

Memorandum

May 26, 2006

TO: Hospital Administrators, State and Local Emergency Managers and Public Health Directors:

FR: Albert H Fluman, Acting Director, NIMS Integration Center, DHS/FEMA  
CDR Melissa Sanders, Branch Chief, Bioterrorism Hospital Preparedness, HRSA, HHS

We recognize that there has been growing confusion over the NIMS compliance requirements placed upon hospitals and other healthcare facilities. This was unintended and we are writing now to try providing definitive clarification on the issue.

We applaud local and state government efforts to be compliant with the original 2004 NIMS compliance guidance by the September 2006 deadline. That guidance and the deadline are not being altered. It is important to note that hospitals and healthcare facilities are not government agencies and were not included in the original compliance expectation. However, because hospitals are partners in planning for and responding to emergency situations, compliance guidance is appropriate and necessary to insure optimum integration and preparedness.

To date, compliance requirements for hospitals and other healthcare facilities have not yet been promulgated by the NIMS Integration Center. A draft NIMS Compliance Expectations for Hospitals has been devised and is in the final stages of approval. Once approved over the next 45 days, the new NIMS Compliance for Hospital Guidance will be widely disseminated via several strategies including publication in the FY 2006 HRSA Guidance. The information will also be emailed to appropriate national organizations such as the American Hospital Association, the Joint Commission for Healthcare Organizations, the International Association of Emergency Managers, the National Association of City and County Health Officials and the Association of State and Territorial Health Officials. It will also be posted on the NIC web page.

We recognize that clear, concise and cost-effective federal guidance on this matter is imperative for the hospitals, emergency managers and public health officials. It is anticipated the pending guidance will provide needed direction that will advance individual hospital and healthcare preparedness while at the same time better insure these efforts are effectively integrated into the overall community planning effort.

NIMS compliance activities for hospitals will be phased in over the next 2 years; compliance with the first set of activities outlined in the HRSA National Bioterrorism Hospital Preparedness Program guidance will be September 30, 2007.

It is our intention that this information and the pending guidance about to be released will alleviate the misinformation and misunderstandings that have regrettably arisen. We also hope that rather than each state imposing their own NIMS compliance requirements on the hospital and health care community the new guidance should be reviewed and used as a means of establishing a nationwide template to enable Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and

recover from domestic incidents, regardless of cause, size, or complexity.

We thank you for your understanding and look forward to our continued work together on these issues.

Sincerely,

Albert H Fluman  
Acting Director  
NIMS Integration Center  
Federal Emergency Management Agency  
Department of Homeland Security

CDR Melissa Sanders  
Branch Chief  
Bioterrorism Hospital Preparedness  
HRSA  
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