

**DEPARTMENT OF
VETERANS AFFAIRS**

Memorandum

Date: January 17, 2007

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: National Incident Management System (NIMS) Compliance

To: VHA Emergency Management Program Officials and Manager

1. Within 120 days, all VHA medical facilities are required to ensure that their Comprehensive Emergency Management (CEM) programs are compliant with, and incorporate, the National Incident Management System (NIMS).

2. As background and since 1999, VHA has mandated the CEM approach (reference VHA Directive and Handbook 0320) for emergency management programs at all of its facilities. Guidance for program establishment, using a nine-step process, was published in 2002 and updated in 2005 in the "Emergency Management Program Guidebook." As described in the Guidebook, CEM programs address all hazards through four phases of activity: mitigation, preparedness, response and recovery. NIMS employs the Incident Command System (ICS), and several supporting systems, to manage the incident during the response and recovery phases under the "all hazards" approach. Under Homeland Security Presidential Directive 5, all Federal departments and agencies are now required to incorporate NIMS into their emergency operations plans and use it during exercises and actual operations.

3. On September 12, 2006, the Department of Homeland Security issued specific NIMS compliance requirements for U.S. hospitals. This is available at the following address:

http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf

4. In addition, a crosswalk that matches the 17 NIMS elements to the 9 steps for CEM program development, as found in Section 3 of the VHA Emergency Management Program Guidebook, is attached (see Attachment A).

National Incident Management System (NIMS) Compliance

5. It should also be noted that NIMS compliance elements include the completion of specific training. While no specific training requirements are mandated for VHA at this time, it is strongly recommended that individuals assigned to the VHA positions listed in Attachment B begin taking the required courses with a goal of completing the NIMS requirements before the end of FY 2007. A link to this web-based training is available through FEMA's independent study program at the following web address:

<http://www.training.fema.gov/EMIWeb/IS/crslist.asp>

6. The Emergency Management Strategic Healthcare Group (EMSHG), in collaboration with the Center for Engineering and Occupational Safety and Health (CEOSH) and the Employee Education System (EES), will provide technical guidance, education and implementation support.

7. Should you have any questions, please contact Pete Brewster, Director of Education and Training, EMSHG, at (304) 264-4807, or MaryAnn T. Bruno at (202) 273-5670.

William F. Feeley, MSW, FACHE

Attachments

Attachment A:

Crosswalk of National Incident Management System (NIMS) Compliance Requirements for U.S. Hospitals to the 2005 Emergency Management Program Guidebook

NIMS Element	EMP Guidebook CEM Program Step
1. Adoption of NIMS	1 - Emergency Management Committee. Include in local policy and documentation.
2. Incident Command System	2 - Emergency Operations Plan. Plan incorporates ICS structure, incident action planning and a common communications plan.
3. Multi-agency Coordination System	2 – Emergency Operations Plan. Plan incorporates an Emergency Operations Center (EOC) that has capabilities to coordinate with external agencies.
4. Public Information System	2 – Emergency Operations Plan. The ICS structure designates an individual responsible for public information and explains how information is coordinated with external agencies.
5. NIMS Implementation Tracking	1 – Emergency Management Committee. The organization tracks NIMS implementation on an annual basis.
6. Preparedness Funding	1 – Emergency Management Committee. Preparedness grants such as those from the HRSA Bioterrorism Preparedness Program, Urban Area Security Initiative or Metropolitan Medical Response System are accounted for.
	<i>VHA Regional Counsel must review grant applications.</i>
7. Revise and Update Plans	2 – Emergency Operations Plan, and 4 – Standard Operating Procedures. Pre-plans incorporate ICS.
8. Mutual-aid Agreements	6 – External Coordination. Sharing agreements are developed with community partners.
	<i>VHA Regional Counsel must review sharing agreements.</i>
9. IS-700, NIMS Training Course	7 – Provide Education and Training to Staff. Training records track completion of IS-700 of staff who have been designated an <u>Agency Executive or ICS Command or General Staff</u> position. See Attachment B.

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| 10. | IS-800, National Response Plan | 7 – Provide Education and Training to Staff.
Training records track completion of IS-800 of staff who have been designated an <u>Agency Executive or ICS Command or General Staff</u> position. See Attachment B. |
| 11. | ICS 100, Introduction to ICS
ICS, 200, Basic ICS | 7 – Provide Education and Training to Staff.
Training records track completion of ICS 100 and 200 for Healthcare of staff who have been designated an <u>ICS Command and General Staff position.</u> See Attachment B. |
| 12. | Training and Exercises | 7 – Provide Education and Training to Staff.
8 – Implement Plans in Exercises.
Training and exercise documentation reflect use of ICS. |
| 13. | All-Hazard Exercise Program | 7 – Provide Education and Training to Staff.
8 – Implement Plans in Exercises.
Training and exercise documentation reflects how the organization participates in training and exercises with external entities. |
| 14. | Corrective Actions | 9 – Conduct On-going Reviews and Corrective Actions.
The organization’s documentation reflects a corrective action process. |
| 15. | Response Inventory | 1 – Emergency Management Committee.
The organization maintains an inventory of resources that may be necessary in emergencies. |
| 16. | Resource Acquisition | 1 – Emergency Management Committee.
The organization purchases response equipment, communications and data systems that are interoperable with external agencies. |
| 17. | Standard and Consistent Terminology | 1 – Emergency Management Committee.
Emphasize use of plain English by staff during emergencies in local policy and documentation. |
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Attachment B
Recommended Staff Designations for Incident Command System (ICS) Positions

VHA Central Office

Agency Executive

USH or DUSHOM

Command Staff:

Incident Mgmt. Team Commander	Director, Network Support or Senior HSS
Safety Officer	Director, Safety and Technical Programs
Public Information Officer	Director, Public Affairs
Liaison Officer	Director, Emergency Management

General Staff:

Operations Section Chief	Senior HSS or EMSHG Staff
Plans Section Chief	Senior HSS or EMSHG Staff
Logistics Section Chief	Senior HSS or EMSHG Staff
Finance/Administration Section Chief	Senior HSS or EMSHG Staff

VISN Offices

Agency Executive

VISN Director

Command Staff:

Incident Mgmt. Team Commander	Deputy Network Director
Safety Officer	VISN Safety Officer
Public Information Officer	VISN Public Affairs
Liaison Officer	VISN EM or EMSHG AEM

General Staff:

Operations Section Chief	Chief Operating Officer
Plans Section Chief	VISN EM or EMSHG AEM
Logistics Section Chief	Chief Logistics Officer
Finance/Administration Section Chief	Chief Fiscal Officer

VA Facilities

Agency Executive

Facility Director

Command Staff:

Incident Mgmt. Team Commander	Associate Director or Chief of Staff
Safety Officer	Safety Officer
Public Information Officer	Public Affairs Officer
Liaison Officer	Emergency Preparedness Coordinator

General Staff:

Operations Section	Senior Clinical Staff
Health and Medical Group	Senior Administrative Staff or Chief, IT
Business Continuity Group	Chief, Engineering/Facility Management
Equipment, Plant & Utilities Group	Chief, Police/Security or Safety Officer
Safety & Security Group	Emergency Preparedness Coordinator
Plans Section Chief	Chief, AM&M
Logistics Section Chief	Chief, Fiscal or Business Operations
Finance/Administrative Section Chief	