

NIMS Implementation Compliance Matrix

NIMS ELEMENT	INTERPRETATION	IMPLEMENTATION STRATEGY	MEASURE OF SUCCESS
1. Adopt NIMS at the organizational level for all departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners, and suppliers.	Facility Leadership must understand that in order to receive federal funding (including grants, reimbursement following a disaster, etc.) they must comply not just in theory but in practice. The Organization must comply.	Policy, plan and procedural change. Training.	Facility has identified a NIMS implementation coordinator. The coordinator works with the Network EM staff to adapt NIMS implementation template to individual facility and develop a specific timeline for NIMS activities. (The coordinator tracks the progress of NIMS implementation as well as technical assistance to each department in thier implementation.)
2. Manage all emergency incidents and pre-planned events (recurring/special events) in accordance with ICS organizational structures, doctrines, and procedures as defined in NIMS. ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.	Each facility must continue to manage all incidents with the system's hospital Emergency Incident Command System.	Full deployment of the crisis management software E Team.	Each facility leadership team must adhere to annual mandatory incident Commander Development training. Each site EP Coordinator and NIMS Coordinator must attend E-Team training. Full deployment of E-Team in exercise and actual events.
3. Coordinate and support emergency incident and event management through the development and use of integrated multi-agency coordination systems. That is, develop and coordinate connectivity capability with Hospital EOC and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs), and the state EOC as applicable.	Each facility must participate in regional coordinated planning with other Healthcare and first response partners to ensure emergency resources of the health and medical community.	Participate in regional MACC planning, exercise development, cooperative, establishment of MOU's and mutual aid planning, alternate care site development, and a strategy for resource sharing.	The facility is an active participant in a MACG and has identified staff that would respond and support the MACC when activated.
4. Implement processes and/or plans to communicate timely, accurate information including through a Joint Information System and Joint Information Center.	Include the Public Relations staff in information distribution and ensure that PR staff has met locally with the law enforcement, public health, fire, EMS, and OEM public information staff.	Organization has procedures and processes to gather, coordinate and disseminate information. The facility has educated their PR staff in the facility crisis communication strategy. The facility has educated their staff on the importance of the Employee Alert Dashboard on Health Port.	Facility Public Relations staff have trained and exercised with local PIO from response partners. The EAD has been utilized during exercises and real scenarios to provide real time accurate information to staff.
5. Health care organizations will track NIMS implementation on a yearly basis as part of the organization's emergency management program.	The site NIMS Coordinator will be responsible for updating site Leadership and the Network EM staff of annual progress.	Each facility will give a progress report monthly at site specific Performance Improvement Coordinating Group meetings and quarterly at the system Emergency Preparedness meetings.	NIMS Coordinator reports as scheduled on site implementation. Each facility meets the September 30th implementation time frame.
6. Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.	The facility must work with the Network EM grant staff to appropriately identify and allocate grant funds to ensure NIMS compliance.	Each facility has specific deliverables that correlate to grant budgets. These budgets should continuously be coordinated with the Network EM grant staff to ensure appropriate funding has been allocated for NIMS activities.	The facility is complying with deliverables for NIMS compliance.
7. Revise and update plans and SOPs to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective action.	Facility has to update its current EOP to reflect current NIMS principles.	The Network EM staff has developed an assessment tool to review each site's specific EOP for NIMS, JCAHO 2008, and NSLIJHS standards	The site EP and NIMS Coordinator have met with the network EM staff and a site EOP assessment has been completed and shared with site leadership.
8. Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and non-governmental organizations.	In conjunction with regional MACC planning, each facility will work with the Network EM staff to execute memorandums of support, mutual aid planning and alternate care site agreements.	Participate in regional MACC planning, exercise development, cooperative, establishment of MOU's and mutual aid planning, alternate care site development, and a strategy for resource sharing.	Facility has signed agreements in place that are reviewed annually.

9. Complete IS-700: NIMS: An Introduction.	Each site will identify employees that would be in essential ICS leadership positions and ensure their competency in NIMS.	Each site NIMS Coordinator will work with the Network EM training staff to coordinate class attendance through PeopleWare. Each NIMS Coordinator will ensure that all certificates of completion are centrally tracked and any online training certificates are copied and uploaded into PeopleWare.	Site NIMS Coordinator tracks compliance through monthly PeopleWare reports.
10. Complete IS-800: NRP: An Introduction.	Each site will identify employees that would be in essential ICS leadership positions and ensure their competency in the National Response Plan.	Each site NIMS Coordinator will work with the Network EM training staff to coordinate class attendance through PeopleWare. Each NIMS Coordinator will ensure that all certificates of completion are centrally tracked and any online training certificates are copied and uploaded into PeopleWare.	Site NIMS Coordinator tracks compliance through monthly PeopleWare reports.
11. Complete ICS 100 and ICS 200 training.	Each site will identify employees that would be in essential ICS leadership positions and ensure their competency in the Incident Command System.	Each site NIMS Coordinator will work with the Network EM training staff to coordinate class attendance through PeopleWare. Each NIMS Coordinator will ensure that all certificates of completion are centrally tracked and any online training certificates are copied and uploaded into PeopleWare.	Site NIMS Coordinator tracks compliance through monthly PeopleWare reports. As a minimum, each site EP and NIMS Coordinator must also attend ICS 300.
12. Incorporate NIMS/ICS into internal and external, local and regional emergency management training and exercises.	Each facility must participate in regionally coordinated exercises which test the ability of all healthcare and first response agencies to work together.	Participate in regional MACC planning, exercise development, cooperative, establishment of MOU's and mutual aid planning, alternate care site development, and a strategy for resource sharing.	The facility tests the lines of communication and information sharing amongst all partners in a regional exercise and real life events. The facility participates in the after action report development and corrective action plan.
13. Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines, multiple agencies and organizations.	Based on the collective hazard vulnerability of the region, each facility must participate in a coordinated exercise which tests the ability of all healthcare and first response agencies to work together.	Participate in regional MACC planning, exercise development, cooperative, establishment of MOU's and mutual aid planning, alternate care site development, and a strategy for resource sharing.	The facility tests the lines of communication and information sharing amongst all partners in a regional exercise and real life events. The facility participates in the after action report development and corrective action plan.
14. Incorporate corrective actions into preparedness and response plans and procedures.	Each facility must incorporate traditional performance improvement activities into emergency management programs.	The facility integrates the Public Safety Cycle of Performance Improvement in their after action reporting.	Each site EP and NIMS Coordinator report regularly on the corrective action plans developed from lessons learned from both exercises and real events.
15. Maintain an inventory of organizational response assets.	Maintain an inventory of assets that can assist your facility in mitigation, response or recovery.	Each facility EP Coordinator can access the electronic inventory management tool in E-Team to assist in the identification, location and allocation of resources which typed using the FEMA resource typing standards.	Each facility is able to identify available resources, track resources, and know which resources need to be requested from the appropriate vendor.
16. To the extent possible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.	Purchases are standardized throughout the Network for the sole purpose of interoperability.	All communications, hazardous materials equipment, PPE, and biomedical technology purchased should be coordinated with Network EM staff for pricing benefits and standardization.	Each facility has equipment that is purchased in conjunction with Network EM staff and Network Materials Management staff that is standardized.
17. Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.	All voice and data communication should use plain language.	Each facility's plans, ICS table of organization, after action reporting and communication training will comply with NIMS common language standards.	Each facility ensures that communication is an element that is frequently tested and evaluated in exercises and real events.