

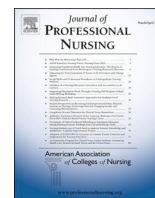


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Implementing the National Incident Management System at schools of nursing in response to COVID-19[☆]

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ABSTRACT

Unprecedented financial and logistical barriers in educating nurses during COVID-19 have threatened nursing education. The purpose of this article is to provide a template to facilitate the maintenance and stability of teaching and learning in a pandemic environment for nursing school administration and faculty leaders. The National Incident Management System (NIMS), previously used in training nurses for emergency preparation and response, has been applied as a guiding framework. The framework consists of five elements: Preparedness, Communication/Information Management, Resource Management, Command and Ongoing Management/Maintenance. This paper addresses how schools of nursing may apply each of these elements to address both the needs of the institution and community. The Comprehensive Vulnerability Management paradigm is further offered as a lens for professional development. Free preparedness education is showcased from leading nursing and healthcare professional and government organizations. Finally, the Quality and Safety Education for Nurses competencies are used for integrating NIMS and social dimensions of disaster. Such tools may equip academic leaders at schools of nursing to surmount challenges posed by the pandemic, and to ensure educational readiness to respond to global health crisis through use of the NIMS framework.

Introduction

In its recent State of the World's Nursing report, the World Health Organization advocated for a systematic global investment in nursing education to offset an increasingly alarming shortage of nurses ([World Health Organization \[WHO\], 2020a](#)). This shortage, attributed in part to insufficient faculty to instruct qualified students, preceded the COVID-19 pandemic ([Snively, 2016](#)). Yet the unprecedented financial and logistical barriers to preparing nurses during COVID-19 have further threatened nursing education.

In healthcare sciences such as nursing, programs have been challenged by the inability to conduct face-to-face instruction and provide clinical hours ([Veenema et al., 2020](#)). In addition, the COVID-19 pandemic has resulted in radical changes to education delivery. Social distancing requirements have prompted many nursing schools to transition to remote learning, leading many programs to alter requirements and faculty to modify their didactic techniques ([de Tantillo & Christopher, 2020](#)). Administration and faculty leaders may also face increased pressures resulting from professional responsibilities related to COVID-

19. At the same time, institutions of higher education throughout the United States are experiencing financial instability and cutbacks. Nevertheless, the staggering human toll of the pandemic has demonstrated the ongoing need for nurse education.

Purpose

Nursing schools are vital institutions tasked with establishing new paths of sustainability and growth if they are to thrive. In response to COVID-19 and its effects on nursing education, it is essential to support nursing schools to prepare competent nurses and advanced practice providers to ensure health care systems globally can respond to the current global emergency and future health needs. The purpose of this article is to provide a template to guide academic leaders to maintain stability of teaching and learning in response to disasters such as the COVID-19 pandemic.

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Methods

The National Incident Management System (NIMS) has been used as a conceptual framework in this paper (U.S. Department of Homeland Security, 2008). The NIMS was developed in 2004 to coordinate response to disasters and critical incidents. After Hurricane Katrina, NIMS was revised and updated in 2008 by the Federal Emergency Management Agency (n.d.). In 2008 the U.S. Department of Education and the U.S. Department of Homeland Security also published NIMS recommendations specific to higher education, which was used as an additional guide to supplement the evaluation of the framework.

NIMS strategies have previously been used in training nurses and other health care professionals for emergency preparation and management (Farra, Smith, & Bashaw, 2016). In academic nursing, the NIMS framework has previously been applied to the implementation of medical relief missions in rural Haiti (Ortega, González, Sloane, Snowden, & de Tantillo, 2017). More recently, the NIMS framework has been utilized in response to the COVID-19 crisis to the triage and management of patients at an academic health clinic (Schmidt, 2020).

As shown in Fig. 1, the NIMS framework has five components: *Preparedness, Communication/Information Management, Resource Management, Command* and *Ongoing Management/Maintenance*. Recommendations for each component have been used to address challenges nursing schools may be presented in the pandemic and post pandemic environment. The authors conducted extensive searches of peer reviewed literature regarding best practices and evidence-based guidelines recommended for nursing educators in response to disaster preparedness, emergency management, and the COVID-19 pandemic, and have integrated these guidelines into the paper (American Association of Colleges of Nursing, 2020; American Nurses Association, 2020; National League for Nursing, 2020).

Results

Preparedness

The NIMS framework emphasizes the component of preparedness to ensure coordination in event of a crisis. Although many academic institutions had coordinated emergency plans prior to the COVID-19 pandemic, these may have been designed to respond to other types of disasters. It is vital that nursing schools remain equipped to respond to the needs of faculty and students, even as these needs shift over time.

Nursing faculty can promote student well-being by fostering a community of caring that provides psychological support in an uncertain time (Christopher, de Tantillo, & Watson, 2020). Another crucial objective should be to prioritize the mental health and well-being of both academic leaders and faculty. It is critical to be sensitive to the individual mental health needs that may develop during this time, including depression, anxiety, grief, and post-traumatic stress disorder. According to the WHO (2020b), leaders of health-related facilities should partner colleagues with one another to provide mutual support. It is especially important that all members of the community be prepared to identify and respond quickly to warning signs of distress or self-harm.

Another aspect of preparation is to maintain a unified leadership structure as conditions change in response to social distancing, for example abrupt cancellations of events and rites of passage in the nursing school community. As changes are made in response to the pandemic, it is essential to maintain continuity of learning, for example by integrating virtual clinical experiences into the curriculum (Fogg et al., 2020). Individuals within the organization, both faculty and students, should be appointed to assist in specific roles in response to the crisis, and back-ups should be designated to support key leaders in case of illness or another emergency. Because preparation should be considered a continuing effort, these components must be evaluated and revised on a regular basis. In addition, key roles should be reexamined and adjusted as necessary to meet ongoing needs of the nursing school, faculty, and students.

As a consequence of the COVID-19 pandemic, nursing schools have been compelled to make decisions regarding risk management. Specifically, critical determinations have been made regarding student participation in clinical settings and implementation of research and evidence-based projects that have in the past been required for graduation, including doctoral (PhD, DNP, or EdD), MSN, and BSN degrees. The NIMS framework may be used to establish a standard protocol to evaluate whether programs and projects provide demonstrable benefits and can mitigate potential risks while ensuring safety for all involved. In accordance with the Code of Ethics (American Nurses Association [ANA], 2015) to promote nursing students' commitment to social justice through field experience, settings and projects that address health disparities among underserved populations should receive priority.

Communication/Information Management

This component of the NIMS framework focuses on communication

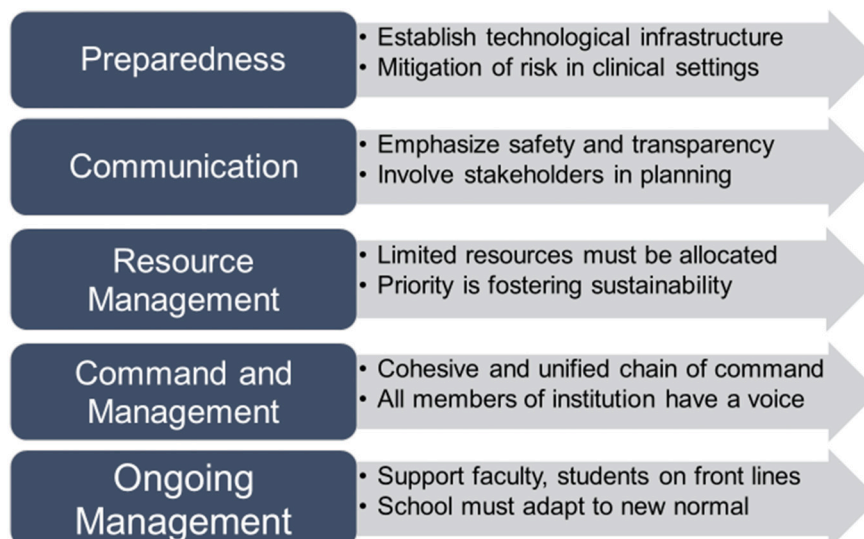


Fig. 1. The NIMS structure. (Adapted from U.S. Department of Homeland Security, 2008)

and information systems during a time of crisis, with an emphasis on reliability and portability. The physical distancing imposed as a result of the pandemic increases the importance preserving a constant flow of communication among administrators, faculty, and students. According to the NIMS framework, it is imperative that reliable information be distributed by academic leaders via regular debriefings. As a result of social distancing, this debriefing is likely to take place electronically. All venues of communication, including email, remote learning platforms, and other systems should be leveraged to ensure all students and faculty are included and receive a common operating picture.

One important principle in utilizing the NIMS model for communication is the concept of redundancy. Key information, such as deadlines and important contacts, should be shared and emphasized with stakeholders on a repeated basis. A reliable location where such information is posted and readily verifiable, such a continuously updated website, can ensure all team members remain up to date. In addition, administrators must continuously verify the interoperability of communication processes and programs.

The communication component of the NIMS is also vital for fostering a spirit of cohesion and camaraderie within the nursing school community. Nurturing a spirit of openness and safety for all must be a priority demonstrated at all levels of the nursing school. Although regular interaction has been moved to new formats, communication can be used to ensure no one feels left out or marginalized in the quickly changing environment. Keeping the lines of communication open is especially important when leaders must relay unwelcome news. To build trust, a crucial principle is transparency in disseminating critical information to stakeholders as soon as it is established (Gusting, Hanfling, Hanson, Stroud, & Altevogt, 2009). In addition, status reports should be provided in plain language with consistent terminology, avoiding technical jargon and unfamiliar acronyms.

According to the NIMS framework, information security measures should be rigorously emphasized. The pandemic environment has been correlated with increased reports of Zoombombing, which may involve electronic hate speech (Lorenz & Alba, 2020). All members of the nursing school community should be reminded to continue practicing safety and vigilance online, including using strong passwords, reporting suspicious messages, and refraining from opening unexpected attachments.

Resource Management

In the NIMS framework, resource management involves acquisition, tracking, and mobilization of personnel, equipment, or supplies. As a result of the pandemic, administrators of nursing schools may face limited and changing resources. These may include faculty resources, as nursing faculty may be unavailable to teach classes as scheduled. For example, contingency plans should be made if administrators or faculty who serve as reservists in the armed forces are mobilized to active service (U.S. Army Reserve Command, 2020; Lamothe, 2020). Administration should also plan for the possibility of faculty members who become unable to teach due to illness.

The financial resources of institutions of higher education nationwide have been in peril since the onset of the COVID-19 pandemic. In response, numerous universities have resorted to furloughs and/or layoffs of administrators, faculty, and support personnel (Whitford, 2020). At affected nursing schools, those in leadership positions may apply the NIMS framework to evaluate the management resources required to sustain operations. Administrators could be required to make difficult decisions to allocate limited funds, and it may not be possible to fund all faculty requests. Although difficult, the priority is preserving sustainability of the nursing school so that students may continue and ultimately complete their education.

As a consequence of COVID-19 and social distancing protocols, technology resources have become especially relevant. Nursing school academic leaders have varying levels of knowledge and comfort with

technology and remote learning, and some may need assistance managing multiple platforms necessary to adapt to the remote teaching environment. One crucial aspect of resource management is to ensure that those who need additional training are provided access to opportunities to build skills and establish self-efficacy for remote education. These individuals would benefit from receiving additional training and educational resources from expert faculty identified as Super Users (de Tantillo & Christopher, 2020). In addition, it is essential to verify required technological infrastructure remains operational and that leaders and faculty are both equipped to use it appropriately. Remote learning systems and videoconferencing equipment must be regularly checked and certified as needed.

Command

The Command component of the NIMS entails the incident management structure. While each nursing school has an established organizational structure preceding the COVID-19 pandemic, during a period of crisis it is essential that decisions are managed through a cohesive and unified chain of command. Specifically, all faculty at an institution should know to whom they can report questions or problems and how to receive assistance if needed. An effective operations structure is needed to coordinate preparation, information, and distribution of resources. Most critically, the incident command structure must continuously work to identify and address any structural inequities in its organization and endeavor to ensure all members of the nursing school community have a voice.

An example for implementing the NIMS structure in a School of Nursing is shown in Fig. 2. The Dean of Nursing is responsible as the incident commander. There is likely to be an associate dean (or vice dean) that reports directly to the Dean. These leaders collaborate closely with other key stakeholders from their institution, including the health center, student inclusion center, information technology, and academic support services. Administrators may function as the incident command, with a direct line of oversight to different programs, such as undergraduate and graduate. They will oversee individual program directors, who generally administer specific degree granting cohorts. Program directors would in turn be responsible for managing faculty leads within their respective departments. For example, faculty leads may be dedicated to focus on areas such as simulation, research, and informatics.

Ongoing Management/Maintenance

The key principles of the management and maintenance component are interoperability and compatibility. As the consequences of the pandemic continue to affect the nursing community, administration should prepare the school to adapt to a new normal. Nursing academic leaders are recommended to contemplate how new or revised directives and policies could affect students and enrollment, especially for those who may also be experiencing concurrent financial hardships. Students working as nurses may have lost tuition reimbursement from health care facilities or other benefits that allowed them to pursue their degrees, or they may rely on support from family members experiencing unemployment. There may be unanticipated changes in student performance or retention. If needed, special measures may be established by academic leaders to make certain ongoing matriculation is feasible and that all students who are currently enrolled are able to graduate on schedule.

The COVID-19 pandemic also has the potential to cause ongoing disruption to expected teaching schedules. Nursing schools have a duty to be prepared to support nursing faculty and administrators with off campus responsibilities that arise as a result of COVID-19. For example, faculty members who also practice clinically may be asked to work on the front lines of the pandemic. It is imperative that faculty who serve in a clinical position also practice self-care (ANA, 2017), and that schools of nursing promote the health and well-being of those who serve in this dual role. Specifically, support for faculty experiencing secondary

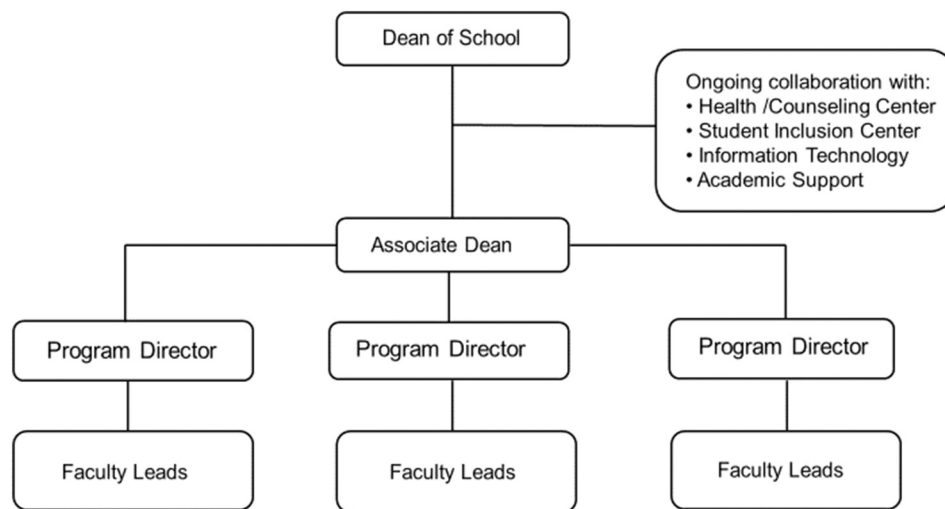


Fig. 2. Proposed NIMS Incident Management Structure.
(Adapted from U.S. Department of Homeland Security, 2008)

traumatic stress should be made available and its accessibility publicized. The American Psychiatric Nurses Association (APNA, 2020) provides a host of resources for managing stress, coping with moral distress, mindfulness, self-compassion, and suicide or disaster distress hotlines that may be posted for faculty. Additionally, the APNA eLearning Center has continuing education that may be provided to faculty for free, such as the mindfulness in the workplace practical application course by Peters and Ciurzynski (2017).

Faculty with expertise to serve at the community level may be recruited to serve as members of state or local task forces and civic organizations. Individuals with specific skills or knowledge may be called upon to educate the public and help lead the community disaster response (Spain, Clements, DeRanieri, & Holt, 2012). Those who provide service to non-governmental efforts such as the Red Cross, Medical Reserve Corps, or other international, national, or community groups should receive the necessary support from the school to help as needed. Nursing schools serve a unique role at the intersection of education and health care, with responsibility both toward the students they seek to educate and the communities where students will deliver care after graduation. The ANA Code of Ethics (2015) emphasizes the responsibility of nurse educators to foster students' commitments to professional and civic values. Thus, faculty and administration in leadership roles during COVID-19 or other health emergencies uphold the core ethics of nursing by serving as part of the disaster response.

Professional development and continuing education

It is recommended that nursing and other interprofessional university administrators and leaders receive ongoing NIMS and other emergency management training to safeguard the university's emergency management plan and faculty readiness for disaster response (Farra et al., 2016). The Comprehensive Vulnerability Management (CVM) paradigm proposed by McEntire (2020) provides further insight into additional training that may be needed specifically for pandemic emergencies. The CVM paradigm includes the identification of liabilities and capabilities, reduction of risk and susceptibility, and raising resistance and resilience. McEntire used the CVM to evaluate the 2014 response to Ebola in Dallas, Texas, to examine lessons learned and implications for new skills, such as spontaneous planning and improvisation in unfolding emergencies, situational awareness, mental models, and contingency planning for emerging circumstances that may not be in the emergency management plan or included in annual readiness training.

To this aim, the Emergency Management Institute (EMI, 2020) provides a host of online, self-paced distance learning courses at no cost. At the conclusion of the selected courses, learners may choose to receive a certificate of completion, continuing education credit, or college course credit. This curriculum addresses the four phases of the disaster cycle: 1) mitigation, 2) preparedness and technology, 3) response and recovery, and 4) integrated emergency management. The preparedness and technology phase includes pre-requisite, foundational courses needed by both administrators and faculty. These consist of an introduction to the Incident Command System, ICS-100 (ICS-100.c) and the basic Incident Command System for initial response (ICS-200.c). Courses that provide further context and foundational knowledge include an introduction to the National Incident Command Management System (ICS-700.b) and the National Response Framework (ICS-800.d).

Additional EMI courses are available for nursing administrators for different levels of organizational structure, experience, and competency. Essential competencies developed in the curriculum include emergency planning, decision-making and problem solving, developing and maintaining volunteers, fundamentals of emergency management, an introduction to exercises, effective communication, emergency planning for campus executives, and multi-hazard emergency management for higher education. Two courses of particular relevance during the COVID-19 crisis include an introduction to continuity of operations planning for pandemic influenzas and exercising continuity plans for pandemics. See Fig. 3 for course numbers and details of recommended trainings.

The National Center for Disaster Medicine and Public Health (NCDMPH, 2018) also provides a free eight-hour, online disaster health core curriculum with applicability to both faculty and nursing administrators. Eleven core competencies are incorporated (Walsh et al., 2012). The first focuses on personal and family preparedness, which is key in reducing stress when responding to disaster or pandemic crisis. Further, competencies centered on personal safety, situational awareness, and role in the response are provided as preparatory foundational knowledge. Next surge capacity, public health principles, and clinical management principles are developed to support operationalizing the response. Key ethical and legal principles are explored to frame the response through a lens of social justice. Finally, essential short- and long-term considerations for recovery are provided. Continuing education hours are available from the American Nurses Credentialing Center's Commission on Accreditation.

Additionally, the American Association of Colleges of Nursing (2020), the National League for Nursing (2020), and the National

Recommended NIMS trainings:

For Faculty

- ICS-100: Introduction to the Incident Command System
- ICS-200: ICS for Single Resources and Initial Action Incidents
- ICS-700: NIMS, An Introduction
- ICS-800.B: National Response Framework, An Introduction

Additional Training for Administration and Leadership

- ICS-300 Intermediate Incident Command System
- ICS-400 Advanced Incident Command System

A full listing of courses may be found on the FEMA Emergency Management Institute's website (<https://training.fema.gov/nims/>). All courses are available online and may be completed individually. Learners receive will receive a certificate upon completion.

Fig. 3. Recommended NIMS training for nursing administrators and faculty (U.S. Department of Education, 2008).

Council of State Boards of Nursing's International Center for Regulatory Scholarship (ICRS) (2020) have developed robust website coronavirus resources for nursing educators and professionals. The websites include complimentary COVID-19 webinars, self-paced courses, and upcoming and on-demand training. Included within the resources is a host of tools focused on diversity, equity, and inclusion during the pandemic, and suggestions for faculty to help students transition back to the classroom and inclusive teaching strategies.

The COVID-19 pandemic is unfolding in a dynamic, global social context, and Drabek's (1996) instructor's guide for the social dimensions of disaster may be used as a guiding framework for ongoing professional development. Despite being written more than 20 years ago, this resource has direct applicability in the present crisis and may also be used to develop courses offered to students and for faculty development. For contemporary insights, Drabek's (2013) more recent work into the human side of disaster adds interviews and scenarios from historical disaster events that explore the long-term effects of disaster and significant issues involved in disaster recovery.

Drabek's framework may be extended further through academic-clinical partnerships and collaborative professional development offerings using the Quality and Safety Education for Nurses (QSEN) competencies. The six QSEN (2020) competency areas for pre-licensure and graduate nursing include 1) patient-centered care; 2) teamwork and collaboration; 3) evidence-based practice; 4) quality improvement; 5) informatics; and 6) safety. Each competency is comprised of essential definitions and sets of knowledge, skills, and attitudes. The QSEN competencies provide a common language and structure in which to develop professional development. As noted by Chenot and Christopher (2019), QSEN competencies bridge the gap between academic preparation and clinical practice. Through use of academic-clinical partnerships, Chenot and Christopher noted that both nursing faculty and clinical educators self-reported the need for ongoing competency development. Thus, academic-clinical partnerships provide a collaborative context for NIMS related competency development and pedagogy, which are especially relevant during times of limited clinical training. The QSEN Academic-Clinical Partner Competency Assessment Questionnaire (ACPCAQ) may be used for pre- and post-assessment and ongoing monitoring of growth and development of knowledge, skills and attitudes critical for promoting an environment of quality and safety (Chenot & Christopher, 2019). The six-item, single factor instrument is a self-reported competency rating on a five-point scale (1 = Novice to 5 = Expert) for each of the six QSEN competencies and takes less than 5 min to complete. The instrument has reported construct and content validity, and excellent reliability (Cronbach's alpha coefficient = 0.93).

Discussion

One of the core principles of the NIMS is its flexibility, designed to adapt to any type of disaster situation. When a crisis evolves, nursing education must respond to meet the needs of those affiliated with the institution and the broader community. While implementing the NIMS may be helpful, the details of the future remain unknown. Each situation is unique and there may be limitations to the specific recommendations asserted in this paper that require further use of nursing judgment (de Tantillo & De Santis, 2019). The other principle, described as standardization, suggests that adopting the NIMS framework, including its language and structures, can foster a sense of cohesion and unity of purpose. This strength should be leveraged by nursing schools for continued success implementing their educational programs in a rapidly transforming environment.

Conclusions

The aftermath of the COVID-19 pandemic and the ongoing humanitarian crisis in the U.S. has underscored the importance of educating future nursing professionals. In the coming years, preparing registered and advanced practice nurses for continued readiness to respond to disasters, such as the global COVID-19 pandemic, will be essential in maintaining the stability of teaching and learning. Despite the many health, financial, physical, and social barriers posed by the current pandemic, nursing schools will need to persist in their commitment to seamless education and ongoing professional development. The structure of NIMS framework can be an effective tool in preserving and safeguarding the infrastructure of nursing education.

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