



# Ways to Strengthen Emergency Preparedness and Response Capabilities using HICS and NHICS

Brought to you by:



# Agenda

- How will your healthcare organization address NIMS
- NIMS Alerts 2006 and 2008
- NIMS Guidance 2017
- Nursing Home Incident Command System (NHICS)
- Hospital Incident Command System (HICS)

# Homeland Security Presidential Directive 5 (HSPD-5)

- HSPD-5 created the National Incident Management System (NIMS) to support consistent responses for emergencies that occur every day in our communities from natural, human-caused and technological disasters.

# NIMS Implementation

- By September 30, 2008, healthcare systems were required to comply with the first phase of implementation (equivalent of FEMA courses ICS 100 and ICS 200 and IS 700 and IS 800) for appropriate healthcare staff.
- FEMA Independent Study Courses
- So how do we decide who needs what level of training?

# What does NIMS Provide to Healthcare Organizations?

- NIMS unifies an approach to and collaboration with community response partners.
- NIMS improves emergency preparedness and interoperability.
- NIMS is applicable regardless of type or size of incident or disaster.
- NIMS compliance allow hospitals and healthcare systems to access federal preparedness funding.

# Hospitals/Healthcare Systems

- All hospitals and healthcare systems receiving Federal preparedness and response grants, contracts, or cooperative agreements must work to implement NIMS.
- Hospitals and healthcare systems are defined as all facilities that receive medical and trauma emergency patients on a daily basis.

# Non-hospital Receivers

- Healthcare systems do not include non-hospital receivers (i.e., nursing homes, assisted living communities, long-term care facilities and specialty hospitals (i.e. psychiatric, rehabilitation facilities)).
- However, non-hospital receivers are strongly encouraged to work with their local hospitals, public health departments, and emergency management to integrate applicable elements of NIMS Implementation (i.e. planning, communications, resources) to allow for better communication and coordination.

# Hospital Preparedness Program (HPP) Grants

- The US 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 ASPR Hospital Preparedness Program (HPP) grant program.



# ASPR HPP grant expectations:


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

## TJC and CMS

- The Joint Commission, at this time does not require a hospital to implement NIMS in order to receive accreditation.
- CMS at this time does not require a hospital to implement NIMS in order to meet CMS coverage and reimbursement requirements.
  - Risk Assessment and Planning (All-hazards Plan)
  - Policies and Procedures
  - Communication Plan
  - Training and Testing

# NIMS Alert September 12, 2006

- NIMS Integration Center (NIC) in collaboration with the Department of Health and Human Services (HHS) issued the *NIMS Implementation Activities for Hospitals and Healthcare Systems*.
- *Phased in over two years.*
- *17 Implementation Activities*



**NIMS Alert**

September 12, 2006  
NA: 013-06  
NIMS Integration Center  
202-646-3850

**NIMS IMPLEMENTATION ACTIVITIES FOR HOSPITALS AND HEALTHCARE SYSTEMS**

The NIMS Integration Center (NIC) in collaboration with the Department of Health and Human Services (HHS) is pleased to announce the release of the *NIMS Implementation Activities for Hospitals and Healthcare Systems*. In recent years, America has endured a variety of all-hazards incidents, requiring hospital and healthcare systems to receive and provide proper care for an astronomical number of patients. These activities are designed to assist hospital and healthcare systems with its implementation of NIMS, further enhancing the efficiency and effectiveness of its response and recovery role. In FY2005 and FY2006 NIMS compliance requirements have been directed towards those primary agencies with initial response and recovery roles.

Although hospitals and healthcare systems were not specifically addressed in the inaugural NIMS implementation activities in October 2004, they began to undertake NIMS implementation as members of the private sector community. Additionally, over the last two years, State and local government and public health agencies have worked to better incorporate hospitals and healthcare systems into their implementation activities.

The implementation activities detailed in the present *NIMS Implementation Activities for Hospital and Healthcare Systems* resemble those requirement activities that local agencies that have worked to adopt since October 2004. Ultimately, the implementation of these activities enhances the relationship between hospitals and their respective local government, public health and other emergency response agencies. Hospitals and healthcare systems are strongly encouraged to coordinate with local public health agencies to work through these implementation activities. The National Bioterrorism Hospital Preparedness Program (NBHPP), administered through the State Department of Health, has clearly outlined the components that hospitals and healthcare systems are required to meet during the FY 2006 funding cycle. Developing a relationship with local public health and other emergency management agencies enables hospitals to gain further insight regarding the availability of training as well as capabilities (equipment and procedures) provided by local agencies.

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

- Organizational Adoption
  - Adoption of NIMS
- Command and Management
  - Incident Command System (ICS)
  - Multi-agency Coordination System (MACS)
  - Public Information System (PIS)
- Preparedness Planning
  - NIMS Implementation Tracking
  - Preparedness Funding
  - Revise and Update Plans
  - Mutual-Aid Agreements
- Preparedness Training
  - IS 700 NIMS
  - IS 800 NRP
  - ICS 100 and 200
- Preparedness Exercises

Page 1 of 2

[www.fema.gov/emergency/nims](http://www.fema.gov/emergency/nims)  
NIMS-Integration-Center@dhs.gov

# NIMS Implementation Guidance

- Hospitals and healthcare organizations are strongly encouraged to coordinate with local public health agencies to work through these implementation activities.
- 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.

# NIMS Implementation Activities

- Designed to assist hospital and healthcare systems to further enhancing the efficiency and effectiveness of its response and recovery role.
- State and local government and public health agencies work to better incorporate hospitals and healthcare systems into their NIMS implementation activities.
- NIMS implementation activities enhances the relationship between healthcare systems and their respective local government, public health, and other emergency response agencies.

# The 17 NIMS Implementation Activities for Healthcare 2006

- Organizational Adoption
  - Adoption of NIMS
- Command and Management
  - Incident Command System (ICS)
  - Multi-agency Coordination Group (MAC)
  - Public Information System (PIS)

# The 17 NIMS Implementation Activities for Healthcare 2006

- Preparedness Planning
  - NIMS Implementation Tracking
  - Preparedness Funding
  - Revise and Update Plans
  - Mutual Aid Agreements
- Preparedness Training
  - IS 700 NIMS, An Introduction
  - IS 800 NRF, An Introduction
  - ICS 100 and ICS 200

# The 17 NIMS Implementation Actives for Healthcare 2006

- Preparedness Exercises
  - Training and Exercises
  - All Hazard Exercise Program
  - Corrective Actions
- Resource Management
  - Response Inventory
  - Resource Acquisition
- Communications and Information Management
  - Standard and Consistent Terminology



## 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.


## Elements 9 - 11

### Preparedness Training

- IS 700 - personnel who are likely to assume an incident command position described in the emergency management plan.
- IS 800 - individual(s) responsible for the emergency management program.
- ICS 100 and ICS 200 - *personnel who will have primary responsibility as part of emergency management.*

# NIMS Alert June 10, 2008

- NIC in collaboration with the Department of Health and Human Services (HHS) and Assistant Secretary of Preparedness and Response
- *Reissued June 10, 2008.*
- *Now 14 Implementation Activities*



June 10, 2008  
NA: 07-08  
Incident Management  
Systems Integration  
202-646-3850

## NIMS Alert

### FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS

The Incident Management Systems Integration (IMSI) Division, formerly the NIMS Integration Center, in collaboration with the Department of Health and Human Services (HHS) is pleased to announce the release of the *FY 2008 and 2009 NIMS Implementation Objectives for Healthcare Organizations*. On September 16, 2006, IMSI released the FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems, which were made up of 17 objectives (activities), of which four were required to be eligible for FY 2007 Assistant Secretary for Preparedness and Response (ASPR) funding by HHS.

IMSI and HHS have received many comments and suggestions regarding the 17 objectives. As a result, a healthcare working group—composed of Federal, State, local, and private sector stakeholders—was stood up to further define the objectives. From the existing objectives, the stakeholders identified 14 activities for FY 2008 and 2009 that clarified language to ensure the 14 objectives are most applicable to healthcare organizations. These implementation objectives are intended for all hospitals regardless of size, location, or financial support.

As with the *FY 2007 NIMS Implementation Activities for Hospital and Healthcare Systems* we continue to strive towards a cohesive working relationship between hospitals and their respective local government, public health, and other emergency management and response agencies. Healthcare organizations are strongly encouraged to coordinate with local public health agencies to work through these implementation activities. The ASPR Program, administered through State Departments of Health, has clearly outlined the components that healthcare organizations are required to meet during the FY 2008 and 2009 funding cycles. Furthermore, developing a relationship with local public health and emergency management agencies enables hospitals and healthcare systems to gain further insight regarding the availability of training as well as capabilities (equipment and procedures) provided by local agencies.

The 14 *NIMS Implementation Objectives for Healthcare Organizations* are as follows:

- Adoption
  - Adoption of NIMS
  - Federal Preparedness Awards
- Preparedness Planning
  - Revise and Update Plans
  - Mutual-Aid Agreements
- Preparedness Training and Exercises
  - IS 700 NIMS, ICS 100 and 200
  - IS 800B NRF (National Response Framework)
  - Training and Exercises
- Communication and Information Management
  - Interoperability incorporated into Acquisition Programs
  - Standard and Consistent Terminology
  - Collect and Distribute Information

Page 1 of 2 [www.fema.gov/emergency/nims](http://www.fema.gov/emergency/nims)  
FEMA-NIMS@dhs.gov

# The 14 NIMS Implementation Actives for Healthcare 2008

- **Organizational Adoption**
  - Adoption of NIMS
  - Federal Preparedness Awards
- **Preparedness Planning**
  - Revise and Update Plans
  - Mutual Aid Agreements
- **Preparedness Training and Exercises**
  - IS 700 NIMS, An Introduction
  - IS 800 NRF, An Introduction
  - ICS 100 and ICS 200
  - Training and Exercises

# The 14 NIMS Implementation Actives for Healthcare 2008

- **Communications and Information Management**
  - Standard and Consistent Terminology
  - Interoperability incorporated into Acquisition Programs
  - Standard and Consistent Terminology
  - Collect and Distribute Information
- **Command and Management**
  - Incident Command System (ICS)
  - Include Incident Action Planning and Common Communication Plans
  - Adopt Public Information principles
  - Public Information can be gathered, verified, coordinated, and disseminated

# NIMS Training

- Hospitals and healthcare systems are required to implement NIMS education and training for appropriate healthcare staff.
- Hospitals and healthcare system must remain NIMS compliant by providing NIMS education and training to all new staff, as well as staff promoted into positions.

# Hospital Incident Command System

- The implementation of HICS as the hospital incident command system will assist hospitals in meeting some but not all of these requirements.
- In particular, HICS covers topic areas for hospitals with regards to planning, responding, decision-making, and documentation.

# Hospital Incident Command System

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

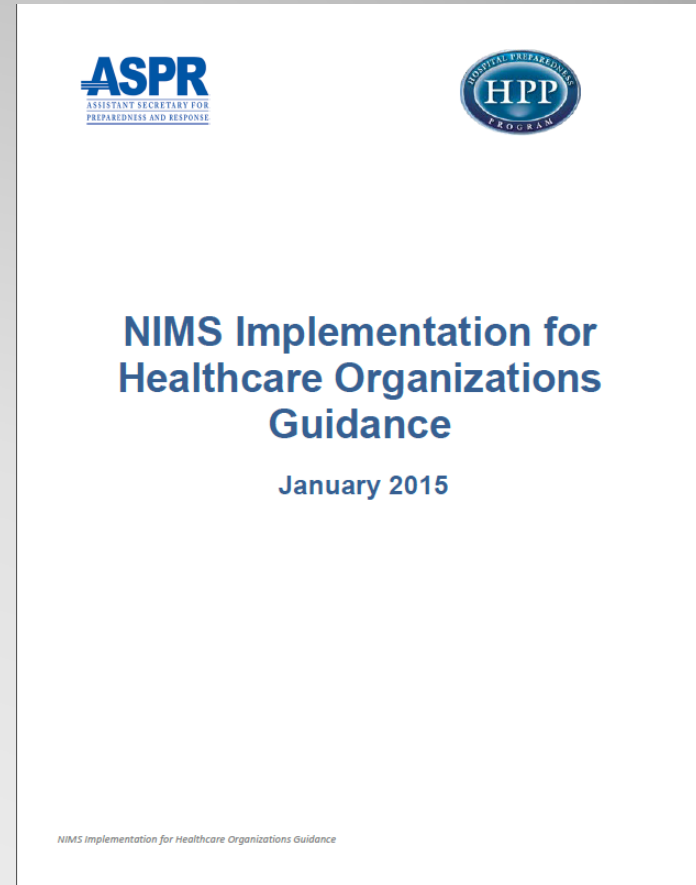


# HICS Training

- The teaching of the HICS materials alone does not cover the objectives for 100, 200, 700, and 800 which are required activities to be NIMS compliant as outlined in the NIMS National Standard Curriculum Training Development Guidance.
- HICS was not intended to meet the objectives for 100, 200 and 700 courses.

# NIMS Implementation 2015

- Assistant Secretary for Preparedness and Response (ASPR)
- Hospital Preparedness Program (HPP)
- FY 2010 and Beyond
- Healthcare Work Group reduced to 11 Objectives



# The 11 NIMS Implementation Objectives for Healthcare 2015

- Adoption
  - Adoption of NIMS
  - Federal Preparedness Awards
- Preparedness Planning
  - Revise and Update Plans
  - Mutual Aid Agreements
- Preparedness Training and Exercises
  - IS 700 NIMS, An introduction
  - IS 800 NRF, An Introduction
  - ICS 100 and ICS 200
  - Integrate NIMS into Training and Exercises

# The 14 NIMS Implementation Activities for Healthcare 2015

- **Communications and Information Management**
  - Standard and Consistent Terminology
  - Incorporate Interoperability
- **Command and Management**
  - Application ICS structures, doctrine, and procedures
  - Adopt Public Information principles and facilitate use of Joint Information System (JIS) and Joint Information Center (JIC)

# Nursing Home Incident Command System (NHICS) 2017

- Course is divided into 4 Modules:
  - 1: Personal Emergency Preparedness
  - 2: NHICS Guidebook
  - 3: Response Toolkit
  - 4: Planning Toolkit and Implementing NHICS
- Using NHICS provides the added benefit of applying a universal “ICS” system.

# NHICS Development Team

- California Department of Public Health (CDPH)
- California Association of Health Facilities (CAHF)
- American Health Care Association (AHCA)
- Florida Health Care Association (FHCA)
- Center for Hospital Incident Command System (HICS) Training and Education
- Emerge Technologies

# Why Use NHICS?

- The Nursing Home Incident Command System:
  - Is a practical, standardized approach for dealing with emergencies (not the same “business as usual”).
  - Uses a common language that all affected facilities and response agencies can recognize.
  - Is flexible and scalable to accommodate the demands of the incident and optimize your facility’s response.
  - NHICS is always scalable.
  - Personal and family preparedness is essential so staff are available to meet work responsibilities.

## Hurricane Katrina Lesson Learned

*“Life and death in the critical first hours of a calamity typically hinged on the preparedness, resources, and abilities of those in the affected community with the power to help themselves and others in their vicinity. Those who did better were those who didn’t wait idly for help to arrive.”*

***“Five Days at Memorial Medical Center”  
by Sheri Fink***



# NHICS Training

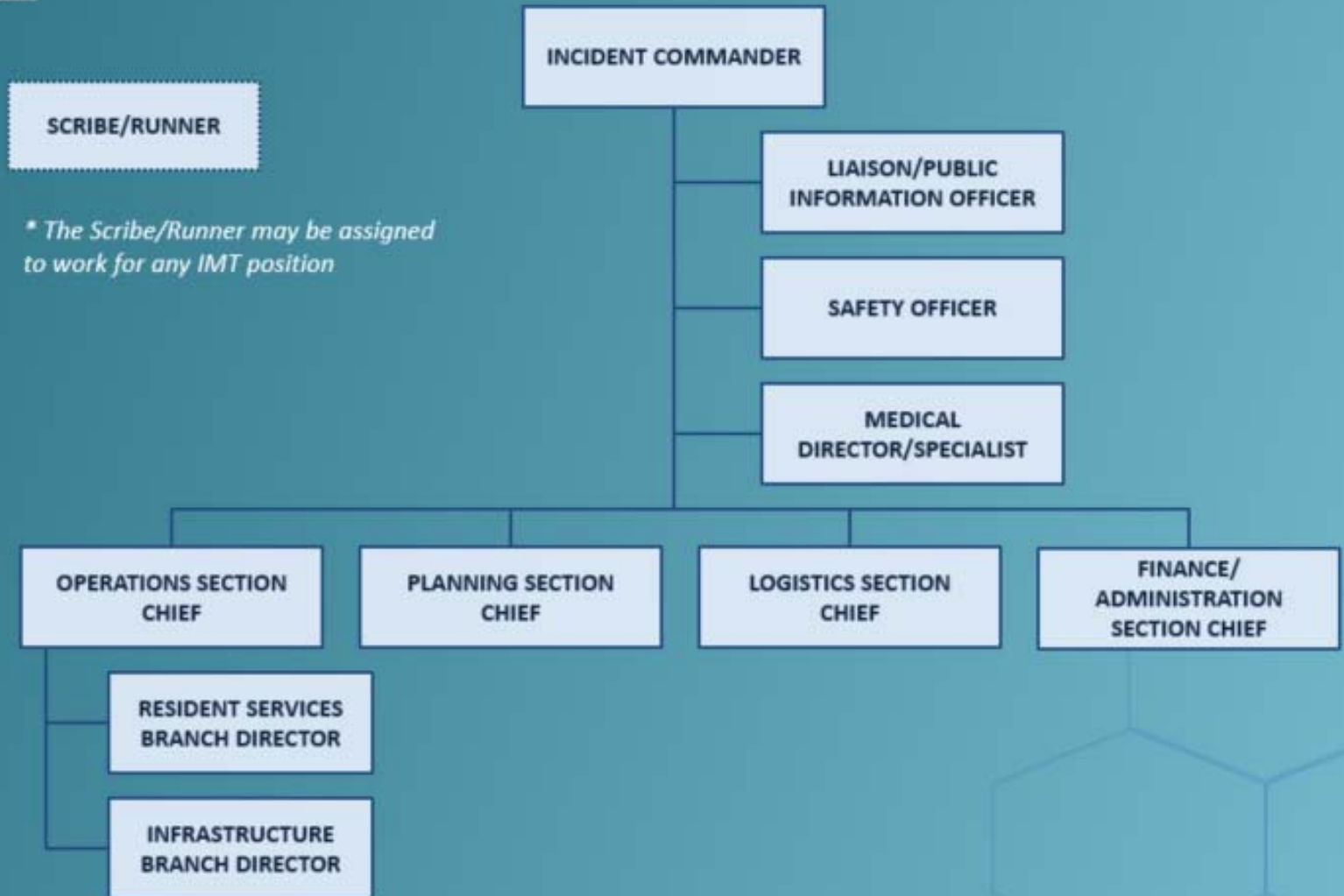
- Prepare staff and their family.
- Apply the principles of NHICS to quickly respond to emergencies in your work environment.
- Assist the healthcare facility in meeting its disaster responsibilities.
- Understand the organization of a Nursing Home Command Center.
- Become familiar with the major NHICS functions and Incident Action Planning.

# NHICS Guidebook

- The NHICS Guidebook
  - Provides information necessary for nursing home administrators and staff to understand the principles of NHICS and embrace its implementation before it's needed.
  - Incident Management Team (IMT)
  - Quick Start Incident Action Plan (IAP)



# Incident Management Team



**SCRIBE/RUNNER**

*\* The Scribe/Runner may be assigned to work for any IMT position*

# NHICS Functions

- The 5 NHICS Functions include:
  - Incident Command (“*Leader*”)
  - Operations (“*Doers*”)
  - Planning (“*Planners*”)
  - Logistics (“*Getters*”)
  - Finance and Administration (“*Supporters*”)

# Incident Action Planning Steps

- Six essential steps of Incident Action Planning :
  - 1) Understand the nursing home's policies and direction.
  - 2) Assess the situation.
  - 3) Establish incident objectives.
  - 4) Determine appropriate strategies to achieve objectives.
  - 5) Give tactical direction and ensure that it is followed.
  - 6) Provide necessary back-up when tactical direction is initiated.

# Nursing Home Command Center

- The Nursing Home Command Center (NHCC) is the location where IMT staff work during an incident.
  - Safe and secure
  - Equipped with adequate technology
  - Appropriate supplies
  - Facility maps and floor plans
  - Easily accessible to bathrooms and food

# NHICS Response Toolkit

- 11 Job Action Sheets (JASs)
- Incident Response Guides (IRGs)
  - Rapid Response Checklist
- Quick Start Incident Action Plan (IAP)
- NHICS Forms

# NHICS Planning Toolkit

- Familiarize with the NHICS planning tools.
- All Hazards Incident Planning Guide (IPG).
- Ten steps for implementing NHICS.



# 10 Steps to NHICS Implementing

- 1 – Getting Started
- 2 – Determine your IMT
- 3 – Revise Job Action Sheets as needed
- 4 – Review the NHICS Forms
- 5 – Review the IRGs and All Hazards IPG
- 6 – Develop Activation Kits
- 7 – Identify the Nursing Home Command Center
- 8 – Provide Training
- 9 – Conduct an Exercise
- 10 – Make Changes Based on “Lessons Learned”

# HICS V (2014)



# The HICS Guidebook

- Chapter 1 – Introduction to HICS
- Chapter 2 – The Emergency Management Program
- Chapter 3 – Operationalizing HICS
- Chapter 4 – HIMT Overview
- Chapter 5 – Incident Response: Putting It all Together
- Chapter 6 – The HICS Toolkit
- Chapter 7 – Incident Action Planning
- Chapter 8 – Customizing HICS
- Chapter 9 – Implementing HICS Off-hours and at Small/Rural Hospitals

# HICS Appendices

- Appendix A – Acronyms
- Appendix B – Glossary
- Appendix C – Hospital Incident Management Team
- Appendix D – Potential Candidates for HICS Positions
- Appendix E – Incident Planning Guides (IPGs)
- Appendix F – Incident Response Guides (IRGs)
- Appendix G – Job Action Sheets (JASs)
- Appendix H – HICS Forms
- Appendix I – Resources and References
- Appendix J – HICS 2014 Project Organization

# What is HICS?

- An incident management system for hospitals to manage threats, planned events, or emergency incidents.
- Provide an organizational structure for incident management.
- Guides the process for planning, building, and adapting that structure.
- Using HICS for everyday incidents or planned event helps hone and maintain skills needed for the large scale incidents.

# Relationship to the ICS

- Same principles as the ICS component of the NIMS, adapted for the healthcare environment.
- The principles apply to the five mission areas (Prevention, Protection, Mitigation, Response, and Recovery) and all hazards.
- A nationally recognized system that promotes successful incident management within the hospital.
- Strengthens integration with community response partners.
- Federal funded development.

# Characteristics of HICS

- Comprehensive all-hazards incident management strategy:
  - Used both nationally and internationally
  - Used in both emergent and non-emergent incidents and events
  - Positions assigned only as determined by the scope and magnitude of the incident in keeping with the principle of scalability
- Nearly 60% of America's 6,000 hospitals

## Based on Fundamental Elements

- Predictable chain of command with a suggested span of control.
- Accountability of position and team function, including prioritized action checklists.
- Common language for promoting interagency communication.
- Flexible and scalable incident management system.



# Benefits of using HICS

- Efficient and coordinated response to emergencies
- Seamless integration in the MACS with community response partners
- NIMS consistency
- Promotes information gathering and sharing
- Federal preparedness and response grant consistence;
- Accreditation consistency

# Benefits of using HICS

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**2014 Fifth Edition**  
**76 Position**  
**Command Board**

Incident Name

Start Date

Time

 /  /  :  : 


Incident Commander

Public Information Officer

Liaison Officer

Safety Officer

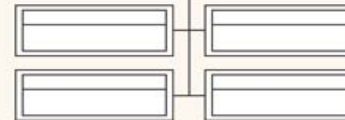
**Medical-Technical Specialists**

Biological/Infectious Disease	Legal Affairs
Chemical	Risk Management
Radiological	Medical Staff
Clinic Administration	Pediatric Care
Hospital Administration	Medical Ethicist

**ADDITIONAL BRANCH**  
 May be placed under any section

Section	Branch
---------	--------

Branch Director



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 Any Other Dry Erase Markers May Damage Board. Permanent Markers Will Damage Board



Operations Section Chief



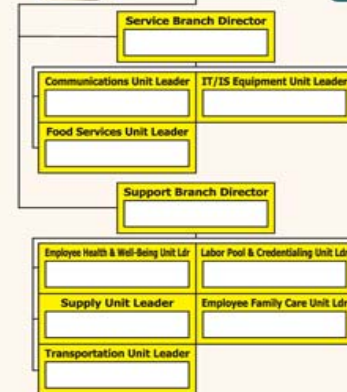
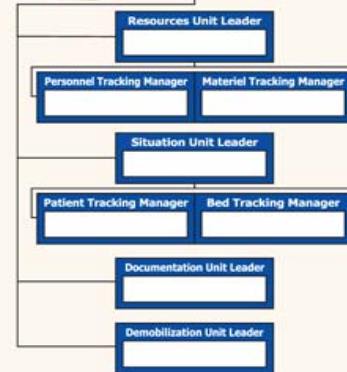
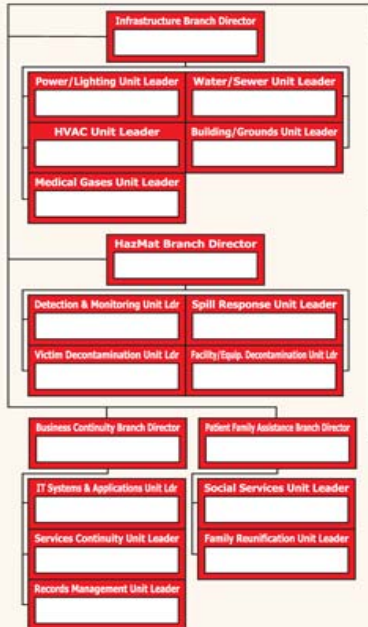
Planning Section Chief



Logistics Section Chief



Finance/Admin. Section Chief



Notes:



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**2014 Fifth Edition**  
**26 Position**  
**Command Board**

Incident Name

Start Date      Time  
 /  /  :  :



Incident Commander

Public Information Officer

Safety Officer

Liaison Officer

Medical-Technical Specialist

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Operations Section Chief

Staging Manager

Medical Care Branch Director

Infrastructure Branch Director

Security Branch Director

HazMat Branch Director

Business Continuity Branch Director

Patient Family Assistance Branch Director



Planning Section Chief

Resources Unit Leader

Situation Unit Leader

Documentation Unit Leader

Demobilization Unit Leader



Logistics Section Chief

Service Branch Director

Support Branch Director



Finance/Administration Section Chief

Time Unit Leader

Procurement Unit Leader

Compensation/Claims Unit Leader

Cost Unit Leader

Notes:

Interactive Command Board Job Action Sheets

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# How do you Make it Your Own?

- Obtain Executive Commitment
- Customize HICS to your needs and capabilities
- Incorporate HICS and the revisions
- Incorporate in policies, plans, and procedures
- Conduct trainings
- Utilize in exercises



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