

**HSE Guidance for NIMS to include Access and Control**

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# 1.0 Policy Statement

As stated in the HSE Access Control Policy, the Health Service Executive (HSE) is legally required under the *Irish Data Protection Act 1988, 2003 & 2018* to ensure the security and confidentiality of the information it processes on behalf of its clients, patients and employees.

The HSE is committed to the correct use and management of access controls throughout the organization. Insufficient access controls or unmanaged access to information could lead to the unauthorized disclosure or theft of this information, fraud and possible litigation.

In line with this requirement, this policy sets out the arrangements for specified and appropriate access to the National Incident Management System (NIMS) in order to meet the HSE’s governance requirements and so that all confidentiality and data protection requirements for a national information management system are adhered to.

# 2.0 Purpose

The purpose of this policy is to outline the processes for arranging and controlling access to NIMS by HSE staff and funded agencies and for managing requests for changes and enhancements to NIMS e.g. functionality changes and/or changes to location structures maintained on NIMS.

# 3.0 Scope

This guideline applies to all employees of the HSE and all agencies funded by the HSE including Section 38 and Section 39 service arrangements.

# Legislation/ Other Related Policies

To support the implementation of this guideline, please refer to the following Policies, Procedures and Guidelines, and any subsequent revisions of these documents:

* Data Protection Acts 1988, 2003 and 2018
* HSE Access Control Policy (2013)

# 5.0 Glossary of Terms and Definitions

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Authorisation / Authorised: | Official HSE approval and permission to perform a particular task. |
| Change request | A request made by a NIMS user to make a change to the functionality of NIMS. |
| HSE NIMS  Information Owner | The HSE individual responsible for the management of a HSE directorate or service (HSE National Director or equivalent). |
| Information | Any data that is capable of being processed or has already been processed. |
| Individual user access accounts | The individual account established and used by NIMS users to access NIMS. |
| Line Manager | The individual a user reports directly to. |
| NIMS | National Incident Management System; a confidential highly secure web based system. NIMS is an end to end risk management tool that will assist the HSE and HSE funded services (where appropriate) to manage incidents throughout the incident lifecycle in line with HSE Incident Management Framework and to identify emerging trends whilst also fulfilling the legal requirement to report incidents to the State Claims Agency. |
| NIMS Access Request Form | The Request Form that must be completed and submitted to the HSE Information Owner for authorisation to access NIMS. |
| NIMS System Administrator | The individual(s) charged with the day to day management of NIMS. Also includes personnel who have been authorised to create and manage user accounts and passwords on these applications and systems. |
| Release Notes | A document outlining the changes to the NIMS system following an approved change request. |
| QRS | Office of Quality, Risk and Safety |
| Senior Manager (Grade 8 or above) | HSE Manager with responsibility for ensuring that appropriate systems and processes are in place for individual user(s) access to and use of NIMS and NIMS data within a service or organisation. |
| SCA | State Claims Agency |
| User | Any authorized individual using NIMS. |
| NIRF | National Incident Report Form |

# Responsibilities

## Responsibilities of all HSE Employees

* + 1. It is the role and responsibility of all HSE employees (including staff of those services funded by the HSE) to be aware of and implement the requirements of this policy in relation to allocating and maintaining access to the NIMS.
  1. **Responsibility of designated HSE NIMS Information Owner (or appropriate designate)**
     1. It is the responsibility of the HSE NIMS Information Owner or his/her designate to:
* Have clear processes in place in relation to:
  + - allocating and controlling access rights to NIMS and
    - allocation of appropriate levels of access to NIMS to staff.
* Have final authorisation of all NIMS Access requests.
  1. **Policy**

## HSE NIMS Information Owner

* + 1. The HSE must have a designated NIMS Information Owner who has overall responsibility for managing, authorising and controlling access to the NIMS system for staff in HSE and HSE funded services.
    2. The HSE NIMS Information Owner must hold a position within the HSE at National Director Level (or equivalent) and he/she must be responsible for the authorisation of NIMS Access Requests, and for maintaining a record of all requests for access to NIMS (NIMS Access Requests).
    3. Alternatively the NIMS Information Owner may nominate a member(s) of their management team who will have the authority to authorise requests for access to NIMS on their behalf. Nominees in this regard must be at Grade 7 level (or equivalent) or higher.

## Allocation of Access to NIMS for staff:

* + 1. Access to NIMS must be strictly controlled by a formal request, registration and de- registration process.
    2. Access to NIMS must be controlled by the use of individual user access accounts.
    3. Senior Managers will be responsible for approving access requests made and specifying the required levelsof access for staff in their area requesting access to NIMS.
    4. A list of Senior Managers will be maintained and updated as necessary by the NIMS Information Owner
    5. Access rights and privileges to NIMS must be allocated based on the specific requirement of a user’s role/function rather than on their grading or status.
    6. The criteria used for granting access privileges to NIMS must be based on the principle of “least privilege” i.e. authorised users will only be granted a level of access to NIMS which is necessary for them to carry out the responsibilities of their role or function.
    7. There will be an agreed process in place for facilitating access to NIMS which must be adhered to i.e.
       - The relevant Line Manager must sign off on the access request on behalf of a new user.
       - The completed NIMS Access Request Form is then submitted to the relevant Senior Manager who will:
         * confirm that access is required
         * confirm the level of access required
         * approve the request for access
       - The Access Request Form must clearly indicate if the individual is requesting new access or making a change to current access.
       - The completed NIMS Access Request Form will then be sent to the NIMS System Administrator via [NIMS@hse.ie](mailto:NIMS@hse.ie)
       - The NIMS System Adminstrator will forward to the NIMS Information Owner for authorisation.
       - The NIMS System Administrator will link directly with the person who submitted the form, (who must then liaise with the relevant line/senior manager) as necessary in order to confirm any details outlined on NIMS Access Request Form.
       - On receipt, the NIMS System Administrator will forward the form to the SCA, who will in turn create a new user account.

## NIMS Training

In order to be set up as a user on NIMS, the requestor must complete NIMS Incident Entry training available at [www.hseland.ie](http://www.hseland.ie/). Staff must first register on HSE Land. The NIMS Incident entry module can be located via searching the Learning Catalogue.

## NIMS Proposed Enhancement / Change Request Process

It is recognised that over time at HSE National and service level, requirements will be identified by NIMS Users to change and enhance the functionality of the system.

It is considered that there will be two types of change requests.

* + 1. Requests that relate to changes to location structure(s) i.e. as buildings/sites are added or deleted.
    2. Requests that relate to changes that are considered to be required to enhance or improve the system.

This procedure sets out the processes for managing such requests.

## Requests for changes to Location Structure

The process for making and managing such requests will be informed by meetings between the SCA and the HSE.

* + 1. Location change requests may be made by completing the NIMS Location form (Appendix 3) and submitting to the Systems Adminisrator via email.
    2. On receipt of the location change request, the System Administrator will forward to the relevant QPS Lead for authorisation.
    3. Upon approval, the Systems Administrator will forward the approved location form request to the SCA ([nimshelpdesk@ntma.ie](mailto:nimshelpdesk@ntma.ie)) for implementation.

## Request for Functionality Change

### Requests for functionality changes to NIMS must be submitted to, considered and agreed by the NIMS Project Team and Steering Committee where appropriate.

The process for making and managing such requests is as follows:

* + 1. NIMS Change Request Form (Appendix 4) must be completed by the service that is making the request or the designated NIMS User on behalf of the service.
    2. This form must be sent to the relevant Senior Manager.
    3. The Senior Manager must seek and include any additional information related to the change being requested if necessary before signing off and sending the completed Form to [NIMS@hse.ie](mailto:NIMS@hse.ie)
    4. On receipt of the completed Form, the NIMS Administrator will issue an acknowledgement and will advise the Senior Manager that the request will be forwarded to the NIMS Project Team for consideration.
    5. Change requests received will be collated and reviewed by the NIMS Project Team and Steering Committee (where appropriate) throughout the year and in line with the urgency of the change requested. The NIMS Project Team and Steering Committee will consider the request and communicate the changes required to the SCA. The NIMS Project Team may recommend actions to include:
       1. Change request to be submitted to SCA for implementation as soon as is possible.
       2. Change request to be collated with other requests received and implemented at later date.
       3. Rejection of change request.
    6. In the event that the decision involves a change to NIMS and/or the NIRF as soon as is possible, it will be the responsibility of the Project Team to ensure that the change request is sent to the SCA.
    7. Any agreed changes to the NIMS System will be communicated to Users via Release Notes.
    8. The decision regarding the requested change will be communicated back to the NIMS Administrator, the requestor will then be advised of the decision via the NIMS Administrator. Decisions will also be noted in the minutes of the relevant Steering Committee meeting.

## Dealing with ICT Connectivity Issues

The SCA and HSE ICT have agreed on a process for any NIMS connectivity issues that might arise, the process is as follows:

* + 1. User would link with their local ICT to resolve
    2. If still an issue ICT would notify [nims@hse.ie](mailto:nims@hse.ie)
    3. Information to be sent to ICT which may resolve any connectivity issues. Can be sent by service or [nims@hse.ie](mailto:nims@hse.ie) (Appendix 5)
    4. If still an issue this is highlighted to SCA helpdesk (Phone: 01 2384240 Email: [NIMShelpdesk@ntma.ie](mailto:NIMShelpdesk@ntma.ie)

## Account De-Registration

* + 1. Deregistration of user accounts from NIMS are to be made to the Systems Administrator submitting the suspend/remove access form via email to [NIMS@hse.ie](mailto:NIMS@hse.ie)**.**
    2. Accounts which have remained inactive for 90 days will be de-activated.
    3. Annually, the database of existing user line/liaison/senior managers is being updated; on completion correspondence will be sent out in relation to the HSE NIMS Access and Control policy and the responsibilities of these managers regarding validation of their NIMS user lists.

## Data Protection and Confidentiality requirements

* + 1. Data Protection and Confidentiality requirements must be adhered to at all times in the implementation and day to day accessing of NIMS
    2. Only those HSE employees with access privileges may access NIMS

7.9.3 Those staff with access to NIMS must only be allocated the necessary levels of access in order to fulfill the responsibilities of their role and function

# 8.0 Implementation Plan

This policy will be implemented through the following channels:

* + 1. Uploading of policy on to the Quality Assurance and Verification section on the HSE website
    2. Email notification issued to all line/senior managers of new NIMS users

# Review and Audit

* + 1. This guideline will be reviewed at least on a yearly basis or sooner if indicated.
    2. The implementation of this guideline will be assessed by QAV QRS through an annual audit and validation process i.e.
       - Audit of the number of current NIMS users and numbers of corresponding Access Request Forms
       - Annual validation of current NIMS user list.

# 10.0 References

Refer to Section 4.0 of this Guideline.

# Appendices

* Declaration of NIMS Information Owner
* NIMS Access Request Form
* Location Form
* NIMS Change Request Form
* Information for ICT which may resolve any connectivity issues
* Suspend/Remove access form

# Appendix 1: Declaration of NIMS Information Owner

### NIMS HSE Information Owner

Designated information owner is responsible for:

* + - The implementation of this policy and all other relevant policies within the HSE service they manage;
    - The ownership, management, control and security of the information processed by their service on behalf of the HSE;
    - The ownership, management, control and security of NIMS used by their service to process information on behalf of the HSE;
    - Maintaining a list of HSE information systems and applications which are managed and controlled by their service.
    - Making sure adequate procedures are implemented within their service, so as to ensure all HSE employees, third parties and others that report to them are made aware of, and are instructed to comply with this policy and all other relevant policies;
    - Making sure adequate procedures are implemented within their service to ensure compliance of this policy and all other relevant policies;
    - Ensuring adequate backup procedures are in place for the information system they are responsible for;
    - Ensuring all access requests are evaluated based on the approved criteria;
    - Sponsoring and approving third party access requests (locally or remotely) to the HSE information system they are responsible for;
    - Designating system administrator(s) for the information system they are responsible for;

|  |  |
| --- | --- |
| Date | Date |

 

**Appendix 2: HSE NIMS USER SET UP REQUEST FORM (Incident Module)**

This form is to request A) access to the NIMS and B) make amendments to current access on NIMS. (Please submit one completed form per access request, by email to [NIMS@hse.ie](mailto:NIMS@hse.ie) ) **Incomplete forms will be returned to sender**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A** | | | | | | | | | | | | | | | | | | | | |
| **Access Requestor’s Name** | | |  | | | | | | | **Job Title** | | |  | | | | | | | |
| **Access Requestor’s Division and Service** | | |  | | | | | | | **Address** | | |  | | | | | | | |
| **Phone** | | |  | | | | | | | **Email Address** | | |  | | | | | | | |
| **Date NIMS Incident Training Completed:**  \*This training is mandatory in order to be granted access to NIMS 1 | | | | | | | | | | | | | | | | | |  | | |
| **Briefly describe the reason for access/location request:** | | | | | | | | | |  | | | | | | | | | | |
| **Is this access request form for a new user or do you wish to make changes to your current access:** | | | If new user, proceed to Section B | | | | | | | | | | | | | | | | | |
| **or** | | | | | | | | | | | | | | | | | |
| If you are an existing user and wish to make a change to your current access/location rights, please list the changes you would like to make and proceed to section C | | | | | | | | | |  | | | | | | | |
| **Section B** | | | | | | | | | | | | | | | | | | | | |
| **Access request is for NIMS information for the following areas:** | | | | | | | | | | | | | | | | | | | | |
| **Service:** | HG | | | | |  | CHO | | | |  | NAS |  |  | | |  | National | |  |
| **Division:** | Acute Services | | | | |  | Mental Health | | | |  | Social Care  l Car  e | | | | |  | Primary Care | |  |
| NAS | | | | |  | Health and Well Being  eing | | | | | |  | National Corporate Services  orpor  ate Services | | | | | |  |
| **Clearly, list locations you require access to:** |  | | | | | | | | | | | | | | | | | | | |
| **Section C** | | | | | | | | | | | | | | | | | | | | |
| **I (to be confirmed by line manager/senior manager) require this user to (choose 1 option only)** | | | | | | | | | | | | | | | | | | | | |
| **Input, Edit & Report –** Access to input incidents, edit and reporting rights. | | | | | | | | | | | | | | | | | | |  | |
| **View Only –** Access to view & report but no access to input or edit. | | | | | | | | | | | | | | | | | | |  | |
| **I require this user to have access to incidents involving:** | | | | | | | | | | | | | | | | | | | | |
| Service Users/Patients | |  | | Staff Members | | | |  | Members of the Public | | | | | |  | | Crash / Collision | |  | |
| Dangerous Occurrences | |  | | Property Damage | | | |  |
| **Authorisation:** | | | | | | | | | | | | | | | | | | | | |
| Line Manager Job Title: | | |  | | | | | | Signature & Date: | | | | | | |  | | | | |
| Line Manager Phone: | | |  | | | | | | Line Manager Email: | | | | | | |  | | | | |
| **Senior Manager Details (Grade VIIor above)** | | | | | | | | | | | | | | | | | | | | |
| Senior Manager Job Title: | | | |  | | |  | | Signature & Date: | | | | | | |  | | | | |
| Senior Manager Phone: | | | |  | | |  | | Senior Manager Email: | | | | | | |  | | | | |
| ***FOR HSE NIMS HELPDESK OFFICE USE ONLY*** | | | | | | | | | | | | | | | | | | | | |
| Designated Information Owner: | | | | |  | | | | Signature & Date: | | | | | | |  | | | | |

1 **NIMS Incident Entry training is available at** [**www.hseland.ie.**](http://www.hseland.ie/) **Staff must first register on HSE Land. The NIMS Incident entry module can be located via searching the Learning Catalo**

**Appendix 3: NIMS Location Form**



**NIMS Location Form**

**Please tick where applicable:**

**Request to add a location**

**Request to change location name**

**Request to deactivate a location**

(New incidents cannot be logged against it but will remain

available for selection in reports)

**Name and address of current location to be amended or deactivated (if applicable)**

Full Location Address

CHO/HG Location

Location Name/Name of Building/Hospital Name

Street 1

Street 2

City

County

**New Location to be added**

**Healthcare**

**Level A** Healthcare

**Level B**  HSE

Voluntary Agency

Section 38

**Level C** **Hospital Group**

Group 1 - RCSI (Dublin North East)

Group 2 - Dublin Midlands

Group 3 - Ireland East

Group 4 - South/South West

Group 5 - Saolta (West/North West)

Group 6 - University of Limerick

Group 7 - Children’s HG

**Community Healthcare Organisations** – **Please circle County**

Area 1 – Donegal/Sligo/Leitrim/West Cavan/Cavan/Monaghan

Area 2 – Galway/Roscommon/Mayo

Area 3 – Clare/Limerick/North Tipperary/East Limerick

Area 4 – Kerry/Cork

Area 5 – South Tipperary/Carlow/Kilkenny/Waterford/Wexford

Area 6 – Wicklow/Dun Laoghaire/Dublin South East

Area 7 – Kildare/West Wicklow/Dublin West/Dublin South City/Dublin South West

Area 8 – Laois/Offaly/Longford/Westmeath/Louth/Meath

Area 9 – Dublin North/Dublin North Central/Dublin North West

**HSE Offices**

**National Support Services**

**Level D & E** **Full Location Address**

Location Name/Name of Building/Hospital Name

Street 1

Street 2

City

County

**Level F** Department

(eg. A&E Dept., Outpatient Dept., Dental Clinic, First Floor, Second Floor. etc)

**Level G**  Ward Name/Location Name

(e.g. St Bridget’s Ward, St Joseph’s Ward, Kitchen, Canteen, Office Number. etc)

**Authorisation:**

**Senior Manager Details**

|  |  |
| --- | --- |
| **Name & Grade/Position** |  |
| **Email Address** |  |
| **Signature & Date** |  |

**QPS Lead Details**

|  |  |
| --- | --- |
| **Name & Position** |  |

**Appendix 4: NIMS Change Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref:** |  |  |  |
| Requested by: |  | | |
| Division & Service |  | | |

|  |  |
| --- | --- |
| Prepared by: |  |
| Date: |  |
| Contact email: |  |
| Contact Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANCE | | SUPPORTING DOCUMENTATION | | STATUS | | | |
| (Please tick) | | (If applicable) | |  | | | |
| CRITICAL |  | Attachment |  | REQUESTED |  | | |
| USEFUL |  |  | | ACCEPTED |  |  |  |
| MINOR |  | (If Yes please quote User Ref No. above on any attachment) | | ACTIVE |  | | |
| APPLIED |  | | |

Description of proposed Amendment/Enhancement:

Action taken:

Comments:

Senior Manager Details:

|  |  |
| --- | --- |
| Name, Position, Date: |  |
| Email & Telephone Number: |  |
| Senior Manager Signature: |  |

# Appendix 5: Information for ICT which may resolve any connectivity issues

The State Claims Agency have confirmed that once your Local Network has a connection to the Government VPN and your G-VPN Firewall has entries to allow access for your users to [https://www.nims.ie](https://www.nims.ie/) (169.254.202.88), then you should be able to browse OK to this website

(Note that if your network had access to legacy State Claims Agency service, Stars, then you almost certainly have a G-VPN connection)

If you’re G-VPN and firewall rules are in place, and you still can’t connect, please ask your Local ICT Dept to ensure 169.254.202.88 is included as a Proxy Exception in Browser settings on user(s) pc.

Following that and if you still cannot connect to the NIMS system please contact [NIMS@hse.ie](mailto:NIMS@hse.ie) and we will endeavor to resolve.

Please also note that the NIMS hosted services are completely different services from [http://stateclaims.ie](http://stateclaims.ie/)

NIMS hosted services are restricted to being accessed by Public Service Agencies over Services VPN of G-VPN, whereas [http://stateclaims.ie](http://stateclaims.ie/) is accessible to everyone over the internet

**Appendix 6: Suspend/Remove Access Request Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For ICT use only** | | | | | | | |
| Service Desk Call Reference Number | | | | | | | |
|  |  |  |  |  |  |  |  |



**Suspend/Remove Access Request Form**

This form is used to request the deletion or suspension of a user access account or, the removal of user access account privileges. The form must be completed (Block Capitals) by line managers on behalf of their staff and forwarded to the designated system administrator and/or ICT Directorate.

|  |  |  |
| --- | --- | --- |
| **User Details** | | |
| Name: | Personnel Number: | Telephone / Ext. no: |
| Grade / Job Title: | Location: | Directorate: |
| Email Address: | | |

|  |
| --- |
| **Section 1. Delete User Account** (Complete this section if the user is leaving the HSE permanently) |
| HSE Network Domain Name / System Name: |
| Logon Username: |
| Deletion Date: |

|  |
| --- |
| **Section 2. Suspend User Account** (Complete this section if the user is going on career break, maternity leave etc ) |
| HSE Network Domain Name / System Name: |
| Logon Username: |
| Suspension Date: |
| Reason for Suspension: |

|  |
| --- |
| **Section 3. Removal of User Account Privileges**  (Complete this section when you wish to remove a users access privileges that they no longer require, for example when their role changes or they transfer to another HSE department.) |
| HSE Network Domain Name / System Name: |
| Logon Username: |
| Remove The Following Access Privileges: |
| Removal Date: |
| Reason for Removal: |

|  |  |
| --- | --- |
| **Line Manager Authorisation** | |
| Line Manager Name : | Signature: |
| Grade / Job Title: | Telephone / Ext. no: |
| Email Address: | Date: |

**Incomplete forms will be returned to sender**