



BACKGROUND
INFORMATION



TRAINING



ACCREDITATION
STANDARDS

RESOURCES

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

Resource and Implementation Guide For Healthcare Organizations



CD-ROM INCLUDED

Funding for this project was provided by the Chicago Department of Public Health and the Illinois Department of Public Health, through a Cooperative Agreement (CA) from the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (NHPP), Hospital Preparedness Program (HPP). Special thanks are extended to the members of the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR), NIMS Committee for all of their hardwork and dedication toward the completion of this project.

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This guidance document was prepared by the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR) NIMS Committee, in collaboration with the Metropolitan Chicago Healthcare Council.

Many of the documents contained herein were extracted from the following sources: Federal Emergency Management Agency (FEMA): National Incident Management System (NIMS) Resource Center U.S. Department of Homeland Security National Incident Management System (NIMS) Manual California Emergency Medical Services Authority (EMSA): Hospital Incident Command System (HICS) Guidebook

Please note that this guidance document was prepared using the current FY 2008-2009 NIMS Implementation Objectives for Healthcare Organizations as set forth by the Department of Health and Human Services (HHS) and the Hospital Preparedness Program (HPP) in June 2008. According to the Federal Emergency Management Agency (FEMA), the NIMS Implementation Objectives for Healthcare Organizations are expected to remain the same for the FY 2010-2011 funding cycle.

BACKGROUND

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Understanding the Federal Emergency Preparedness Program

The President and His Cabinet

Established in Article II, Section 2, of the Constitution, the role of the President's Cabinet is to advise the President on subjects relating to the duties of each member's respective office. The Cabinet includes the Vice President and the heads of fifteen executive departments — the Secretaries of Agriculture, Commerce, Defense, Education, Energy, Homeland Security, Housing and Urban Development, Interior, Labor, State, Transportation, Treasury, and Veterans Affairs, the Office of the Attorney General and the *Department of Health and Human Services*.

Department of Health and Human Services (HHS)

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services. The work of HHS is conducted by the Office of the Secretary and programs administered by eleven principal operating divisions, or *agencies*.

Agencies

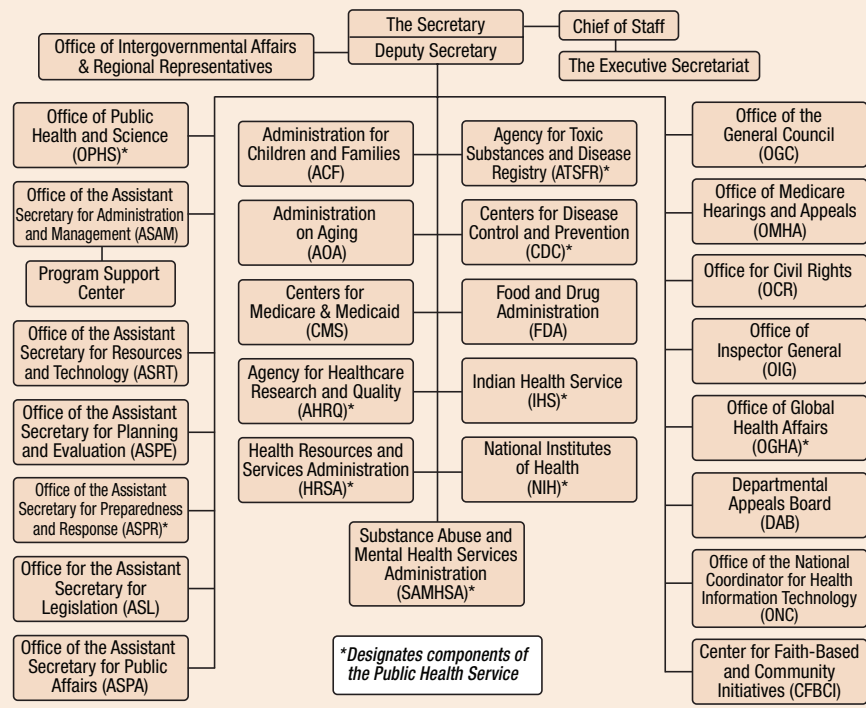
The agencies perform a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others. The HHS agencies include:

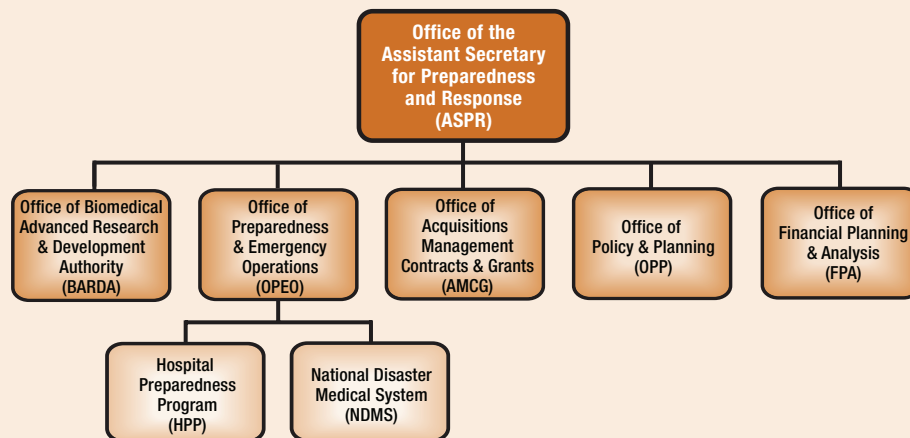
- ACF - Administration for Children & Families
- AoA - Administration on Aging
- AHRQ - Agency for Healthcare Research & Quality
- ATSDR - Agency for Toxic Substances & Disease
- CDC - Centers for Disease Control & Prevention
- CMS - Centers for Medicare & Medicaid Services
- FDA - Food & Drug Administration
- HRSA - Health Resources & Services Administration
- IHS - Indian Health Service
- NIH - National Institutes of Health
- SAMHSA - Substance Abuse & Mental Health Services Administration

Offices

The subdivisions of the Office of the Secretary provide direct support for the Secretary's initiatives. One of the sixteen subdivision offices is the *Assistant Secretary for Preparedness and Response (ASPR)*.

HHS Structure





ASPR Structure

Office of the Assistant Secretary for Preparedness and Response (ASPR)

The Office of the Assistant Secretary for Preparedness and Response (formerly the Office of Public Health Emergency Preparedness) serves as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR also coordinates interagency activities between HHS, other Federal departments, agencies and offices, and State and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies. ASPR is comprised of five main offices:

- **The Biomedical Advanced Research and Development Authority (BARDA)** is responsible for providing an integrated, systemic approach to the development and purchase of necessary vaccines, drugs, therapies and diagnostic tools for response to public health medical emergencies while managing both Project BioShield and the Public Health Medical Countermeasures Enterprise (PHMCE).
- **The Office of Acquisition Management, Contracts & Grants (AMCG)** is responsible for providing ASPR with contractual and acquisition support to prepare for and respond to health emergencies and disasters.
- **The Office of Policy and Planning (OPP)** is responsible for policy formulation, coordination and evaluation for preparedness, response and strategic planning activities within ASPR.
- **The Office of Financial Planning and Analysis (OFPA)** is responsible for providing expertise and

analysis in the formulation and implementation of policies, procedures and operational strategies that ensure efficient and effective allocation and utilization of program resources in support of ASPR's mission.

- **The Office of Preparedness and Emergency Operations (OPEO)** is responsible for developing operational plans, analytical products, and developing and participating in training and exercises to ensure the preparedness of the Office, the Department, the Government and the public to respond to domestic and international public health and medical threats and emergencies. Managed within the Office of Preparedness and Emergency Operations are the *Hospital Preparedness Program (HPP)* and *National Disaster Medical System (NDMS)*.

About the Hospital Preparedness Program (HPP)

The Hospital Preparedness Program (HPP), formerly the National Bioterrorism Hospital Preparedness Program (NBHPP), enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Current program priority areas include interoperable communication systems, bed tracking, volunteer management, fatality management planning and hospital evacuation planning. In the past, HPP funds have also improved bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, training, education, drills and exercises.

Hospitals, outpatient facilities, health centers, poison control centers, emergency medical services (EMS) and other healthcare partners work with the appropriate state or local health department to acquire funding and develop healthcare system preparedness through this program. Funding is distributed directly to the Health Department of the State or political subdivision of a State (cities and counties are considered political subdivisions of States).

The HPP supports priorities established by the National Preparedness Goal set up by the Department of Homeland Security (DHS) in 2005. The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events, including Incidents of National Significance.

The *Pandemic and All Hazards Preparedness Act of 2006* transferred the National Bioterrorism Hospital Preparedness Program (NBHPP) from the Health Resources and Services Administration to the Assistant Secretary for Preparedness and Response (ASPR). The focus of the program is now all-hazards preparedness and not solely bioterrorism.

The HPP supports priorities established by the National Preparedness Goal developed by the Department of Homeland Security (DHS) in 2005, which guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events, including Incidents of National Significance.

Authorizing Legislation

The Pandemic and All-Hazards Preparedness Act of 2006 (Public Law 109-417) amended section 319C-2 of the Public Health Service (PHS) Act authorizing the Secretary of Health and Human Services (HHS) to award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Program Priorities

The following capabilities must be addressed by organizations receiving funding for fiscal year 2010-2011:

Overarching Capabilities

The following components must be incorporated into the development and maintenance of all capabilities that are funded by the States and jurisdictions:

1. National Incident Management System (NIMS)
2. Education and Preparedness Training
3. Exercises, Evaluations and Corrective Actions
4. At-Risk Populations

Level One Sub-Capabilities

1. Interoperable Communications System
2. National Hospital Available Beds for Emergencies and Disasters (HAvBED)
3. Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP)
4. Fatality Management
5. Medical Evacuation/Shelter in Place
6. Partnership/Coalition Development

Level Two Sub-Capabilities

Once the Level One Sub-Capabilities have been met, funded organizations should begin to address the following:

1. Alternate Care Sites
2. Mobile Medical Assets
3. Pharmaceutical Caches
4. Personal Protective Equipment (PPE)
5. Decontamination
6. Medical Reserve Corps (MRCs)
7. Critical Infrastructure Protection (CIP)

About the National Disaster Medical System (NDMS)

The National Disaster Medical System (NDMS) is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts.

The National Response Framework utilizes the National Disaster Medical System (NDMS), as part of the Department of Health and Human Services, Office of Preparedness and Response, under Emergency Support Function #8 (ESF #8), Health and Medical Services, to support Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters including:

- Natural Disasters
- Major Transportation Accidents
- Technological Disasters
- Acts of Terrorism including Weapons of Mass Destruction Events

Components of the National Disaster Medical System include:

- Medical response to a disaster area in the form of personnel, teams and individuals, supplies, and equipment
- Patient movement from a disaster site to unaffected areas of the nation
- Definitive medical care at participating hospitals in unaffected areas

Federal Coordinating Centers (FCCs) recruit hospitals and maintain local non-Federal hospital participation in the NDMS; coordinate exercise development and emergency plans with participating hospitals and other local authorities in order to develop patient reception, transportation, and communication plans; and during system activation, coordinate the reception and distribution of patients being evacuated to the area. The Edward Hines Jr. Department of Veteran's Affairs Hospital is the FCC in the Metropolitan Chicago area. The FCC Chicago coordinator is the Hines VA Hospital Emergency Manager who can be reached at (708) 202-5613.

Accredited hospitals, usually over 100 beds in size and located in large U.S. metropolitan areas, are encouraged to enter into a voluntary agreement with NDMS. Hospitals agree to commit a number of their acute care beds, subject to availability, for NDMS patients. Because this is a completely voluntary program, hospitals may, upon activation of the system, provide more or fewer beds than the number committed in the agreement. Hospitals that admit NDMS patients are guaranteed reimbursement at 110% of Medicare rates by the Federal government.

At the disaster site, patients will be stabilized for transport. In most cases, patients will be evacuated by the Department of Defense (DoD) aeromedical evacuation system. Patients will be regulated to FCC areas. At the airport of the NDMS reception area, patients will be met by a local medical team that will sort, assess, and match those patients to participating hospitals, according to procedures developed by local authorities and the local area's NDMS Federal Coordinating Center. Patients will be transported to participating hospitals using locally available ground and air transport.

Understanding NIMS and the Incident Command System (ICS)

National Response Framework

The National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response. The National Response Framework replaced the National Response Plan, effective March 22, 2008. The National Response Framework defines the principles, roles, and structures that organize how the nation responds. The National Response Framework:

- Describes how communities, tribes, states, the federal government, private-sectors, and nongovernmental partners work together to coordinate national response;
- Describes specific authorities and best practices for managing incidents; and
- Builds upon the National Incident Management System (NIMS), which provides a consistent template for managing incidents.

Background

The comprehensive national approach to incident management is known as the National Incident Management System or NIMS. Developed by the Department of Homeland Security and issued in March 2004, NIMS enabled responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently. **Beginning in FY 2006, federal funding for state, local and tribal preparedness grants was tied to compliance with NIMS.**

One of the most important 'best practices' that has been incorporated into NIMS is the Incident Command System (ICS), a standard, on-scene, all-hazards incident management system. The ICS has been established by NIMS as the standardized incident organizational structure for the management of all incidents.

In Homeland Security Presidential Directive-5 (HSPD-5), President Bush called on the Secretary of Homeland Security to develop a national incident

management system to provide a consistent nationwide approach for federal, state, tribal and local governments to work together to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity.

On March 1, 2004, after close collaboration with state and local government officials and representatives from a wide range of public safety organizations, the Department of Homeland Security issued NIMS. NIMS incorporates many existing best practices into a comprehensive national approach to domestic incident management, applicable at all jurisdictional levels and across all functional disciplines. NIMS represents a core set of doctrine, principles, terminology, and organizational processes to enable effective, efficient and collaborative incident management at all levels. To provide the framework for interoperability and compatibility, NIMS is based on a balance between flexibility and standardization.

The History of the Incident Command System

The concept of the ICS was developed more than thirty years ago, in the aftermath of a devastating wildfire in California. During the 13 day event in 1970, 16 lives were lost, 700 structures were destroyed and over a half million acres burned. The overall cost and loss associated with these fires totaled \$18 million per day. Although all of the responding agencies cooperated to the best of their ability, numerous problems with communication and coordination hampered their effectiveness. As a result, Congress mandated that the U.S. Forest Service design a system that would "make a quantum jump in the capabilities of Southern California wild fires and allow protection agencies to effectively coordinate interagency proceedings and to allocate suppression resources in dynamic, multiple-fire situations."

The California Department of Forestry and Fire Protection, the Governor's Office of Emergency Services; the Los Angeles, Ventura and Santa Barbara County Fire Departments; and the Los Angeles City Fire Department joined with the U.S. Forest Service to develop the system. This system became known

as FIRESCOPE (Firefighting Resources of California Organized for Potential Emergencies). By the mid-seventies, FIRESCOPE agencies had formally agreed upon the ICS common terminology and procedures and conducted limited field-testing of ICS. By 1980, parts of ICS had been successfully used in several major wild and urban fire incidents

By 1981, the ICS was widely used throughout Southern California by the major fire agencies. In addition, the use of ICS in response to non-fire incidents was increasing. Although the FIRESCOPE ICS was originally developed to assist in the response to wildfires, it was quickly recognized as a system that could help public safety responders provide effective and coordinated incident management for a wide range of situations, including floods, hazardous materials accidents, earthquakes and aircraft crashes. It was flexible enough to manage catastrophic incidents involving thousands of emergency response and management personnel. By introducing relatively minor terminology, organizational and procedural modifications to FIRESCOPE ICS, the ICS became adaptable to an all-hazards environment. While tactically each type of incident is handled somewhat differently, the overall incident management approach utilizes the major functions of the Incident Command System. Soon after its development, the FIRESCOPE board of directors recommended national application of ICS.

systems — as well as requirements for processes, procedures and systems to improve interoperability among jurisdictions and disciplines in various areas.

Homeland Security recognizes that the overwhelming majority of emergency incidents are handled on a daily basis by a single jurisdiction at the local level. However, the challenges we face as a nation are far greater than the capabilities of any one community or state, but no greater than the sum of all of us working together.

There will be instances in which successful domestic incident management operations depend on the involvement of emergency responders from multiple jurisdictions, as well as personnel and equipment from other states and the federal government. These instances require effective and efficient coordination across a broad spectrum of organizations and activities.

The success of operations will depend on the ability to mobilize and effectively utilize multiple outside resources. These resources must come together in an organizational framework that is understood by everyone and must utilize a common plan, as specified through a process of incident action planning. This will only be possible if we unite, plan, exercise and respond using a common National Incident Management System.

The comprehensive national approach to incident management is known as the National Incident Management System or NIMS. Developed by the Department of Homeland Security and issued in March 2004, NIMS enabled responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently.

National Incident Management System

NIMS provides a consistent, flexible and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity. This flexibility applies to all phases of incident management: prevention, preparedness, response, recovery and mitigation.

NIMS provides a set of standardized organizational structures — including the ICS, Multi-Agency Coordination Systems (MACS) and public information

When Homeland Security released NIMS on March 1, 2004, Secretary Tom Ridge specifically highlighted compliance with the ICS as being quickly possible. He recognized that in some cities, the fire and police departments have worked together using ICS for years. In other places, only the fire department used ICS. Although law enforcement, public works and public health were aware of the concept, they regarded ICS as a fire service system. The implementation of HSPD-5 ended this discrepancy as state and local response entities are now required to adopt NIMS as a condition for receiving federal preparedness funding. While the

ICS was first pioneered by the fire service, it is, at its core, a management system designed to integrate resources to effectively deal with a common problem. This system is not exclusive to one discipline or one set of circumstances; its hallmark is its flexibility to accommodate all circumstances.

NIMS and the Incident Command System

The ICS is based on proven management tools that contribute to the strength and efficiency of the overall system. The ICS is based on the following management principles:

- Common Terminology
- Modular Organization
- Management by Objectives
- Reliance on an Incident Action Plan
- Manageable Span of Control

The ICS organization has five major functions, including command, operations, planning, logistics, and finance and administration. In the NIMS ICS, a potential sixth functional area to cover the intelligence function can be established for gathering and sharing incident related information and intelligence.

ICS Command Staff

The Command Staff is comprised of the Incident Commander (IC) and Command Staff. Command staff positions are established to assign responsibility for key activities not specifically identified in the General Staff functional elements. These positions may include the Public Information Officer (PIO), Safety Officer, and the Liaison Officer, in addition to various others, as required and assigned by the IC.

ICS General Staff

The General Staff includes incident management personnel who represent the major functional elements of the ICS, including the Operations Section Chief, Planning Section Chief, Logistics Section Chief and Finance/Administration Section Chief. Command Staff and General Staff must continually interact and share vital information and estimates of the current and future situation as well as develop recommended courses of action for consideration by the IC.

Unified Command

Unified Command (UC) is an important element in multi-jurisdictional or multi-agency domestic incident management. It provides guidelines to enable agencies with different legal, geographic, and functional responsibilities to coordinate, plan, and interact effectively. As a team, Unified Command overcomes much of the inefficiency and duplication of effort that can occur when agencies from different functional and geographic jurisdictions, or agencies at different levels of government, operate without a common system or organizational framework. The primary difference between the single command structure and the UC structure is that in a single command structure, the IC is solely responsible for establishing incident management objectives and strategies. In a UC structure, the individuals designated by their jurisdictional authorities jointly determine objectives, plans, and priorities and work together to execute them.

Incident Action Plan (IAP)

The IAP includes the overall incident objectives and strategies as established by the IC or UC. The Planning Section is responsible for developing and documenting the IAP. In the case of UC, the IAP must adequately address the overall incident objectives, mission, operational assignments, and policy needs of each jurisdictional agency. This planning process is accomplished with productive interaction between jurisdictions, functional agencies, and private organizations. The IAP also addresses tactical objectives and support activities for one operational period, generally 12 to 24 hours. The IAP also contains provisions for the continuous incorporation of “lessons learned” as identified by the Incident Safety Officer or incident management personnel as activities progress.

Conclusions

It is important to remember why we have NIMS and why the ICS is a critical piece of the incident management system. Most incidents are local, but when we are faced with the worst-case scenario, such as September 11, 2001, all responding agencies must be able to interface and work together. The NIMS, and in particular, the ICS component, allow that to

happen, but only if the foundation has been laid at the local level. If local jurisdictions adopt a variation of ICS that cannot grow or is not applicable to other disciplines, the critical interface between responding agencies and jurisdictions cannot occur when the response expands.

It is important that everyone understand that with the establishment of NIMS, there is only one ICS. As agencies adopt the principles and concepts of ICS as established in NIMS, the incident command system can expand to meet the needs of the response, regardless of the size or number of responders.

The key to both NIMS and ICS is a balance between standardization and flexibility.

The NIMS manual is included on the CD that accompanies this NIMS Resource & Implementation Guide and can be accessed at www.fema.gov/nims. A NIMS web page has also been developed by the Department of Homeland Security to provide updated information and resources to assist with NIMS implementation. The web page can be found at <http://www.fema.gov/emergency/nims/>. NIMS related questions should be directed to FEMA-NIMS@dhs.gov or by calling (202) 646-3850.

In June 2008, the National Incident Management System (NIMS) Integration Center, along with the Department of Health and Human Services and the Hospital Incident Command System, identified 14 NIMS Implementation Objectives for healthcare organizations. These objectives were designed to assist healthcare organizations with the implementation of NIMS, further enhancing the effectiveness of their response and recovery role. Healthcare organizations that receive FY 2010-2011 Assistant Secretary for Preparedness and Response (ASPR) grant funding will be required to implement and report on all 14 NIMS Implementation Objectives

For more information regarding NIMS compliance for healthcare organizations, please visit <http://www.fema.gov/emergency/nims/ImplementationGuidanceStakeholders.shtm>.

NIMS IMPLEMENTATION

FY 2010-2011 NIMS Implementation Objectives for Healthcare Organizations

Introduction

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

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

NIMS Implementation in FY 2010 and 2011

In August, 2007, a healthcare working group was convened to tailor existing State and local objectives to healthcare organizations. The foundational 17 objectives were reviewed and streamlined to 14 objectives for FY 2008 and 2009. During FY 2010 and 2011, healthcare organizations should continue to address these same 14 objectives as set forth by FEMA in June 2008. Healthcare organizations are strongly encouraged to coordinate NIMS implementation efforts with State and local response entities to ensure consistency across the State and local jurisdictions.

Reporting FY 2010 and 2010 NIMS Implementation

Healthcare organizations that receive FY 2010 - 2011 HHS Assistant Secretary for Preparedness and Response (ASPR) funding will be required to implement and report on all 14 NIMS implementation objectives by June 30, 2011.

For further information or questions regarding the FY 2008 & 2009 Implementation Objectives for Healthcare Organizations please contact IMSI at FEMA-NIMS@dhs.gov or call (202) 646-3850. You can also visit <http://www.fema.gov/emergency/nims/ImplementationGuidanceStakeholders.shtm>.

FY 2008 & 2009 NIMS Implementation Objectives for Healthcare Organizations*

Adoption

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

Preparedness: Planning

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

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

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

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

* Please note that the NIMS Resource Guide was prepared using the current FY 2008-2009 NIMS Implementation Objectives for Healthcare Organizations as set forth by the Department of Health and Human Services (HHS) and the Hospital Preparedness Program (HPP) in June 2008. According to the Federal Emergency Management Agency (FEMA) in January 2011, the NIMS Implementation Objectives for Healthcare Organizations are expected to remain the same for the FY 2010-2011 funding cycle.

Posted by FEMA on June 10, 2008

FY 2010-2011 NIMS Compliance Activity Checklist

Facility Name: _____

1. Adopt the National Incident Management System (NIMS) throughout the healthcare organization.
COMPLETED IN PROGRESS NOT COMPLETED
2. Ensure that ASPR grant awards support NIMS Implementation.
COMPLETED IN PROGRESS NOT COMPLETED
3. Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS components, principles and policies.
COMPLETED IN PROGRESS NOT COMPLETED
4. Participate in interagency mutual aid and/or assistance agreements.
COMPLETED IN PROGRESS NOT COMPLETED
5. Identify the appropriate personnel to complete IS-100, IS-200, and IS-700.
COMPLETED IN PROGRESS NOT COMPLETED
6. Identify the appropriate personnel to complete IS-800.
COMPLETED IN PROGRESS NOT COMPLETED
7. Incorporate NIMS concepts and principles into all training and exercises. In addition, demonstrate the use of NIMS principles and ICS Management structure in training and exercises.
COMPLETED IN PROGRESS NOT COMPLETED
8. Ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.
COMPLETED IN PROGRESS NOT COMPLETED
9. Apply common and consistent terminology as promoted in NIMS, including the usage of plain language communications.
COMPLETED IN PROGRESS NOT COMPLETED

10. Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

COMPLETED

IN PROGRESS

NOT COMPLETED

11. Manage all emergency incidents, exercises, and preplanned events in accordance with ICS organizational structures.

COMPLETED

IN PROGRESS

NOT COMPLETED

12. Ensure that ICS implementation includes the consistent application of Incident Action Planning (IAP).

COMPLETED

IN PROGRESS

NOT COMPLETED

13. Adopt the principles of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.

COMPLETED

IN PROGRESS

NOT COMPLETED

14. Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

COMPLETED


IN PROGRESS

NOT COMPLETED

NIMS Implementation Guidance for Healthcare Facilities


In June 2008, the National Incident Management System (NIMS) Integration Center, along with the Department of Health and Human Services and the Hospital Incident Command System, identified 14 NIMS Implementation Objectives for healthcare organizations. These objectives were designed to assist healthcare organizations with the implementation of NIMS, further enhancing the effectiveness of their response and recovery role. Healthcare organizations that receive FY 2010-2011 Assistant Secretary for Preparedness and Response (ASPR) grant funding will be required to implement and report on all 14 NIMS Implementation Objectives.

The following table outlines each of the 14 NIMS Implementation Objectives for healthcare organizations. Examples of hospital-specific implementation activities for each of the NIMS objectives have been provided to assist you in meeting the compliance requirements. While the identified implementation objectives are mandated, the examples to achieve compliance are only suggestions.

NIMS Compliance Objective	Hospital-Specific Examples to Achieve Compliance	Status
Adoption		
Objective 1: Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.	Address the 14 NIMS Objectives in the organization's emergency management program documentation. Note the location where each objective is addressed. Include a statement of NIMS adoption in the emergency management program description <i>See Annex #1 on the CD accompanying this guide.</i> 	
Objective 2: Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).	Utilize ASPR Hospital Preparedness Program (HPP) funding to meet NIMS implementation objectives. Maintain accurate records of funding budgets and expenditures. Include in the organization's emergency management program documentation, information regarding local, state and federal preparedness grants received by the organization and the deliverables achieved. Document the use of ASPR HPP funds to purchase standardized equipment.	
Preparedness: Planning		
Objective 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.	Revise and update emergency operations plans (EOPs), as necessary, to incorporate the concepts of NIMS and the Hospital Incident Command System (HICS). Document the latest revision date on all documents. Exercise and review revised EOPs to determine and measure functional capability. Use Corrective Action Reports to document any changes made to the EOP which result from drills and actual events.	

NIMS Compliance Objective	Hospital-Specific Examples to Achieve Compliance	Status
Preparedness: Planning (continued)		
<p>Objective 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.</p>	<p>Participate in and promote interagency mutual-aid agreements with hospitals, other healthcare providers, local public health, Emergency Medical Services (EMS), fire and safety, pharmacies, medical suppliers, water/food/fuel suppliers, etc.</p> <p>Include information detailing the organization’s Memorandums of Understanding (MOUs) and mutual aid agreements in the EOP.</p> <p>Share all MOUs and mutual aid agreements with local emergency management prior to an incident or occurrence.</p>	
Preparedness: Training and Exercises		
<p>Objective 5: Identify the appropriate personnel to complete ICS-100, IS-200, and ICS-700, or equivalent courses.</p>	<p>Identify personnel who are likely to assume an incident command position as described in the hospital’s EOP; help facilitate their completion of IS-700, IS-100 and IS-200. Review the NIMS Training Guidelines¹ to help identify the appropriate personnel and recommended level of NIMS training.</p> <p>Maintain a record of course completion for all identified staff. Copies of completion certificates should also be maintained.</p>	
<p>Objective 6: Identify the appropriate personnel to complete IS-800 or an equivalent course.</p>	<p>Identify personnel who are likely to assume an incident command position as described in the hospital’s EOP; help facilitate their completion of IS-800. Review the NIMS Training Guidelines¹ to identify appropriate personnel and recommended level of NIMS training.</p> <p>Maintain a record of completion for all identified staff. Copies of completion certificates should also be maintained.</p>	
<p>Objective 7: Promote NIMS concepts and principles to all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.</p>	<p>Utilize NIMS/HICS during exercises and actual events. The use of NIMS/HICS should also be reflected in all training and exercise documentation.</p> <p>Review the organization’s EOP during trainings and exercises to ensure hospital staff competency and proper execution of roles and responsibilities during an event.</p> <p>Work in partnership with local, regional and other community healthcare providers to organize training and exercises that reflect the use of NIMS/HICS.</p> <p>Utilize the Homeland Security Exercise and Evaluation Program (HSEEP) when developing drills and exercises.</p> <p>Develop goals and objectives to achieve during drills and exercises that test the organization’s ability to activate HICS, open the Incident Command Post, develop and implement an Incident Action Plan (IAP) and communicate with community response partners.</p> <p>Develop an After Action Report (AAR) and Corrective Action Plan following every incident and/or exercise; document any changes made to the EOP which result from drills and actual events.</p>	

¹ The NIMS Training Guidelines can be found in the *NIMS Training Resources* section of this guide.

NIMS Compliance Objective	Hospital-Specific Examples to Achieve Compliance	Status
Communications and Information Management		
<p>Objective 8: Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization’s acquisition programs.</p>	<p>Ensure that equipment purchased with ASPR grant funding is standardized and interoperable with external entities and partners. The utilization of standardized equipment demonstrates compliance with this requirement.</p> <p>Include emphasis on the interoperability of response equipment, communication and data systems (i.e. MERCI radios, CDPH Healthcare Command Radio System (HCRS) and IDPH STARCOM21 radios) in the EOP.</p> <p>Utilizing systems such as the Illinois Health Alert Network (Illinois HAN), SIREN, the Chicago Health Alert Network (Chicago HAN) and other like systems demonstrate compliance if utilized city or statewide.</p>	
<p>Objective 9: Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.</p>	<p>Emphasize in the EOP, the use of plain English by staff during emergencies.</p> <p>Establish a common language that is consistent with the language used by local emergency management, law enforcement, EMS, fire and public health personnel.</p> <p>Utilize the NIMS acronym list.²</p>	
<p>Objective 10: Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.</p>	<p>Systems such as the Illinois Health Alert Network (Illinois HAN), SIREN, the Chicago Health Alert Network (Chicago HAN) and other like systems show compliance if utilized by healthcare facilities city or statewide.</p> <p>Utilize HICS forms³ (Form 205 – Incident Communications Log & Form 213 – Incident Message Form).</p> <p>Identify a Public Information Officer (PIO) that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident, with local media outlets, emergency management, law enforcement, public health, EMS and other responding agencies.</p>	
Command and Management		
<p>Objective 11: Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.</p>	<p>Explain the use of HICS in the EOP, especially when addressing incident action planning and common communication plans.</p> <p>Identify, in the EOP, an Incident Commander and the appropriate departments/personnel chosen to fill the following HICS areas - command staff, operations, planning logistics, and/or finance needed to have an effective incident command structure <i>See Annex #2 on the CD accompanying this guide.</i> </p> <p>Once HICS personnel have been identified, subsequent training and exercises should be conducted to review the structure and ICS responsibilities designated to these personnel. Documentation of NIMS/HICS utilization is essential (i.e. HICS forms³).</p>	

² A NIMS List of Acronyms can be found in the *Additional Resources* section of this guide.

³ Guidance on the proper utilization of HICS Forms can be found in the *HICS Forms* section of this guide.

NIMS Compliance Objective	Hospital-Specific Examples to Achieve Compliance	Status
<i>Command and Management (continued)</i>		
<p>Objective 12: ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.</p>	<p>Incorporate Incident Action Planning (IAP) and Common Communication Plans into the EOP.</p> <p>Incorporate Incident Action Planning and Common Communication Plans into drills and exercises.</p> <p>Completion of HICS forms 201, 202, 203, 204 and 261 demonstrates IAP.⁴</p> <p>Utilizing common communication equipment, such as those noted in Objective 8 and Objective 10, demonstrates common communication planning.</p>	
<p>Objective 13: Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.</p>	<p>Explain, in the EOP, the management and coordination of public information with external entities.</p> <p>Identify a Public Information Officer (PIO) that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident, with local media outlets, emergency management, law enforcement, public health, EMS and other responding agencies.</p> <p>Outline the establishment and/or incorporation of the JIC in the EOP (this is where the PIO will be located).</p> <p>Document, in the EOP, that the hospital PIO will participate in joint information processes at the local level.</p>	
<p>Objective 14: Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.</p>	<p>Explain, in the EOP, the management and coordination of public information with external entities.</p> <p>Document PIO protocols and responsibilities in the EOP.</p> <p>Work with local response agencies to identify the process by which information will flow during the incident (i.e. RHCCs, local Health Departments, Fire, Police, EMS, other area hospitals, Red Cross, etc).</p>	

⁴ All HICS Forms can be found on the CD accompanying this guide.



NIMS TRAINING RESOURCES

NIMS Training Guidelines and Courses (Recommended, but not limited to)

In accordance with the 2010-2011 National Incident Management System (NIMS) Implementation Objectives, hospitals are required to identify the appropriate personnel to complete the following NIMS courses: IS-700, IS-800, IS-100, and IS-200. In addition, hospitals are responsible for monitoring NIMS training and tracking NIMS course completion for their staff.

The NIMS courses are available free of charge on the Federal Emergency Management Agency's (FEMA) website (<http://www.training.fema.gov/IS/NIMS.asp>). Hospital personnel can easily complete these courses online at their own pace. Upon successful completion of the course exam, the student will receive an electronic certificate of completion via email. For each completed course, FEMA awards a pre-determined number of

Continuing Education Units (CEUs). The FEMA CEUs must be converted to Continuing Education (CE) hours which are more commonly used in the hospital setting. This conversion is very simple, if FEMA awards .3 CEUs this equates to 3 CE hours, if FEMA awards .2 CEUs this equates to 2 CE hours, and so on.

Notes:

- All personnel designated as back-up support should also complete the recommended NIMS courses.
- Personnel designated to fulfill ICS positions should include the hospital emergency manager, hospital administration and department heads.

<i>NIMS/ICS Courses</i>	<i>Hospital Administration</i>	<i>Emergency Management/ Operations Staff</i>	<i>Staff Designated to Fulfill Command and General Staff ICS Positions</i>
IS-100	✓	✓	✓
IS-200	✓	✓	✓
IS-700	✓	✓	✓
IS-800		✓	✓
ICS-300		✓*	✓*
ICS-400		✓*	✓*

* At this time hospital staff are not required to complete ICS-300 or ICS-400, but it is highly recommended that selected hospital emergency management staff complete this course, especially those who are likely to take on a supervisory role during an event such as Incident Commander or Section Chief.

NIMS Courses

IS-100.HCb Introduction to the Incident Command System (ICS) for Healthcare/Hospitals

Prerequisite: IS-700

FEMA CEUs: 0.2

This course provides an introduction to the Incident Command System (ICS) as it applies to the healthcare/hospital environment and provides the foundation for higher level ICS training. ICS-100 details the history, features, principles, and organizational structure of the Incident Command System. Topics covered include general ICS principles, Incident Commander and Command Staff functions, general ICS staff functions and the relationship between ICS and NIMS.

While hospitals have the sole discretion as to who should complete ICS-100, the recommended audience includes all hospital personnel who have a direct role in emergency response including hospital administrators, emergency preparedness and management staff, hospital emergency operations center staff, department managers, unit leaders, medical directors and physicians, charge nurses, safety officers, EMS personnel and all staff designated to fulfill Incident Command positions.

The overall length of the course will vary for each individual. On average, the ICS-100 course takes approximately 2.5 hours to complete online.

To complete this course, go to <http://training.fema.gov/EMIWeb/IS/is100HCb.asp>.

IS-200.HCa Applying ICS to Healthcare Organizations

Prerequisite: IS-100

FEMA CEUs: 0.3

This course provides further training and guidance on the Incident Command System (ICS) as it applies to the healthcare/hospital environment. ICS-200 offers a higher level of ICS training intended for personnel who are likely to assume a supervisory position within the ICS. Topics covered include advanced ICS leadership and management principles, ICS management processes and ICS functional areas & positions.

While hospitals have the sole discretion as to who should complete ICS-200, the recommended audience includes all hospital personnel who have a direct role in emergency response including hospital administrators, emergency preparedness and management staff, hospital emergency operations center staff, department managers, unit leaders, medical directors and physicians, charge nurses, safety officers and all staff designated to fulfill Incident Command positions.

The overall length of the course will vary for each individual. On average, the ICS-200 course takes approximately 3 hours to complete online.

To complete this course, go to <http://training.fema.gov/EMIWeb/IS/is200HCa.asp>.

NIMS Courses (continued)

IS-700.a National Incident Management System (NIMS), An Introduction

Prerequisite: None

FEMA CEUs: 0.3

This course provides an introduction to the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during incidents and events. Topics covered include NIMS concepts and principles, preparedness, communications and information management, resource management, and command and management.

While hospitals have the sole discretion as to who should complete IS-700, the recommended audience includes all hospital personnel who have a direct role in emergency response including hospital administrators, emergency preparedness and management staff, hospital emergency operations center staff, department managers, unit leaders, medical directors and physicians, charge nurses, safety officers, EMS personnel, and all staff designated to fulfill Incident Command positions.

The overall length of the course will vary for each individual. On average, the IS-700 course takes approximately 3 hours to complete online.

To complete this course, go to <http://training.fema.gov/emiweb/is/is700a.asp>

IS-800.b National Response Framework, An Introduction

Prerequisite: None

FEMA CEUs: 0.3

This course provides an introduction to the concepts and principles of the National Response Framework and its relation to NIMS. The National Response Framework details the roles and responsibilities of federal, state, local, and private sector organizations during incidents and events. Topics covered include special teams and actions that support national response in an incident or event, the different response organizations used for multiagency coordination and field coordination at the regional and national levels.

While hospitals have the sole discretion as to who should complete IS-800, the recommended audience includes emergency preparedness and management staff, hospital emergency operations center staff and all staff designated to fulfill Incident Command positions.

The overall length of the course will vary for each individual. On average, the IS-800 course takes approximately 3 hours to complete online.

To complete this course, go to <http://training.fema.gov/emiweb/is/is800b.asp>

NIMS Courses (continued)

ICS-300 Intermediate Incident Command for Expanding Incidents

Prerequisite: IS-100, IS-200, IS-700

This course is intended for hospital personnel who require an advanced application of ICS. Topics covered include ICS staffing and organization as it relates to working relationships and information flow, transfer of command, unified command functions in a multi-agency incident, use of ICS forms and resource management.

At this time hospital staff are not required to complete ICS-300, but it is highly recommended that selected hospital emergency management staff complete this course, especially those who are likely to take on a supervisory role during an event such as Incident Commander or Section Chief.

ICS-300 is not available online, you must attend a live classroom training (16 hours) in order to receive credit for this course. ICS-300 is administered at the state level and as of October 1, 2008, the Illinois Emergency Management Agency (IEMA) has transferred the management of the ICS-300 curriculum to the Illinois Fire Service Institute (IFSI). For more information concerning course dates and locations you may visit the IFSI website at www.fsi.uiuc.edu/content/courses or email Bill Farnum at wfrnum@fsi.uiuc.edu.

ICS-400 Advanced Incident Command and General Staff – Complex Incidents

Prerequisite: IS-100, IS-200, IS-700, IS-800 and ICS-300 (It is recommended that ICS-300 participants utilize their skills in an operational environment before taking ICS-400)

This course is intended for hospital personnel who require an advanced application of ICS. Topics covered include ICS staffing and organization, unified command, area command, multi-agency coordination systems and emergency operation center operations.

At this time hospital staff are not required to complete ICS-400, but it is highly recommended that selected hospital emergency management staff complete this course, especially those who are likely to take on a supervisory role during an event such as Incident Commander or Section Chief.

ICS-400 is not available online, you must attend a live classroom training (14 hours) in order to receive credit for this course. ICS-400 is administered at the state level and as of October 1, 2008, the Illinois Emergency Management Agency (IEMA) has transferred the management of the ICS-400 curriculum to the Illinois Fire Service Institute (IFSI). For more information concerning course dates and locations you may visit the IFSI website at www.fsi.uiuc.edu/content/courses or email Bill Farnum at wfrnum@fsi.uiuc.edu.



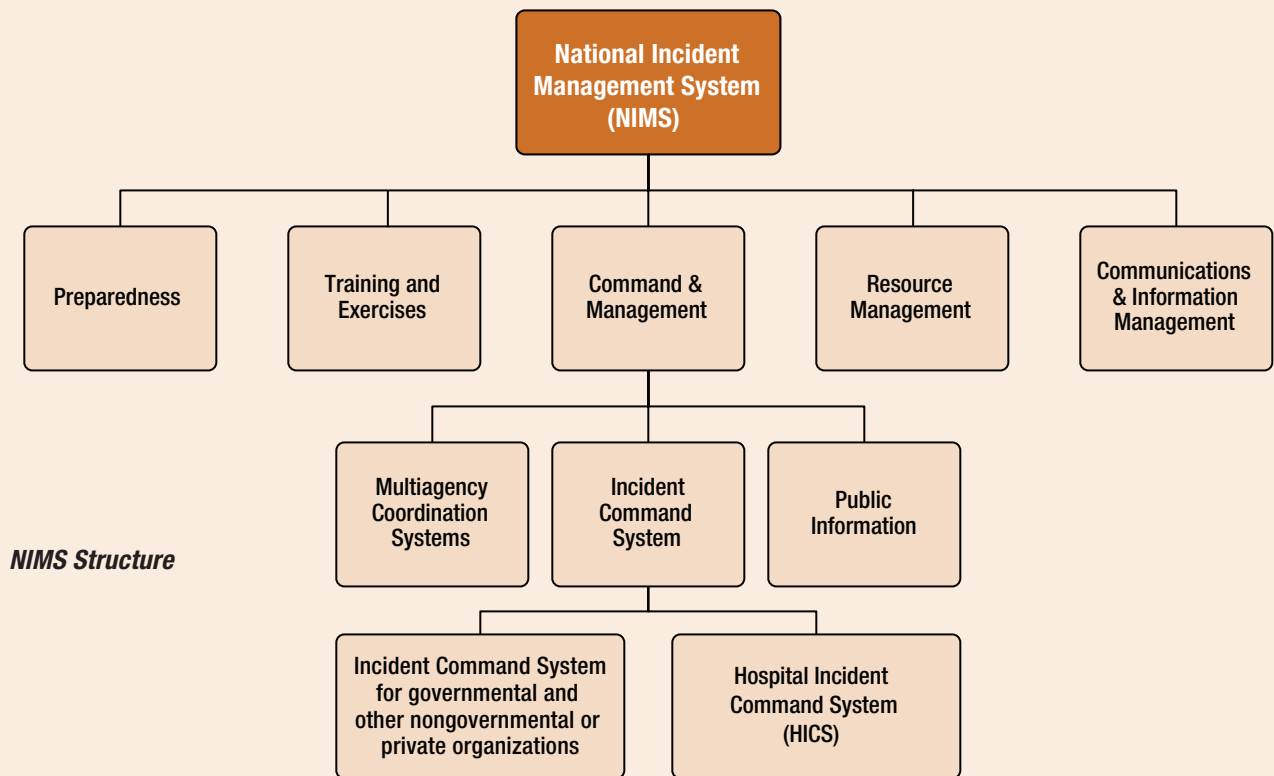
The U.S. Department of Homeland Security National Incident Management System (NIMS) Manual is available on the accompanying CD.

NIMS AND THE HOSPITAL INCIDENT COMMAND SYSTEM

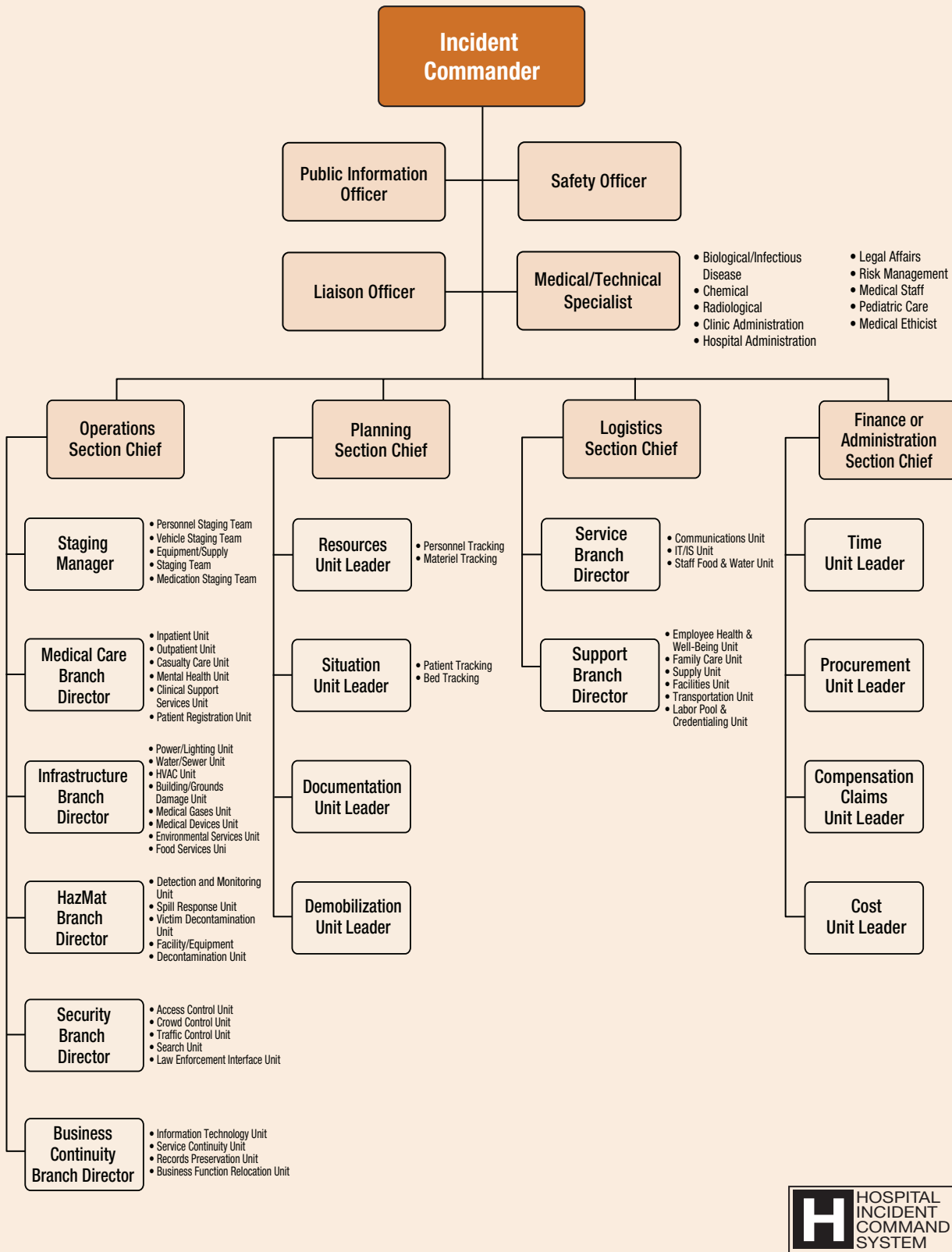
NIMS and HICS: What Is The Connection?

The National Incident Management System (NIMS) provides a consistent nationwide template for governmental, nongovernmental and private sector organizations to work together during an incident response. Essentially, NIMS is a core set of concepts, principles, terminology, and organizational processes that enable interoperability, compatibility and collaborative incident management. One of the many key elements of NIMS is the Incident Command System (ICS). The ICS is a NIMS management tool that is used in the command, control and coordination of an incident response. ICS is applicable not only across a variety of disciplines, but a variety of incidents as well. This makes ICS an extremely valuable tool because it provides a structure and process for proper incident management that can be used in an all-hazards approach to coordinate the efforts of many different response agencies.

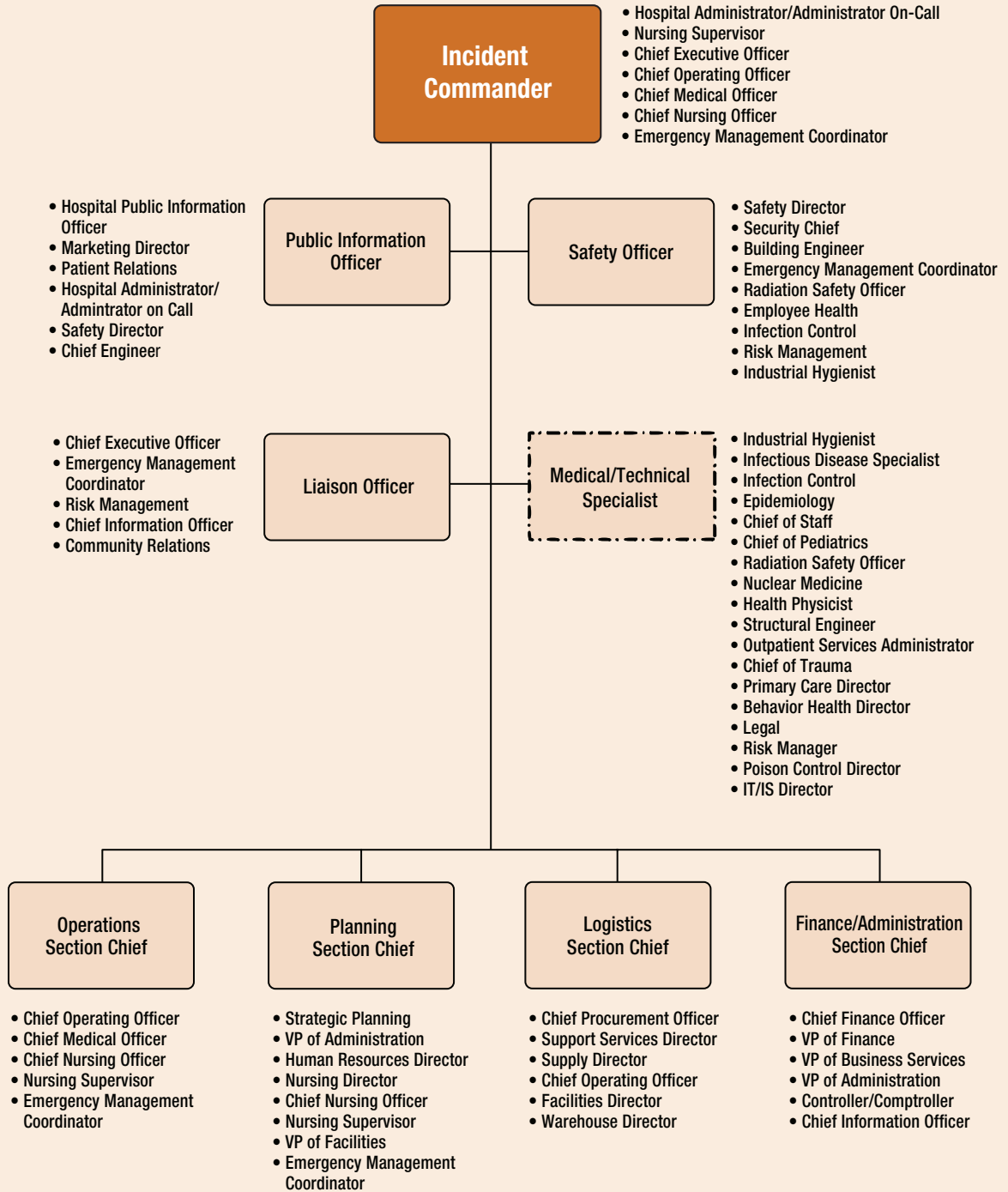
Currently, the Hospital Incident Command System (HICS) is the standard for hospital-based incident management. HICS is an ICS-based management tool that can be used by all hospitals, regardless of their size or patient care capabilities, to coordinate their own response to all incidents. Hospitals utilize HICS rather than the standard ICS used by other response entities. By implementing the concepts and incident command design outlined in HICS, a hospital is positioned to be consistent with NIMS incident command guidelines (EMSA, 2006). Hospital implementation of HICS ensures that the hospital is in compliance with NIMS Objectives 7, 11 and 12, but it does not fully replace NIMS. Hospitals will still be responsible for implementing the remaining NIMS Objectives for 2010 & 2011 which focus on NIMS preparedness, resource management, training and exercises, and communications and information management.



HICS Organizational Charts - 78 Positions



Suggested Candidates for HICS Command and General Staff Positions



HICS Command and General Staff Position Descriptions and Responsibilities

Position	Mission	Responsibilities	Primary HICS Forms
<i>HICS Command Staff</i>			
Incident Commander (IC)	Organize and direct the Hospital Command Center.	<p>Give overall strategic direction for incident management</p> <p>Ensure incident safety</p> <p>Initiate and approve the IAP</p> <p>Activate HICS positions and appoint Command and General Staff as needed</p> <p>Liaison with Agency Executive, Governing Board and other organizations as needed</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>207 – Incident Management Team Chart</p> <p>213 – Message Form</p> <p>214 – Operational Log</p>
Public Information Officer (PIO)	Serve as the conduit for information to internal and external stakeholders, including staff, visitors, families and the news media, as approved by the Incident Commander.	<p>Work collaboratively with other community responders to develop hospital communications</p> <p>Ensure that hospital communications are consistent with those from other agencies</p> <p>Serve as the primary contact for anyone who requires incident information</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>205 – Communications Log (Internal and External)</p> <p>213 – Message Form</p> <p>214 – Operational Log</p>
Safety Officer	Ensure the safety of staff, patients and visitors, monitor and correct hazardous conditions.	<p>Has the authority to halt any operation that poses immediate threat to life and health</p> <p>Advise the Incident Commander on safety issues</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>213 – Message Form</p> <p>214 – Operational Log</p> <p>261 – IAP Safety Analysis</p>
Liaison Officer	Serve as the point of contact for representatives from other agencies who are not present in the Hospital Command Center, but are assisting with the incident.	<p>Establish contact with liaisons from other key agencies</p> <p>Convey information such as hospital status, critical issues and resource needs to other agencies.</p> <p>Gather information from other agencies regarding their status, critical issues and resource needs</p> <p>Collaborate with the Planning and Logistics section for information and resource needs</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>205 – Communications Log (Internal and External)</p> <p>213 – Message Form</p> <p>214 – Operational Log</p>

Position	Mission	Responsibilities	Primary HICS Forms
<i>HICS Command Staff (Continued)</i>			
Medical/Technical Specialist	Advise the Incident Commander and/or Operations Section Chief, as assigned, on issues related to the emergency response.	Provide the Hospital Command Center with specific information about the incident response or hazard	201 – Incident Briefing 202 – Incident Objectives 213 – Message Form 214 – Operational Log
<i>HICS General Staff</i>			
Operations Section Chief	Develop and implement strategies and tactics to carry out the objectives established by the Incident Commander in the Incident Action Plan.	Assist the Incident Commander with setting incident objectives Conduct tactical operations Direct tactical resources Develop and implement strategies and tactics to meet incident objectives Execute the Incident Action Plan	201 – Incident Briefing 202 – Incident Objectives 204 – Branch Assignment List 213 – Message Form 214 – Operational Log
Planning Section Chief	Oversee all incident-related data gathering and analysis related to incident operations and assigned resources, conduct planning meetings and prepare the Incident Action Plan for each operational period.	Collect, evaluate and disseminate incident information Track and record the status of all response resources including personnel, equipment and supplies. Track the status and location of all patients Prepare and disseminate the Incident Action Plan to all Hospital Command Center personnel Maintain all documentation for incident records Plan for demobilization	201 – Incident Briefing 202 – Incident Objectives 204 – Branch Assignment List 213 – Message Form 214 – Operational Log 252 – Section Personnel Time Sheet 254 – Disaster Victim/Patient Tracking Form 257 – Resource Accounting Record

Position	Mission	Responsibilities	Primary HICS Forms
<i>HICS General Staff (Continued)</i>			
Logistics Section Chief	Support incident activities by organizing and directing all operations associated with the maintenance of the physical environment and with the provision of human resources, supplies and other services.	<p>Provide support to other sections by providing resources such as personnel, supplies, equipment, pharmaceuticals, food, communications, etc.</p> <p>Acquire resources from internal or external sources</p> <p>Activate MOUs, contracts and vendor agreements</p> <p>Assure that incident personnel are fed and have communications and transportation needed to meet the operational objectives</p> <p>Provide medical screening, evaluation and follow-up for incident personnel</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>204 – Branch Assignment List</p> <p>213 – Message Form</p> <p>214 – Operational Log</p> <p>252 – Section Personnel Time Sheet</p> <p>257 – Resource Tracking Record</p>
Finance Section Chief	Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities.	<p>Manage, track and report all costs related to the incident and/or revenue lost during the incident.</p> <p>Handle claims related to property damage, injuries or fatalities</p> <p>Account for and analyze costs, develop and initiate contracts and vendor agreements, record personnel time.</p>	<p>201 – Incident Briefing</p> <p>202 – Incident Objectives</p> <p>204 – Branch Assignment List</p> <p>213 – Message Form</p> <p>214 – Operational Log</p> <p>252 – Section Personnel Time Sheet</p> <p>257 – Resource Tracking Record</p>

For more detailed information related to the specific responsibilities for each of the ICS staff positions, please review the HICS Job Action Sheets which can be found by visiting <http://www.emsa.ca.gov/HICS/job.asp>.

The Hospital Incident Command System (HICS) Guidebook, along with a complete set of HICS Forms can be found on the CD accompanying this guide.



HICS FORMS

Using HICS Forms

To supplement the Hospital Incident Command System (HICS), the California Emergency Medical Services Authority (EMSA) developed a number of HICS related forms to aid in incident planning and response. These forms are National Incident Management System (NIMS) compliant and have been modified for use in hospitals. Each form is designed for a particular purpose which is identified at the bottom of each form. Please refer to the table below for more information on the HICS forms.

HICS Form	Purpose	Completed By	When to Complete	Provide Copies To
201 Incident Briefing	To document initial response information and actions taken at startup	Incident Commander	Prior to incident briefing in the current operational period	Command Staff, Section Chiefs, and Documentation Unit Leader
202 Incident Objectives	To define objectives and issues for the operational period	Planning Section Chief	Prior to incident briefing in the current operational period	Command Staff, General Staff, and Documentation Unit Leader
203 Organization Assignment List	To document Incident Command staffing	Resources Unit Leader	At the start of each operational period and as additional positions are staffed	Command Staff, General Staff, Agency Staff, Branch Directors, and Documentation Unit Leader
204 Branch Assignment List	To document assignments within a branch	Branch Director	At the start of each operational period	Command Staff, General Staff, and Documentation Unit Leader
205 Incident Communications Log (Internal & External)	To document the internal and external communications equipment/channels to be used within the facility	Communications Unit Leader	Prior to an event, at the start of each operational period, and as changes are made	Command Staff, General Staff, Branch Directors, and Documentation Unit Leader
206 Staff Medical Plan	To outline resources for the medical care of injured/ill hospital personnel	Support Branch Director	At the start of each operational period	Command Staff, Section Chiefs, and Documentation Unit Leader
207 Organization Chart	To document the assigned HICS positions	Incident Commander	Prior to an event, at the start of each operational period, and as changes are made	Command Staff, General Staff, Branch Directors, Unit Leaders, and Documentation Unit Leader

HICS Form	Purpose	Completed By	When to Complete	Provide Copies To
213 Incident Message Form	To provide a standardized method for recording messages received by phone or radio	All Positions	When the intended receiver of a message is unavailable to speak with the sender or when a communication includes specific details in which accuracy needs to be ensured	Message receiver, Message taker, Documentation Unit Leader
214 Operational Log	To document issues encountered during an incident, decisions made, and notifications conveyed	Command Staff and General Staff	Use continuously as a tool to record major decisions and critical details at all levels, from activation through demobilization	Incident Commander, Planning Section Chief, and Documentation Unit Leader
251 Facility System Status Report	To record the facility status for each incident operational period	Infrastructure Branch Director	At the start of each operational period, as conditions change, or as indicated by the situation	Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, and Documentation Unit Leader
252 Section Personnel Time Sheet	To record each section's personnel, time, and activity	Section Chief	Throughout activation	Documentation Unit Leader
253 Volunteer Staff Registration	To track volunteer sign-in	Labor Pool & Credentialing Unit Leader	Throughout activation	Time Unit Leader, Personnel Tracking Manager, and Documentation Unit leader
254 Disaster Victim/Patient Tracking Form	To account track victims of an identified event who are seeking medical attention	Patient Tracking Manager	Hourly and at the end of each operational period, upon arrival of the first patient and until the disposition of the last	Patient Registration Unit Leader and Medical Care Branch Director
255 Master Patient Evacuation Tracking Form	To record information concerning patient disposition during a hospital evacuation	Patient Tracking Manager	As decisions are made and as information is determined concerning patient disposition during a hospital evacuation	Planning Section Chief, and Documentation Unit Leader
256 Procurement Summary Report	To summarize and track procurements	Procurement Unit Leader	Prior to the end of the operational period and as procurements are completed	Finance Section Chief and Documentation Unit Leader

HICS Form	Purpose	Completed By	When to Complete	Provide Copies To
257 Resource Accounting Record	To track requested equipment	Section Chief	Prior to the end of the operational period or as needed	Finance Section Chief, Resources Unit Leader, Material Tracking Manager, and Originator
258 Hospital Resource Directory	To list resource contacts and maintain contact information	Resources Unit Leader	Prior to an event, at the start of each operational period, and as changes are made	Command Staff and General Staff
259 Hospital Casualty/Fatality Report	To document the number of injuries and fatalities	Patient Tracking Manager	Prior to incident briefing in the current operational period	Command Staff, Section Chiefs, and Documentation Unit Leader
260 Patient Evacuation Tracking Form	To document and account for patients transferred to another facility	Inpatient Unit Leader, Outpatient Unit Leader, and/or Casualty Care Unit Leader	As patients are identified for evacuation	Patient, Patient Tracking Manager, Medical Care Branch Director, and Evacuating Clinical Location
261 Incident Action Plan Safety Analysis	To document hazards and define mitigation	Safety Officer	Prior to the safety briefing that is part of shift briefings and conducted for all staff at the start of each operational period	Command Staff, General Staff, Branch Directors, and Unit Leaders



Please see the accompanying CD for a complete collection of HICS Forms along with an explanation of each.

EMERGENCY PREPAREDNESS & HOSPITAL ACCREDITATION

Emergency Preparedness Accreditation Standards Crosswalk

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Plan Development	<p>Develop and implement appropriate and comprehensive emergency preparedness plans and capabilities.</p> <p>Utilize an all-hazards approach to developing emergency response plans.</p> <p>When developing the comprehensive emergency plans, consider the following:</p> <ul style="list-style-type: none"> • The differing needs of each location where the certified hospital operates • Available community resources <p>Coordinate with Federal, State, and local emergency preparedness and health authorities to identify likely risks for the facility's area (community) and develop appropriate emergency response plans that will assure the safety and well being of patients.</p>	<p>Develop and maintain an Emergency Operations Plan (EOP).</p> <p>Include hospital leaders and leaders of the medical staff in the planning and development of the EOP.</p> <p>Conduct and document a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for hospital services or the ability to provide those services. (Multiple HVAs may be necessary to accurately reflect all hospital sites)</p> <p>Work with community partners to prioritize the potential emergencies identified in the HVA.</p> <p>Communicate hospital needs and vulnerabilities to community emergency response agencies and identify the community's capability to meet those needs.</p> <p>Use the HVA as a basis for defining mitigation activities.</p> <p>Ensure that the hospital incident command structure is integrated into and consistent with the community's command structure.</p> <p>Conduct an annual review of risks, hazards, and potential emergencies as defined in the HVA.</p> <p>Conduct an annual review of the objectives and scope of the EOP.</p>	<p>Establish a Medical Disaster Committee.</p> <p>Determine meeting frequency and attendance requirements for the committee.</p> <p>Develop and maintain Written Disaster Plans and make them available to staff for crisis preparation.</p> <p>Review and coordinate plans with local authorities.</p> <p>The External Disaster Plan should include:</p> <ul style="list-style-type: none"> • Provisions for the establishment of formal liaison with police and fire departments, the local emergency preparedness coordinator, and the Red Cross, in order to coordinate activities with local and other agency disaster programs • A policy and procedure for weapons of mass destruction <p>The External Weapons of Mass Destruction (WMD) response plan should include:</p> <ul style="list-style-type: none"> • Identification of likely potential toxic agents <p>Distribute copies of the written disaster plans to the professional staff and hospital personnel involved in disaster planning.</p>

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Plan Development <i>(Continued)</i>		<p><i>The EOP should describe:</i></p> <ul style="list-style-type: none"> • Response procedures to follow when emergencies occur • Recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency • The process for initiating and terminating the hospital's response and recovery phases of an emergency, including under what circumstances these phases are activated <p><i>The EOP should identify:</i></p> <ul style="list-style-type: none"> • Hospital capabilities and response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours • The individual(s) who has the authority to activate the response and recovery phases of the emergency response <p>Implement the components of the EOP that require advance preparation.</p>	<p>Provide educational programs for staff and physicians on emergency and weapons of mass destruction response preparedness.</p> <p>Work with fire departments, law enforcement, and public health departments in the development of emergency response preparedness educational programs.</p> <p>Participate in community emergency preparedness plans.</p>
Communication	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Communication to external entities if telephones and computers are not operating or become overloaded • Communication among staff within the hospital 		

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
<p>Communication <i>(Continued)</i></p>		<p>Establish back-up systems and technologies for communication activities.</p> <p><i>The EOP should describe how to:</i></p> <ul style="list-style-type: none"> • Notify staff that emergency response procedure have been initiated • Communicate information and instructions to staff and licensed independent practitioners during an emergency • Notify external authorities that emergency response measures have been initiated • Communicate the names of patients and the deceased with other health care organizations in the contiguous geographic area • Communicate information about patients to third parties (such as other health care organizations, the state health department, police, FBI) • Communicate with alternative care sites <p><i>The EOP should describe how to communicate with:</i></p> <ul style="list-style-type: none"> • External authorities during an emergency • Patients and their families, including how families will be notified when patients are relocated to alternative care sites • The community or the media during an emergency • Suppliers of essential services, equipment and supplies during an emergency 	<p><i>The External Disaster Plan should include:</i></p> <ul style="list-style-type: none"> • Notification of physicians • A call tree that is updated at least annually <p><i>External WMD response plans should include:</i></p> <ul style="list-style-type: none"> • Notification of key personnel at the hospital • Notification of Department(s) of Public Health, local FBI offices, Police and Fire Departments, National Response Center for Bioterrorism, and the Center for Disease Control and Prevention

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Communication <i>(Continued)</i>		<ul style="list-style-type: none"> • Healthcare organizations in the contiguous geographic area regarding: <ul style="list-style-type: none"> - Essential elements of their command structures, including the names and roles of individuals in their command structures and their command center telephone numbers - Essential elements of their respective command centers for emergency response - Resources and assets that could be shared in an emergency response 	
Resources and Assets	<p>Anticipate demands and resources needed by the hospital emergency services.</p> <p>Develop plans, methods and coordinating networks to address anticipated needs.</p> <p>Identify and maintain the supplies and equipment required to meet patients' needs for both day-to-day operations as well as supplies that are likely to be needed in emergency situations.</p> <p>Make adequate provisions to ensure the availability of required supplies and equipment when needed.</p> <p>Ensure processes to address medication shortages and outages.</p>	<p>Keep a documented inventory of the resources and assets on-site that may be needed during an emergency. Conduct an annual review of the inventory process.</p> <p><i>The EOP should describe how to:</i></p> <ul style="list-style-type: none"> • Obtain and replenish: <ul style="list-style-type: none"> - Medications and related supplies that will be required throughout the response and recovery phases of an emergency - Medical and non-medical supplies that will be required throughout the response and recovery phases of an emergency • Share resources and assets with other health care organizations: <ul style="list-style-type: none"> - Within the community, if necessary - Outside the community, if necessary, in the event of a regional or prolonged disaster 	<p><i>External WMD response plans should include:</i></p> <ul style="list-style-type: none"> • Pharmacy considerations • Laboratory considerations

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Resources and Assets <i>(Continued)</i>	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Pharmaceuticals, food, other supplies and equipment that may be needed • Identification of community resources 	<ul style="list-style-type: none"> • Monitor quantities of its resources and assets during an emergency <p><i>The EOP should also describe:</i></p> <ul style="list-style-type: none"> • Arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternate care site(s) when the environment cannot support care, treatment, and services • Arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites 	
Safety and Security	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Security of patients and walk-in patients • Security of supplies from misappropriation 	<p><i>The EOP should describe:</i></p> <ul style="list-style-type: none"> • Arrangements for internal security and safety • The roles that community security agencies will have in the event of an emergency • How to coordinate security activities with community security agencies • How to manage hazardous materials and waste • How to provide for radioactive, biological, and chemical isolation and decontamination • How to control entrance into and out of the health care facility during an emergency • How to control the movement of individuals within the health care facility during an emergency • Arrangements for controlling vehicles that access the health care facility during an emergency 	

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Volunteer Practitioners	<p>(CMS does not explicitly address the use of volunteer practitioners; they rather address the issue of personnel in general.)</p> <p>The following issues should be considered when developing the comprehensive emergency plans:</p> <ul style="list-style-type: none"> -Qualifications and training needed by personnel to implement and carry out emergency procedures -Identification, availability and notification of personnel that are needed to implement and carry out the hospital's emergency plans 	<p>Grant disaster privileges to volunteer practitioners only when the EOP has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.</p> <p>The medical staff should identify, in its bylaws, those individuals responsible for granting disaster privileges and responsibilities to volunteer practitioners.</p> <p>The EOP should describe:</p> <ul style="list-style-type: none"> How to identify licensed independent practitioners and authorized volunteers during emergencies. The medical staff should describe, in writing, how to oversee the performance of volunteer practitioners who are granted disaster privileges. Before a volunteer practitioner is considered eligible, the hospital must obtain his or her valid government-issued photo identification and at least one from an additional qualifying source.¹ During a disaster, the medical staff oversees the performance of each Volunteer Licensed Independent Practitioner (V-LIP) and the hospital oversees volunteer practitioners who are not Licensed Independent Practitioners (LIPs). Communicate, in writing, with each LIP regarding his or her role(s) in emergency response and to whom he or she reports during an emergency. 	<p>Provide for the granting of emergency privileges for times of emergency and/or disaster in Medical Staff bylaws.</p> <p>Develop a plan for dealing with clinical volunteers during times of emergency and/or disaster.</p> <p>Provide for primary source identification from volunteers' hospitals.</p> <p>Use volunteers as appropriate within the scope of their license or certification.</p>

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Volunteer Practitioners <i>(Continued)</i>		<p>Based on its oversight of each volunteer practitioner, the hospital should determine within 72 hours of the practitioners arrival if granted disaster privileges should continue.</p> <p>Primary source verification of licensure should occur as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer practitioner presents himself, or herself, to the hospital, whichever comes first. If primary source verification of a volunteer practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, document all of the following:</p> <ul style="list-style-type: none"> • Reasons it could not be performed within 72 hours of the practitioner's arrival • Evidence of the LIP's demonstrated ability to continue to provide adequate care, treatment, and services • Evidence of attempt to perform primary source verification as soon as possible <p>If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it should be performed as soon as possible.</p>	

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Staff Management	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Qualifications and training needed by personnel to implement and carry out emergency procedures • Identification, availability and notification of personnel that are needed to implement and carry out the hospital's emergency plans 	<p>Identify the individual(s) to whom staff report in the hospital's incident command structure.</p> <p>Train staff for their assigned emergency response roles.</p> <p><i>The EOP should describe:</i></p> <ul style="list-style-type: none"> • The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency • The process for assigning staff to all essential staff functions • How to manage staff support needs • How to manage the family support needs for staff • How to identify staff during emergencies 	<p><i>The External Disaster Plan should include:</i></p> <ul style="list-style-type: none"> • Duties of the professional staff and all hospital personnel in the event of a natural disaster or a civil disorder
Utilities Management	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Provisions if gas, water, electricity supply is shut off to the community • Methods to evaluate repairs needed and to secure various likely materials and supplies needed for repairs 	<p><i>Identify alternative means of providing:</i></p> <ul style="list-style-type: none"> • Electricity • Water needed for consumption and essential care activities • Water needed for equipment and sanitary purposes • Fuel required for building operations, generators, and essential transport services that the hospital would typically provide • Medical gas/vacuum systems • Utility systems defined as essential (i.e. vertical and horizontal transport, heating and cooling systems, and steam for sterilization) 	

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Patient Management	<p><i>The following issues should be considered when developing the comprehensive emergency plans:</i></p> <ul style="list-style-type: none"> • Special needs of patient populations treated at the hospital • Transfer or discharge of patients • Transfer of patients with hospital equipment 	<p>Ensure the implementation of response procedures related to care, treatment, and services for its patients, in the event of an actual emergency.</p> <p>The EOP should describe how to:</p> <ul style="list-style-type: none"> • Manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge • Evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services • Manage a potential increase in demand for clinical services for vulnerable populations serviced by the hospital • Manage the personal hygiene and sanitation needs of its patients • Manage the mental health service needs of its patients that occur during an emergency • Manage mortuary services • Document and track patients' clinical information <p>The EOP should include:</p> <ul style="list-style-type: none"> • Alternative sites for care, treatment, and services that meet the needs of patients during emergencies 	<p>The External Disaster Plan should include:</p> <ul style="list-style-type: none"> • Provisions for the care of large numbers of sick or injured persons who may come or be brought to the hospital • Triage of victims • Preliminary diagnosis of patients • Identification tags • Placement of patients • A complete patient evacuation component
Emergency Preparedness Drills		<p>As an emergency response exercise, activate the EOP twice a year at each site included in the EOP.</p> <p>For each site that offers emergency services or is a community-designated disaster receiving station:</p>	<p>Perform disaster drills at least semiannually. One should include the community.</p> <p>Participate in weapons of mass destruction drills with other agencies as appropriate.</p>

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
<p>Emergency Preparedness Drills <i>(Continued)</i></p>		<ul style="list-style-type: none"> • One exercise should include an influx of simulated patients • One exercise should include an escalating event in which the local community is unable to support the hospital <p>For each site of the hospital with a defined role in the community's response plan, at least one of the two exercises should include participation in a community wide exercise.</p> <p>Incorporate likely disaster scenarios into emergency response exercises that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.</p> <p>Designate an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.</p> <p>During emergency response exercises, monitor:</p> <ul style="list-style-type: none"> • The effectiveness of communication with outside entities • Resource mobilization and asset allocation • Management of the following: <ul style="list-style-type: none"> - Safety and security - Staff roles and responsibilities - Utility systems - Patient clinical and support care services <p>Evaluate all emergency response exercises and all responses to actual emergencies using a multidisciplinary process, recognizing deficiencies and opportunities for improvement.</p>	

	Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP)	The Joint Commission Standards and Elements of Performance	Healthcare Facilities Accreditation Program (HFAP) Standards and Elements
Emergency Preparedness Drills <i>(Continued)</i>		<p>Communicate evaluation findings to the improvement team responsible for monitoring environment of care issues.</p> <p>Modify the EOP based on evaluations.</p> <p>Ensure that subsequent emergency response exercises reflect modifications and interim measures as described in the modified EOP.</p>	
Infection Control	<p>Work with Federal, State and local public health agencies to identify likely communicable disease threats and develop appropriate preparedness and response plans, policies and procedures to address communicable disease threats, bioterrorism, and outbreaks.</p>	<p>Identify resources that can provide information about infections that could cause an influx of potentially infectious patients.</p> <p>Obtain current clinical and epidemiological information regarding new infections that could cause an influx of potentially infectious patients.</p> <p>Have a method of communicating critical information to LIPs and staff about emerging infections that could cause an influx of potentially infectious patients.</p> <p>Describe, in writing, how to respond to an influx of potentially infectious patients.</p> <p>If it is decided to accept an influx of potentially infectious patients, describe, in writing, methods for managing these patients over an extended period of time.</p> <p>Activate, when deemed necessary, facility response to an influx of potentially infectious patients.</p>	<p><i>The External Disaster Plan should include:</i></p> <ul style="list-style-type: none"> • Management of communicable disease outbreaks and chemical exposure victims <p><i>External WMD response plans should include:</i></p> <ul style="list-style-type: none"> • Infection control

Developed by the Clinical Services Department of the Metropolitan Chicago Healthcare Council (MCHC), January 2011.

¹ See the Comprehensive Accreditation Manual for Hospitals: The Official Handbook, Effective January 2009 section on Emergency Management for the entire list of additional qualifying sources of identification.

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ADDITIONAL RESOURCES

NIMS/ICS Acronyms

ALS	Advanced Life Support
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
COP	Common Operating Picture
DHS	Department of Homeland Security
DOC	Department Operations Center
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPI	Emergency Public Information
FOG	Field Operations Guide
FY	Fiscal Year
GIS	Geographic Information System
HAZMAT	Hazardous Material
HSPD-5	Homeland Security Presidential Directive-5
HSPD-8	Homeland Security Presidential Directive-8
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IC or UC	Incident Command or Unified Command
IMT	Incident Management Team
JFO	Joint Field Office
JIS	Joint Information System
JIC	Joint Information Center
LOFR	Liaison Officer
MAC	Multiagency Coordination

NIMS/ICS Acronyms (continued)

NDMS	National Disaster Medical System
NGO	Nongovernmental Organization
NIC	National Integration Center
NIMS	National Incident Management System
NRF	National Response Framework
NRP-CIA	Catastrophic Incident Annex to the National Response Plan
NRP-CIS	Catastrophic Incident Supplement to the National Response Plan
PIO	Public Information Officer
PVO	Private Voluntary Organizations
R&D	Research and Development
RESTAT	Resources Status
ROSS	Resource Ordering and Status System
SDO	Standards Development Organizations
SEOC	State Emergency Operations Center
SITREP	Situation Report
SOFR	Safety Officer
SOP	Standard Operating Procedure
TA	Technical Assistance
UAC	Unified Area Command
UASI	Urban Area Security Initiative
UC	Unified Command
US&R	Urban Search and Rescue Resources

NIMS Glossary of Terms

Accessible: Having the legally required features and/or qualities that ensure easy entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

Acquisition Procedures: A process used to obtain resources to support operational requirements.

Agency: A division of government with a specific function offering a particular kind of assistance. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

Agency Administrator/Executive: The official responsible for administering policy for an agency or jurisdiction. An Agency Administrator/Executive (or other public official with jurisdictional responsibility for the incident) usually makes the decision to establish an Area Command.

Agency Dispatch: The agency or jurisdictional facility from which resources are sent to incidents.

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, tribal, or local government agency, or nongovernmental or private organization, that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

All-Hazards: Describing an incident, natural or manmade, that warrants action to protect life, property, environment, and public health or safety, and to minimize disruptions of government, social, or economic activities.

Allocated Resource: Resource dispatched to an incident.

Area Command: An organization established to oversee the management of multiple incidents that are each being handled by a separate Incident Command System organization or to oversee the management of a very large or evolving incident that has multiple Incident Management Teams engaged. An Agency Administrator/Executive or other public official with jurisdictional responsibility for the incident usually makes the decision to establish an Area Command. An Area Command is activated only if necessary, depending on the complexity of the incident and incident management span-of-control considerations.

Assessment: The process of acquiring, collecting, processing, examining, analyzing, evaluating, monitoring, and interpreting the data, information, evidence, objects, measurements, images, sound, etc., whether tangible or intangible, to provide a basis for decision making.

Assigned Resource: Resource checked in and assigned work tasks on an incident.

Assignment: Task given to a personnel resource to perform within a given operational period that is based on operational objectives defined in the Incident Action Plan.

Assistant: Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility subordinate to the primary positions. Assistants may also be assigned to Unit Leaders.

Assisting Agency: An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management. See Supporting Agency.

Available Resource: Resource assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

Badging: The assignment of physical incident-specific credentials to establish legitimacy and limit access to various incident sites.

Branch: The organizational level having functional or geographical responsibility for major aspects of incident operations. A Branch is organizationally situated between the Section Chief and the Division or Group in the Operations Section, and between the Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Cache: A predetermined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use.

Camp: A geographical site within the general incident area (separate from the Incident Base) that is equipped and staffed to provide sleeping, food, water, and sanitary services to incident personnel.

Categorizing Resources: The process of organizing resources by category, kind, and type, including size, capacity, capability, skill, and other characteristics. This makes the resource ordering and dispatch process within and across organizations and agencies, and between governmental and nongovernmental entities, more efficient, and ensures that the resources received are appropriate to their needs.

Certifying Personnel: The process of authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions.

Chain of Command: The orderly line of authority within the ranks of the incident management organization.

Check-In: The process through which resources first report to an incident. All responders, regardless of agency affiliation, must report in to receive an assignment in accordance with the procedures established by the Incident Commander.

Glossary of Terms (continued)

Chief: The Incident Command System title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established as a separate Section).

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Command Staff: The staff who report directly to the Incident Commander, including the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required. They may have an assistant or assistants, as needed.

Common Operating Picture: An overview of an incident by all relevant parties that provides incident information enabling the Incident Commander/Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions.

Common Terminology: Normally used words and phrases—avoiding the use of different words/phrases for same concepts—to ensure consistency and to allow diverse incident management and support organizations to work together across a wide variety of incident management functions and hazard scenarios.

Communications: The process of transmission of information through verbal, written, or symbolic means.

Communications/Dispatch Center: Agency or interagency dispatch centers, 911 call centers, emergency control or command dispatch centers, or any naming convention given to the facility and staff that handles emergency calls from the public and communication with emergency management/response personnel. The center can serve as a primary coordination and support element of the Multiagency Coordination System(s) (MACS) for an incident until other elements of the MACS are formally established.

Complex: Two or more individual incidents located in the same general area and assigned to a single Incident Commander or to Unified Command.

Comprehensive Preparedness Guide 101: A guide designed to assist jurisdictions with developing operations plans. It promotes a common understanding of the fundamentals of planning and decision making to help emergency planners examine a hazard and produce integrated, coordinated, and synchronized plans.

Continuity of Government: A coordinated effort within the Federal Government's executive branch to ensure that National Essential Functions continue to be performed during a catastrophic emergency (as defined in National Security Presidential Directive 51/Homeland Security Presidential Directive 20).

Continuity of Operations: An effort within individual organizations to ensure that Primary Mission Essential Functions continue to be performed during a wide range of emergencies.

Cooperating Agency: An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

Coordinate: To advance an analysis and exchange of information systematically among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

Corrective Actions: The implementation of procedures that are based on lessons learned from actual incidents or from training and exercises.

Credentialing: The authentication and verification of the certification and identity of designated incident managers and emergency responders.

Critical Infrastructure: Assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

Delegation of Authority: A statement provided to the Incident Commander by the Agency Executive delegating authority and assigning responsibility. The delegation of authority can include objectives, priorities, expectations, constraints, and other considerations or guidelines, as needed. Many agencies require written delegation of authority to be given to the Incident Commander prior to assuming command on larger incidents. (Also known as Letter of Expectation.)

Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status.

Department Operations Center (DOC): An Emergency Operations Center (EOC) specific to a single department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and, in most cases, are physically represented in a combined agency EOC by authorized agent(s) for the department or agency.

Deputy: A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or to perform a specific task. In some cases a deputy can act as relief for a superior, and therefore must be fully qualified in the position. Deputies generally can be assigned to the Incident Commander, General Staff, and Branch Directors.

Director: The Incident Command System title for individuals responsible for supervision of a Branch.

Dispatch: The ordered movement of a resource or resources to an assigned operational mission, or an administrative move from one location to another.

Division: The organizational level having responsibility for operations within a defined geographic area. Divisions are established when the number of resources exceeds the manageable span of control of the Section Chief. See Group.

Glossary of Terms (continued)

Emergency: Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Assistance Compact (EMAC):

A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues up front: liability and reimbursement.

Emergency Management/Response Personnel: Includes Federal, State, territorial, tribal, substrate regional and local governments, NGOs, private sector-organizations, critical infrastructure owners and operators, and all other organizations and individuals who assume an emergency management role. (Also known as emergency responder.)

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

Emergency Operations Plan: An ongoing plan for responding to a wide variety of potential hazards.

Emergency Public Information: Information that is disseminated primarily in anticipation of or during an emergency. In addition to providing situational information to the public, it frequently provides directive actions required to be taken by the general public.

Evacuation: The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Event: See Planned Event.

Federal: Of or pertaining to the Federal Government of the United States of America.

Field Operations Guide: Durable pocket or desk guides that contain essential information required to perform specific assignments or functions.

Finance/Administration Section: The Incident Command System Section responsible for all administrative and financial considerations surrounding an incident.

Function: The five major activities in the Incident Command System – Command, Operations, Planning, Logistics, and Finance/Administration. A sixth function, Intelligence/Investigations, may be established, if required, to meet incident management needs. The term function is also used when describing the activity involved (e.g., the planning function).

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. An Intelligence/Investigations Chief may be established, if required, to meet incident management needs.

Group: An organizational subdivision established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. See Division.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Base: The location at which primary Logistics functions for an incident are coordinated and administered. There is only one Base per incident. (Incident name or other designator will be added to the term Base.) The Incident Command Post may be co-located with the Incident Base.

Incident Command: The Incident Command System organizational element responsible for overall management of the incident and consisting of the Incident Commander (either single or unified command structure) and any assigned supporting staff.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Glossary of Terms (continued)

Incident Command Post (ICP): The field location where the primary functions are performed. The ICP may be co-located with the Incident Base or other incident facilities.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Management: The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity.

Incident Management Team (IMT): An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident. The level of training and experience of the IMT members, coupled with the identified formal response requirements and responsibilities of the IMT, are factors in determining “type,” or level, of IMT.

Incident Objectives: Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

Information Management: The collection, organization, and control over the structure, processing, and delivery of information from one or more sources and distribution to one or more audiences who have a stake in that information.

Integrated Planning System: A system designed to provide common processes for developing and integrating plans for the Federal Government to establish a comprehensive approach to national planning in accordance with the Homeland Security Management System as outlined in the National Strategy for Homeland Security.

Intelligence/Investigations: An organizational subset within ICS. Intelligence gathered within the Intelligence/Investigations function is information that either leads to the detection, prevention, apprehension, and prosecution of criminal activities or the individual(s) involved-including terrorist incidents or information that leads to determination of the cause of a given

incident (regardless of the source) such as public health events or fires with unknown origins. This is different from the normal operational and situational intelligence gathered and reported by the Planning Section.

Interoperability: Ability of systems, personnel, and equipment to provide and receive functionality, data, information and/or services to and from other systems, personnel, and equipment, between both public and private agencies, departments, and other organizations, in a manner enabling them to operate effectively together. Allows emergency management/response personnel and their affiliated organizations to communicate within and across agencies and jurisdictions via voice, data, or video-on-demand, in real time, when needed, and when authorized.

Job Aid: Checklist or other visual aid intended to ensure that specific steps of completing a task or assignment are accomplished.

Joint Field Office (JFO): The primary Federal incident management field structure. The JFO is a temporary Federal facility that provides a central location for the coordination of Federal, State, tribal, and local governments and private-sector and nongovernmental organizations with primary responsibility for response and recovery. The JFO structure is organized, staffed, and managed in a manner consistent with National Incident Management System principles. Although the JFO uses an Incident Command System structure, the JFO does not manage on-scene operations. Instead, the JFO focuses on providing support to on-scene efforts and conducting broader support operations that may extend beyond the incident site.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.

Joint Information System (JIS): A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, local boundary lines) or functional (e.g., law enforcement, public health).

Glossary of Terms (continued)

Jurisdictional Agency: The agency having jurisdiction and responsibility for a specific geographical area, or a mandated function.

Key Resource: Any publicly or privately controlled resource essential to the minimal operations of the economy and government.

Letter of Expectation: See Delegation of Authority.

Liaison: A form of communication for establishing and maintaining mutual understanding and cooperation.

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.

Local Government: Public entities responsible for the security and welfare of a designated area as established by law. A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native Village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Logistics: The process and procedure for providing resources and other services to support incident management.

Logistics Section: The Incident Command System Section responsible for providing facilities, services, and material support for the incident.

Management by Objectives: A management approach that involves a five-step process for achieving the incident goal. The Management by Objectives approach includes the following: establishing overarching incident objectives; developing strategies based on overarching incident objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable tactics or tasks for various incident-management functional activities and directing efforts to attain them, in support of defined strategies; and documenting results to measure performance and facilitate corrective action.

Manager: Individual within an Incident Command System organizational unit who is assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager).

Mitigation: Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

Mobilization: The process and procedures used by all organizations-Federal, State, tribal, and local-for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

Mobilization Guide: Reference document used by organizations outlining agreements, processes, and procedures used by all participating agencies/organizations for activating, assembling, and transporting resources.

Multiagency Coordination (MAC) Group: A group of administrators or executives, or their appointed representatives, who are typically authorized to commit agency resources and funds. A MAC Group can provide coordinated decision making and resource allocation among cooperating agencies, and may establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities. MAC Groups may also be known as multiagency committees, emergency management committees, or as otherwise defined by the Multiagency Coordination System.

Multiagency Coordination System (MACS): A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of a MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups.

Multijurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In the Incident Command System, these incidents will be managed under Unified Command.

Mutual Aid Agreement or Assistance Agreement: Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

National: Of a nationwide character, including the Federal, State, tribal, and local aspects of governance and policy.

National Essential Functions: A subset of government functions that are necessary to lead and sustain the Nation during a catastrophic emergency and that, therefore, must be supported through continuity of operations and continuity of government capabilities.

National Incident Management System: A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, 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 or property and harm to the environment.

Glossary of Terms (continued)

National Response Framework: A guide to how the Nation conducts all-hazards response.

Nongovernmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

Officer: The Incident Command System title for a person responsible for one of the Command Staff positions of Safety, Liaison, and Public Information.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12 to 24 hours.

Operations Section: The Incident Command System (ICS) Section responsible for all tactical incident operations and implementation of the Incident Action Plan. In ICS, the Operations Section normally includes subordinate Branches, Divisions, and/or Groups.

Organization: Any association or group of persons with like objectives. Examples include, but are not limited to, governmental departments and agencies, nongovernmental organizations, and the private sector.

Personal Responsibility: The obligation to be accountable for one's actions.

Personnel Accountability: The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that Incident Command System principles and processes are functional and that personnel are working within established incident management guidelines.

Plain Language: Communication that can be understood by the intended audience and meets the purpose of the communicator. For the purpose of the National Incident Management System, plain language is designed to eliminate or limit the use of codes and acronyms, as appropriate, during incident response involving more than a single agency.

Planned Event: A scheduled nonemergency activity (e.g., sporting event, concert, parade, etc.).

Planning Meeting: A meeting held as needed before and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan.

Planning Section: The Incident Command System Section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Portability: An approach that facilitates the interaction of systems that are normally distinct. Portability of radio technologies, protocols, and frequencies among emergency management/response personnel will allow for the successful and efficient integration, transport, and deployment of communications systems when necessary. Portability includes the standardized assignment of radio channels across jurisdictions, which allows responders to participate in an incident outside their jurisdiction and still use familiar equipment.

Pre-Positioned Resource: A resource moved to an area near the expected incident site in response to anticipated resource needs.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within the National Incident Management System, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.

Preparedness Organization: An organization that provides coordination for emergency management and incident response activities before a potential incident. These organizations range from groups of individuals to small committees to large standing organizations that represent a wide variety of committees, planning groups, and other organizations (e.g., Citizen Corps, Local Emergency Planning Committees, and Critical Infrastructure Sector Coordinating Councils).

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Primary Mission Essential Functions: Government functions that must be performed in order to support or implement the performance of National Essential Functions before, during, and in the aftermath of an emergency.

Glossary of Terms (continued)

Private Sector: Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

Protocol: A set of established guidelines for actions (which may be designated by individuals, teams, functions, or capabilities) under various specified conditions.

Public Information: Processes, procedures, and systems for communicating timely, accurate, and accessible information on an incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

Public Information Officer: A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

Publications Management: Subsystem that manages the development, publication control, publication supply, and distribution of National Incident Management System materials.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

Recovery Plan: A plan developed to restore an affected area or community.

Reimbursement: A mechanism to recoup funds expended for incident-specific activities.

Resource Management: A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.

Resource Tracking: A standardized, integrated process conducted prior to, during, and after an incident by all emergency management/response personnel and their associated organizations.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an Emergency Operations Center.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Retrograde: To return resources back to their original location.

Safety Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.

Section: The Incident Command System organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established)). The Section is organizationally situated between the Branch and the Incident Command.

Single Resource: An individual, a piece of equipment and its personnel complement, or a crew/team of individuals with an identified work supervisor that can be used on an incident.

Situation Report: Confirmed or verified information regarding the specific details relating to an incident.

Span of Control: The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. (Under the National Incident Management System, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5, or between 1:8 and 1:10 for many large-scale law enforcement operations.)

Special Needs Population: A population whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures, who have limited English proficiency, or who are non-English-speaking; or who are transportation disadvantaged.

Staging Area: Temporary location for available resources. A Staging Area can be any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

Glossary of Terms (continued)

Standard Operating Guidelines: A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure without loss of effectiveness.

Standard Operating Procedure: A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Status Report: Information specifically related to the status of resources (e.g., the availability or assignment of resources).

Strategy: The general plan or direction selected to accomplish incident objectives.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a leader.

Substate Region: A grouping of jurisdictions, counties, and/or localities within a State brought together for specified purposes (e.g., homeland security, education, public health), usually containing a governance structure.

Supervisor: The Incident Command System title for an individual responsible for a Division or Group.

Supporting Agency: An agency that provides support and/or resource assistance to another agency. See Assisting Agency.

Supporting Technology: Any technology that may be used to support the National Incident Management System, such as orthophoto mapping, remote automatic weather stations, infrared technology, or communications.

System: Any combination of facilities, equipment, personnel, processes, procedures, and communications integrated for a specific purpose.

Tactics: The deployment and directing of resources on an incident to accomplish the objectives designated by strategy.

Task Force: Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

Technical Specialist: Person with special skills that can be used anywhere within the Incident Command System organization. No minimum qualifications are prescribed, as technical specialists normally perform the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions.

Technology Standards: Conditions, guidelines, or characteristics that may be required to facilitate the interoperability and compatibility of major systems across jurisdictional, geographic, and functional lines.

Technology Support: Assistance that facilitates incident operations and sustains the research and development programs that underpin the long-term investment in the Nation's future incident management capabilities.

Terrorism: As defined in the Homeland Security Act of 2002, activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

Threat: Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

Tribal: Referring to any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Type: An Incident Command System resource classification that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size, power, capacity, or (in the case of Incident Management Teams) experience and qualifications.

Unified Approach: The integration of resource management, communications and information management, and command and management in order to form an effective system.

Unified Area Command: Version of command established when incidents under an Area Command are multijurisdictional. See Area Command.

Unified Command (UC): An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan.

Unit: The organizational element with functional responsibility for a specific incident planning, logistics, or finance/administration activity.

Glossary of Terms (continued)

Unit Leader: The individual in charge of managing Units within an Incident Command System (ICS) functional Section. The Unit can be staffed by a number of support personnel providing a wide range of services. Some of the support positions are pre-established within ICS (e.g., Base/Camp Manager), but many others will be assigned as technical specialists.

Unity of Command: An Incident Command System principle stating that each individual involved in incident operations will be assigned to only one supervisor.

Vital Records: The essential agency records that are needed to meet operational responsibilities under national security emergencies or other emergency or disaster conditions (emergency operating records), or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records).

Volunteer: For purposes of the National Incident Management System, any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.10

Additional Federal Emergency Preparedness Information

Emergency Management Assistance Compact (EMAC)

A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement.

<http://www.emacweb.org/>

Emergency Support Function (ESF)

A grouping of government and certain private-sector capabilities into an organizational structure to provide support, resources, and services. ESF 8 - Health and Medical Services is the principal ESF with which hospitals will coordinate activities.

Emergency Support Function (ESF) #8 — Health and Medical Services provide coordinated Federal assistance to supplement State and local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation. Assistance provided under ESF #8 is directed by the Department of Health and Human Services (HHS) through its executive agent, the Assistant Secretary for Health (ASH). Resources will be furnished when State and local resources are overwhelmed and public health and/or medical assistance is requested from the Federal Government.

<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf>

Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP)

ESAR-VHP is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations.

<http://www.phe.gov/esarvhp/Pages/default.aspx>

Homeland Security Presidential Directive-5 (HSPD-5)

A Presidential directive was issued February 28, 2003 on the subject of "Management of Domestic Incidents." The purpose is to *"enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system."*

http://www.dhs.gov/xabout/laws/gc_1214592333605.shtm

National Incident Management System (NIMS)

A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

<http://www.fema.gov/emergency/nims/>

National Response Framework

The National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response. The National Response Plan was replaced by the National Response Framework effective March 22, 2008. The National Response Framework defines the principles, roles, and structures that organize how the nation responds. The National Response Framework:

- Describes how communities, tribes, states, the federal government, private-sectors, and nongovernmental partners work together to coordinate national response;
- Describes specific authorities and best practices for managing incidents; and
- Builds upon the National Incident Management System (NIMS), which provides a consistent template for managing incidents.

<http://www.fema.gov/emergency/nrf/>

Project BioShield

On July 21, 2004, President George W. Bush signed the Project Bioshield Act of 2004 (Project Bioshield) into law as part of a broader strategy to defend America against the threat of weapons of mass destruction. The purpose of Project Bioshield is to accelerate the research, development, purchase, and availability of effective medical countermeasures against biological, chemical, radiological, and nuclear (CBRN) agents. The three aspects of Project BioShield aim to seamlessly integrate medical countermeasure acquisitions with overall U.S. Government preparedness and emergency response plans. Under Project BioShield, the U.S. Government seeks to make balanced acquisitions of the most urgently needed medical countermeasures, within the constraints of the budget.

<http://www.hhs.gov/aspr/barda/bioshield/index.html>

Public Health Emergency Medical Countermeasures Enterprises (PHEMCE)

The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) is a coordinated interagency effort by the Office of the Assistant Secretary for Preparedness and Response (ASPR) and includes three primary HHS internal agencies: the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the National Institutes of Health (NIH). The mission of the PHEMCE is to:

- Define and prioritize requirements for public health emergency medical countermeasures;
- Integrate and coordinate research, early- and late-stage product development, and procurement activities addressing the requirements; and
- Set deployment and use strategies for medical countermeasures held in the Strategic National Stockpile (SNS).
- The PHEMCE considers medical countermeasures to address CBRN, as well as naturally emerging infectious diseases and pandemic threats, including pandemic influenza.

<http://www.hhs.gov/aspr/barda/phemce/index.html>

Strategic National Stockpile (SNS)

In 1998, Congress appropriated funds for the CDC to acquire a pharmaceutical and vaccine stockpile to counter potential biological and chemical threats and threats from widespread diseases that could affect large numbers of persons in the civilian population. The program was originally called the National Pharmaceutical Stockpile (NPS) program, but it has since been extended to involve much more than just drugs. It contains antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and resupply state and local public health agencies in the event of a national emergency anywhere and at anytime within the United States or its territories.

<http://www.bt.cdc.gov/stockpile/>

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