implementation Guidance***
Public Information Systems establish a system and protocol for providing timely and accurate information to the public during crisis or emergency situations. A Public Information System is comprised of a Joint Information System (JIS) and a Joint Information Center (JIC). The accuracy of information sharing during an incident or event is very important. 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. This system includes "many voices" and creates "one message" that is sent out to the public. The members of the JIS and multiagency organization must have the capability to collect, verify and disseminate accurate information and easily coordinate among all participating agencies for sharing and verifying data. The JIC is a physical location where public information professionals from organizations involved in incident management and emergency response activities can co-locate to perform critical emergency information, crisis communications, and public affairs functions. When convened or developed by local and/or state partners, a hospital or healthcare organization may identify and assign a Public Information Officer (PIO) or Public Affairs Representative/Spokesperson to participate in the JIS and that individual can facilitate the communication of relevant information at a hospital's command center, local EOC and/or the JIC.	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 within the JIS, prior to an incident occurring. This may include but is not limited to local media outlets, emergency management, law enforcement, public health, and emergency medical services.

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.

A hospital or health organization PIO or Public Affairs Representative/Spokesperson may address as appropriate the following:

- *Media and public inquiries;*
- *Emergency public information and warnings;*
- *Rumor monitoring and response;*
- *Media monitoring; and*
- *Other information related to public health and safety and protection.*

References

1. CDP 009-06 Advanced Public Information Officer Health and Hospital Emergencies (APIOHHE) (Noble Training Facility) https://cdp.dhs.gov/resident/apio.html
2. Basic Guidance for Public Information Officers http://www.fema.gov/library/viewRecord.do?id=3095
3. CDC Risk Communications Training http://www.bt.cdc.gov/erc/training.asp
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