

HEICS & NIMS: Where Do We Go?

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ABSTRACT

Presidential Directives HSPD-5 & HSPD-8 have made the use of the National Incident Management System a requirement for government agencies receiving Homeland Security monies. How will this impact those hospitals who have – and those who have not – adopted the HEICS system? In this paper, the two systems will be compared, and the integration of the two explained. Further, as discussed in this report, if your organization is currently using HEICS, the need to train select personnel from your organization in the NIMS may be the only issue you may be confronted with.

INTRODUCTION

On February 8, 200, President Bush issued Homeland Security Presidential Directive 5, whereby it became a mandate that all federal agencies and all other agencies receiving federal funds for homeland security were required to adopt the National Incident Management System by 2005. This required these agencies to adopt the system, integrate it into existing disaster and emergency plans, and to train their command personnel on the system. A more recent directive, HSPD-8, reinforces this requirement, and makes the adoption of NIMS a requirement for almost all federal emergency planning, training, and preparedness funding. Fire departments, for example, that desire to apply for grants under the FEMA “FIRES” program must be able to show proof of compliance before they receive their funds. This has left thousands of people scrambling to provide this training, and to adopt the system.

Recently, a question has been raised as to how these directives impact hospitals. Do hospitals that receive federal funds (either directly or indirectly) need to abandon the HEICS system and convert to the NIMS, or can they continue

to use HEICS? The remainder of this report will explain the differences and commonalities of the two systems, how HEICS integrates into NIMS, and what hospitals need to do to insure they are compliant, while maintaining a system they already should understand.

WHAT IS NIMS?

The National Incident Management system is not entirely new. It was created, in part, from a system of integrated management, the National Interagency Incident Management System, that has been used for many years, and which itself evolved out of what was the first attempt to create a systematic and defined Incident Management System, FIRESCOPE¹. FIRESCOPE was developed in California for use in providing a coordinated command system to manage wildfires and forest fires, as these fires may cover hundreds of square miles, and use thousands of personnel and other

¹ FIRESCOPE (Firefighting RESources of California Organized for Potential Emergencies) is a cooperative effort involving all agencies with fire fighting responsibilities in California.

resources, making command and control quite a challenge.

NIMS differs in that it is not incident specific, as was FIREScope, and it is a national system rather than developed for one state. The Incident Command part of NIMS is designed to apply to all agencies, regardless of the type. While fire departments have been using an Incident Command System for ten years or more, police, public works, public health, and emergency management agencies have not had a single, universally accepted system, and in some cases, no ICS system at all. NIMS is intended to be:

- Applicable across the full range of emergencies, regardless of the extent, nature, or complexity.
- Be universal in its application to all disciplines.
- Provide a structure that is standardized, providing common terminology and structure.
- Improve the coordination and cooperation between public and private sector agencies in managing disasters and emergencies.
- Establish a “Unified Command” - a singular point of command and control to oversee all incident related activities.
- Establish integrated and interoperable communications systems.
- Manage information and resources.
- Insure that both personnel and equipment meet pre-established standards for training and interoperability.

It is important to understand that NIMS is not intended to be a system that languishes on a shelf until needed – it is a dynamic, on-going process. Parts of the NIMS system are active

prior to an emergency. NIMS actually has six different components:

- Command and management.
- Preparedness.
- Resource management.
- Communications and information management.
- Supporting technologies.
- Ongoing management and maintenance.

The one most persons are focused on is the “Command and Management” portion, and it is only this section that some believe is what NIMS is. The other parts of the NIMS system are currently being implemented, and, over time, may actually prove to be the greatest benefit of the NIMS system. For example, under the “Resource Management” section, NIMS will be identifying existing equipment and supplies, and will be establishing standards for all items needed in a disaster. This is to insure that equipment and supplies are interchangeable and interoperable. In addition, personnel will need to meet standards for training, experience, and physical/mental fitness, also to insure that they are capable of performing the tasks they assigned. Communications systems are another major issue that is to be addressed. Insuring that all agencies involved in a major emergency can communicate with each other using common language and communications equipment, rather than multiple radios on multiple frequencies.

APPLICATION

It is in the application that the differences become more apparent and valuable. The table below delineates the differences in the two systems in terms of applicability:

Issue	HEICS	NIMS
Nature of incident	Internal; affects the hospital itself; generally does not impact others outside the hospital.	Large-scale, area-wide. Incidents that impact the area or region.
Agencies involved	Hospital staff and resources; outside agencies only as support.	Multiple local, state, and federal agencies; multiple disciplines.
Incident Commander	Hospital administrator or designee.	Local, state, or federal authority depending on nature of incident.
Position Staffing	Hospital staff	Regional, local, state, federal personnel or a combination of all.
Implementation	At hospital's discretion; may be implemented in advance of the occurrence.	Local or state discretion; federal mandate in incidents involving federal agencies such as terrorism; may also be implemented in advance of the incident or activity.
Positions to be Staffed	As needed and as staff available	As needed; supplemental staffing through inter-agency agreements and mandates.
Hospital Administrator	Incident Commander	Assigned to Medical Unit of the Logistics Section
Example of Incident	Power failure; water loss; staff strike.	Severe weather (hurricane, tornado); earthquake; terrorist attack; large-scale epidemic.

The bottom line is that NIMS is applicable to the *external environment*, HEICS manages the *internal environment*. HEICS integrates into NIMS at the Unit Level, the Joint Incident Command at the NIMS level does not care (well, not entirely true) how you are managing the incident at the agency level, as long as you are employing some type of incident command system that is compatible with NIMS. The overall Joint Incident Command will be managing the “big picture” while overseeing the total operational plan for the incident.

HEICS & NIMS: CONSISTENCIES

There are great consistencies between the two system, especially at the upper command levels. Figure 1 is from the federal NIMS documentation. If one compares it to the HEICS system, the positions are exactly the same, although arranged differently, which is of no consequence as the position on the chart does not imply any difference in authority – all positions on the same level have equal authority. The addition of administrative functions to the finance is merely a clarification, and not a change in the

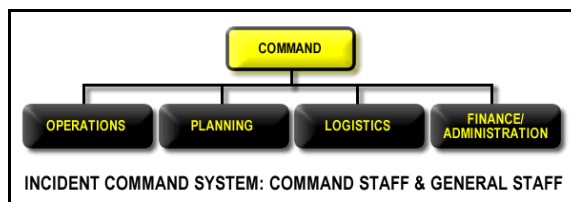


Figure 1

responsibilities of that section. This is shown in the next set of graphics - Figure 2 is from the federal NIMS document, Figure 3 from the HEICS system. Both Finance Sections are identical in makeup and positions, and perform the same functions, but on different scales.

INTEGRATION

The major issue for hospitals is understanding how and where they would integrate into a NIMS organization in the event of a major incident. When an event occurs there is an initial response by the different agencies involved, and as a part of this response each will establish its own Incident Command structure, whether police, fire, or medical. As the scope of the incident become too much to manage with simple area commands, authorities will either come together, and upon arrival of state or federal assistance, a Joint Incident Command center will be established using the NIMS system if this has not already been done by the local authorities. All local agencies, including hospitals, will be involved. In an incident that involves many hospitals, a single medical director may be part of the Joint Incident Command, representing all of the hospitals. If the event were strictly a medical issue, such as an epidemic, personnel from several hospitals might be included. The issue is to create a Unified Command – one that manages the incident and the necessary resources for the benefit of all, to insure that needed supplies are distributed based on actual need, and to

insure that individual needs are filled. One of the concerns that is often expressed is that individual organizations will lose their “right”

to manage their own people and facility; that Unified Command strips their authority and autonomy. This is not the case. In fact, a better term might be “Unifying Command”, as the intent and purpose is to bring together all players, from all disciplines, and insure that everyone is working

for the common purpose. Hospital administration can understand how, in the event of a large-scale epidemic supplies could be hoarded or otherwise diverted to the larger hospitals and population centers, leaving the small, rural hospital without resources. Under the NIMS system, each hospital would have to justify their needs, and would be allocated needed supplies based on actual – not perceived – need. Rural and small medical facilities would receive the same consideration as large, urban facilities.

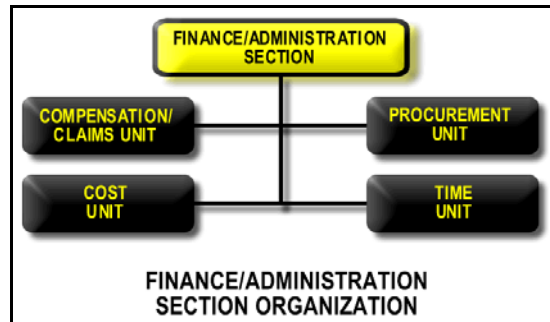


Figure 2

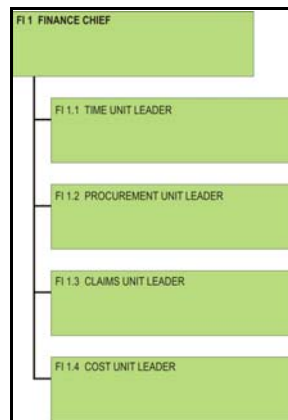


Figure 3

WHAT DO WE DO?

One of the questions that has been raised is whether hospitals need to abandon HEICS and adopt the NIMS ICS. Actually, there is nothing to adopt; NIMS does not have a single incident command model that must be followed. The requirement is that you have an Incident Command System in place, and that whatever ICS plan you are going to use, it must be able to integrate into NIMS ICS. Based on the structure of HEICS, this system should meet these requirements easily.

Further the following is taken directly from the federal NIMS Handbook, as an explanation of the need to operate under a standardized set of ICS procedures, organization, and doctrine:

“... Incident Commanders generally retain the flexibility to modify procedures or organizational structure to align as necessary with the operating characteristics of their specific jurisdictions or to accomplish the mission in the context of a particular hazard scenario.”

Interpreting this statement in the context of HEICS would indicate that using HEICS is consistent with the NIMS concepts and principles; HEICS is simply a “jurisdictional” specific ICS.

STEPS TO TAKE

There are, however, some steps hospitals should be taking now.

First, if you have not already done so, **adopt HEICS and train on using the system.** If you train on and understand this Incident Command System, you and your staff will have no difficulty in understanding and integrating into NIMS. You should make certain that the HEICS system is integrated into and a part of your overall emergency and disaster plan.

Second, once you are familiar with HEICS, **obtain training on NIMS.** Start by identifying persons within the organization who are expected to fill roles in the upper level (through the Unit Leader position) of the HEICS system. Next, obtain training for these persons on the NIMS program. This can be accomplished by having them enroll in the Federal Emergency Management Agency –

National Emergency Training Center course “IS700: National Incident Management System (NIMS), An Introduction.” This is a free course that is available on-line, and upon completion provides the participant with a certificate of completion. Another way is to host a mini-seminar on the subject, or conduct a full-scale NIMS training program.

Third, **have a copy of the NIMS document available for reference.** This document may be obtained at no cost by downloading from the NIMSON-Line web site listed in the resource section.

Fourth, **use the HEICS system on a regular basis.** This includes drills and exercises, but should also include implementing to manage non-emergencies. If your hospital or organization plans and manages a health fair, race, or walk, or any large event, implement the HEICS management system and use the system to oversee the activities. HEICS may also be implemented in a preemptive manner whenever a severe weather watch is issued for your area.

Finally, **be certain your emergency management personnel are involved in local planning for emergencies and disasters.** You may otherwise be shocked to find out what role your agency is expected to play in a real event.

WHAT’S NEXT?

NIMS will continue to develop, and all agencies, not just hospitals, will find they are becoming more integrated into the system. As described above, NIMS is not just another incident command system intended to add more administration to an incident; NIMS is intended to be a “cradle to grave” operation, managing national resources to effectively respond to a major disaster, and to insure that

resources are fully maximized. It is likely that supplies and material may bear logos indicating they are “NIMS compliant”; you may find that training standards for your personnel have been evaluated to insure they are also compliant; and your staff may be evaluated to determine if they meet federal standards. The best recommendation we can make is that you provide training, meet with regional groups, including agencies outside the hospital, and become involved in local and regional planning and preparedness.

RESOURCES

There are two web-sites that I have found that are dedicated to NIMS. One is a comprehensive resource, including a discussion forum; the other is the FEMA NIMS website.

NIMS On-Line

www.nimsonline.com

NOTE: NIMSONline.com *IS NOT* an official service of FEMA it is a free service of EMAC International “an All Hazards Consulting and Training Company.” It is, however, an excellent resource for locating NIMS documents, and finding up-to-date information on NIMS.

The National Incident Management System (NIMS) Integration Center

www.fema.gov/nims/nims.shtm

This *IS* the “official” FEMA NIMS site; while it has access to a lot of documents, it does not appear to be updated on a frequent basis.

DISCLAIMER

The information and opinions expressed in this paper are based upon the best available information at the time of writing. FireWorks Consulting accepts no liability for any omissions or deletions, or for inaccurate or incomplete

information. Hospitals are strongly urged to utilize their own resources to determine their needs in regard to compliance. The information presented is for general guidance only. Hospitals and agencies wishing more comprehensive information or individualized training on HEICS and/or NIMS should contact:

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