

Appendix H HICS Forms

Form #	Form Title
200	Incident Action Plan (IAP) Cover Sheet
IAP Quick Start	Incident Action Plan (IAP) Quick Start
<u>201</u>	Incident Briefing
202	Incident Objectives
203	Organization Assignment List
204	Assignment List
<u>205A</u>	Communications List
206	Staff Medical Plan
<u>207</u>	Hospital Incident Management Team (HIMT) Chart
<u>213</u>	General Message Form
<u>214</u>	Activity Log
<u>215A</u>	Incident Action Plan (IAP) Safety Analysis
<u>221</u>	Demobilization Check-Out
<u>251</u>	Facility System Status Report
<u>252</u>	Section Personnel Timesheet
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255	Master Patient Evacuation Tracking
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Form #	Form Title
257	Resource Accounting Record
<u>258</u>	Hospital Resource Directory
<u>259</u>	Hospital Casualty/Fatality Report
<u>260</u>	Patient Evacuation Tracking

HICS 200 - INCIDENT	ACTION PLAN	(IAP) CO	OVER SHEET
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1. Incident Name	2. Operational Period (#)
	DATE: FROM:	TO:
	TIME: FROM:	TO:
3. Attachments The items checked beloware included in this Incider	I Action Plan (IAP)	
Incident Action Plan (IAP) Quick Start		
or		
HICS 201 - Incident Briefing		
HICS 202 - Incident Objectives		
HICS 203 - Organization Assignment List		
HICS 204 - AssignmentList		
HICS 204 - Assignment List; Operations Section: Stagi	ng	
HICS 204 - Assignment List; Operations Section: Media	cal Care Branch	
HICS 204 - Assignment List; Operations Section: Infras	structure Branch	
HICS 204 - Assignment List; Operations Section: Secu	rity Branch	
HICS 204 - Assignment List; Operations Section: Hazl	lat Branch	
HICS 204 - Assignment List; Operations Section: Busin	ness Continuity Branch	
HICS 204 - Assignment List; Operations Section: Patient	ent Family Assistance Branch	
HICS 204 - Assignment List; Planning Section		
HICS 204 - Assignment List; Logistics Section: Service	Branch	
HICS 204 - Assignment List; Logistics Section: Suppor	tBranch	
HICS 204 - Assignment List; Finance/Administration Sector	ection	
HICS 215A - Incident Action Plan (IAP) Safety Analysis	3	
Others		
Other:		
Other:		
Other:		
Other:		
4. Prepared by PRINT NAME: Planning Section Chief	SIGNATURE:	
DATE/TIME:	FACILITY:	
5. Approved by PRINT NAME: Incident Commander	SIGNATURE:	
DATE/TIME:	FACILITY:	



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HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

- **PURPOSE:** The HICS 200 Incident Action Plan (IAP) Cover Sheet provides a cover sheet and a checklist for HICS Forms and other documents included in the operational period IAP.
- **ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.
- **COPIES TO:** Duplicated and distributed to Command and General Staff positions activated. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed for any form page, use a blank HICS 200 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Attachments	Check or list all HICS Forms and other documents that are included in the Incident Action Plan (IAP).
4	Prepared by Planning Section Chief	Enter the name and signature of the person preparing the form. Enter date $(m/d/y)$, time prepared (24-hour clock), and facility.
5	Approved by Incident Commander	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



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HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201-202-203-204-215A

1. Incident Name	2. Operational Period (#)	
	DATE: FROM:	TO:
	TIME: FROM:	TO:
3. Situation Summary		— HICS 201 —
4. Current Hospital Incident Management Team (fill in additional po	ositions as appropriate)	— HICS 201, 203 —
Public Information Officer		
Inciden	t Commander	
Liaison Officer	Medical-	Technical Specialists
Safety Officer		
	Logistics Fina	
Operations Planning Section Chief Section Chief	Section Chief	ance / Administration Section Chief



HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201-202-203-204-215A

5. Health and Safety	y Briefing Ident	tify potential inc	ident health and safety hazard) to protect resp	hazards and develo	op necessary measu azards.	ures (remove hazard, provide — HICS 202, 215A —
						1:00 202, 2107
6. Incident Objectiv	/es					— HICS 202, 204 —
6a. OBJECT	TIVES	6b. STRA	TEGIES / TACTICS	6c. RESOURCE	es required	6d. ASSIGNED TO
<u> </u>						
7. Prepared by	PRINT NAME:	· · · · · · · · · · · · · · · · · · ·		SIGNATURE:		
	DATE/TIME:	·····		FACILITY:		
L						
				0 ·	0	
		Print	Reset	Send	Save	
HOSPITAL INCIDENT COMMAND SYSTEM		Origination:	Short form combining HICS For Incident Commander or Plannin Command Staff, Section Chief	ng Section Chief		IAP Quick Start Page 2 of 2

HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201-202-203-204-215A

PURPOSE:	The Incident Action Plan (IAP) Quick Start is a short form combining HICS Forms 201, 202,
	203, 204 and 215A. It can be used in place of the full forms to document initial actions taken or during a short incident. Incident management can expand to the full forms as needed.

- **ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.
- **COPIES TO:** Duplicated and distributed to Command and General staff positions activated. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed for any form page, use a blank HICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

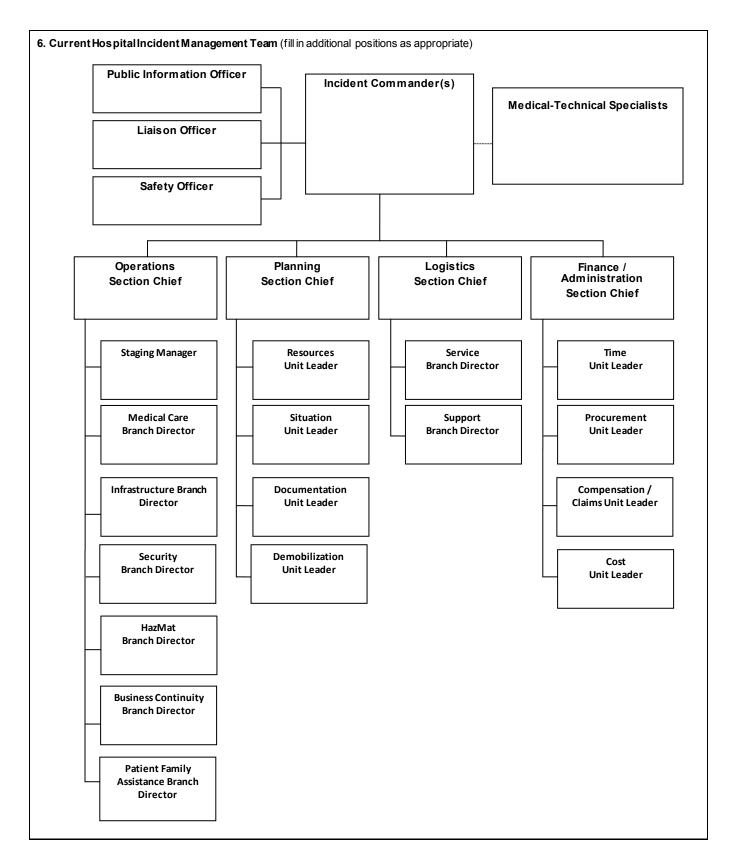
NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Current Hospital Incident Management Team	Enter the names of the individuals assigned to each position on the Hospital Incident Management Team (HIMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command staff assistants, agency representatives, and the organization of each of the General staff sections.
5	Health and Safety Briefing	Summary of health and safety issues and instructions.
6	Incident Objectives	
	6a. Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6b. Strategies / Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6d. Assigned to	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



1. Incident Name		2. Operational Period (#)
			,
			TO:
		TIME: FROM:	TO:
3. Situation Summary (for briefings	or transfer of command)		
4. Health and Safety Briefing Identi	fy potential incident health and si	afety hazards and implement ne	ecessary measures (remove haz
 Health and Safety Briefing Identi provide personal protective equipment 	fy potential incident health and si t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those I	ecessary measures (remove haz hazards. (Summary of HICS 215/
 Health and Safety Briefing Identi provide personal protective equipment 	fy potential incident health and s. t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those l	ecessary measures (remove haz hazards. (Summary of HICS 215/
4. He alth and Safe ty Briefing Identi provide personal protective equipmen	fy potential incident health and sa t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those l	ecessary measures (remove haz hazards. (Summary of HICS 215/
 Health and Safety Briefing Identi provide personal protective equipment 	fy potential incident health and s t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those l	ecessary measures (remove haz hazards. (Summary of HICS 215/
4. Health and Safety Briefing Identi provide personal protective equipmen	fy potential incident health and sa t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those f	ecessary measures (remove haz hazards. (Summary of HICS 215/
4. He alth and Safe ty Briefing Identi provide personal protective equipmen	fy potential incident health and sa t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those l	ecessary measures (remove haz hazards. (Summary of HICS 215/
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4. Health and Safety Briefing Identi provide personal protective equipment	fy potential incident health and s. t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those l	ecessary measures (remove haz hazards. (Summary of HICS 215/
4. Health and Safety Briefing Identi provide personal protective equipment	fy potential incident health and si t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those h	ecessary measures (remove haz hazards. (Summary of HICS 215,
4. Health and Safety Briefing Identi provide personal protective equipmen	fy potential incident health and sa t, w arn people of the hazard) to	afety hazards and implement ne protect responders from those h	ecessary measures (remove haz hazards. (Summary of HICS 215/
5. Map/Sketch (Attach sketch show	ing the total area of operations, t	he incident site/area. impacted a	
	ing the total area of operations, t	he incident site/area. impacted a	
5. Map/Sketch (Attach sketch show	ing the total area of operations, t	he incident site/area. impacted a	
5. Map / Sketch (Attach sketch show and/or other graphics depicting situat	ing the total area of operations, t	he incident site/area. impacted a	
5. Map / Sketch (Attach sketch show and/or other graphics depicting situat	ing the total area of operations, t	he incident site/area. impacted a	

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HICS 201 - INCIDENT BRIEFING





ТІМЕ	ACTIONS	 	



HICS 201 - INCIDENT BRIEFING

9. Sum mary of Resources Requested and Assigned								
RESOURCE	DATE / TIME ORDERED	ETA	DATE / TIME ARRIVED	NOTES (LOCATION / ASSIGNMENT / STATUS)				
10. Prepared by Incident Commande	10. Prepared by Incident Commander PRINT NAME:							
				FACILITY:				



 Purpose:
 Basic information regarding the incident situation and resources allocated Incident Commander

 Copies to:
 Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 201 | Page 4 of 4

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HICS 201 - INCIDENT BRIEFING

- **PURPOSE:** The HICS 201 Incident Briefing provides the Incident Commander and the Hospital Incident Management Team (HIMT) with basic information regarding the incident, current situation, and the resources allocated to the response.
- **ORIGINATION:** Prepared by the Incident Commander for presentation to the staff or later to the incoming Incident Commander along with a detailed oral briefing.
- **COPIES TO:** Duplicate and distribute before the initial briefing of the Command and General Staff or other responders as appropriate. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Concise statement of the status and information regarding the current situation.
4	Health and Safety Briefing	Enter the summary of health and safety issues and instructions.
5	Map / Sketch	Attach as necessary: floor plans, maps, sketches of impacted area, or response diagrams. North should be at the top of the page unless noted otherwise.
6	Current Hospital Incident Management Team	Enter the names of the individuals assigned to each position directly onto the Hospital Incident Management Team (HIMT) chart. If Unified Command is being used, split the Incident Commander box and indicate agency for each of the Incident Commanders listed.
7	Incident Objectives	Enter the objectives used for the incident.
8	Summary of Current and Planned Actions	Enter the current and planned actions and time (24-hour clock) they may or did occur. If additional pages are needed, use a blank sheet or another HICS 201 (page 3), and adjust page numbers accordingly.
9	Summary of Resources Requested and Assigned	Enter information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another HICS 201 (page 4), and adjust page numbers accordingly.
	Resource	Enter the number and category, kind, or type of resource ordered.
	Date / Time Ordered	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	ETA	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	Date / Time Arrived	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	Notes	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	Prepared by Incident Commander	Enter the name and signature of the person preparing the form. Enter date $(m/d/y)$, time prepared (24-hour clock), and facility.



		2 - INCIDENT OBJEC			
1. Incident Name		2. Operational Per			
				TO:	
		TIME: FROM:		TO:	
3. Incident Objectives					
4. Factors to Consider Cor	nsiderations in relationship	to the objectives and priorities, i	ncluding weather	and situational a	wareness
		to the objectives and priorities, i		and situational a	wareness
5. HICS 215A - Incident Act	tion Safety Analysis and		5 🗆 NO		
 5. HICS 215A - Incident Act Approved Site Safety Plan 6. Prepared by 	tion Safety Analysis and	/ or Site Safety Plan? □ YES	5 🗆 NO		
5. HICS 215A - Incident Act Approved Site Safety Plan	tion Safety Analysis and h Locations:	/ or Site Safety Plan? □ YES	GNATURE:		
 5. HICS 215A - Incident Act Approved Site Safety Plan 6. Prepared by 	tion Safety Analysis and h Locations:	/ or Site Safety Plan?	GNATURE:		
 5. HICS 215A - Incident Act Approved Site Safety Plan 6. Prepared by 	tion Safety Analysis and n Locations: PRINT NAME: DATE/TIME:	/ or Site Safety Plan?	GNATURE:		



 Purpose:
 Describes basic incident objectives and safety considerations

 Origination:
 Planning Section Chief

 Copies to:
 Command Staff, Section Chiefs, and Documentation Unit Leader

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HICS 202 - INCIDENT OBJECTIVES

- **PURPOSE:** The HICS 202 Incident Objectives describes the basic incident strategy, incident objectives, command priorities, and safety considerations for use during the next operational period.
- **COPIES TO:** May be reproduced with the IAP and given to Command Staff, Section Chiefs, and all supervisory personnel at the Section, Branch, and Unit levels. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 202 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

TITLE	INSTRUCTIONS
Incident Name	Enter the name assigned to the incident.
Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
Incident Objectives	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.
Factors to Consider	Enter considerations for the operational period, which may include tactical priorities or a general situational awareness for the operational period. It may be a sequence of events or order of events to address. General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be provided by the Safety Officer.
HICS 215A or Site Safety Plan Required	Safety Officer should check whether or not a Site Safety Plan is required for this incident.
Approved Site Safety Plan Locations	Enter the locations of the approved Site Safety Plan.
Prepared by Planning Section Chief	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
Approved by Incident Commander	I~additional Incident Commander signaturesAare required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.
	Incident Name Operational Period Incident Objectives Factors to Consider HICS 215A or Site Safety Plan Required Approved Site Safety Plan Locations Prepared by Planning Section Chief





HICS 203 – ORGANIZATION ASSIGNMENT LIST

1. Incident Name		2. Operational Period (#)			
		DATE:	FROM:	TO:	
		TIME:	FROM:	TO:	
POSITION		NAME		CONTACT INFO (PHONE, CELL, RADIO)	
3. Incident Commander(s) and Staff					
Incident Commander					
Public Information Officer					
Liaison Officer					
Safety Officer					
Medical-Technical Specialist:					
Medical-Technical Specialist:					
Medical-Technical Specialist:					
Medical-Technical Specialist:					
4. Operations Section					
Operations Chief					
Staging Manager					
Medical Care Branch Director					
Infrastructure Branch Director					
Security Branch Director					
Hazardous Materials Branch Director					
Business Continuity Branch Director					
Patient Family Assistance Director					
Others if needed					
5. Planning Section					
Planning Chief					
Resources Unit Leader					
Situation Unit Leader					
Documentation Unit Leader					
Demobilization Unit Leader					
6. Logistics Section	1				
Logistics Chief					
Service Branch Director					
Support Branch Director					
7. Finance / Administration Section					
Finance/Administration Chief					
Time Unit Leader					
Procurement Unit Leader					
Compensation/Claims Unit Leader					
Cost Unit Leader	1				
8. Agency Executive	1				
9. External Agency Representative (in the Hospital Command Center)					
10. Hospital Representative (in the external Emergency Operations Center)					
PRINT NAME:			SIGNATURE:		
DATE/TIME:			FACILITY:		



 Purpose:
 List person assigned to Hospital Incident Management Team (HIMT) position

 Origination:
 Planning Section Chief or designee (Resources Unit Leader)

 Copies to:
 Command Staff, Section Chiefs, Branch Directors, and Documentation Unit Leader

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HICS 203 – ORGANIZATION ASSIGNMENT LIST

- **PURPOSE:** The HICS 203 Organization Assignment List provides Hospital Incident Management Team (HIMT) personnel with information on the positions that are currently activated and the names of personnel staffing each position.
- **ORIGINATION:** The Planning Section Chief or designee (Resources Unit Leader) prepares and maintains the currency of the list. Complete only the blocks for the positions that are activated for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").
- **COPIES TO:** Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** For all individuals, use at least the first initial and last name. If there is a shift change or other reason during the specified operational period, list both names, separated by a slash. If assigned, document Assistants / Deputies to Command staff as needed or resources allow. If additional pages are needed for any form page, use a blank HICS 203 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander(s) and Command Staff	Enter the names and contact information. For Unified Command, also include agency names.
4	Operations Section	Enter the names and contact information.
5	Planning Section	Enter the names and contact information.
6	Logistics Section	Enter the names and contact information.
7	Finance / Administration Section	Enter the names and contact information.
8	Agency Executive	Enter the name and contact information of the executive (e.g., Chief Executive Officer) with whom the Incident Commander interfaces.
9	External Agency Representative	Enter the external agency/organization names present in the Hospital Command Center (HCC) and the names of their representatives.
10	Hospital Representative	Enter the names and role of hospital personnel in the local emergency operations center (EOC), and local EOC location.
11	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS 204 - ASSIGNMENT LIST

4. In side of New s						
1. Incident Name		2. Operational Period (#)				
		DATE: FROM:	TO:			
		TIME: FROM: TO:				
3. Section		4. Branch (if applicable)				
Section Chief		Branch Director				
5a. Branch / Unit Related Objectives	5b. Strategies / Tactics	5c. Resources Required	5d. Unit Assigned to			



HICS 204 - ASSIGNMENT LIST

6. Unit(s) Assigned this Operational Period									
Unit Nam e	Unit Name	Unit Name	Unit Nam e	Unit Name	Unit Nam e				
LeaderName	LeaderName	Leader Nam e	LeaderName	LeaderName	LeaderName				
Unit Location	Unit Location	Unit Location	Unit Location	Unit Location	Unit Location				
Unit Members/Teams	Unit Members/Teams	Unit Members/Teams	Unit Members/Teams	Unit Members/Teams	Unit Members/Teams				
7. Special Information / Con	siderations								
8. Preparedby	PRINT NAME:		SIGNATURE:						
	DATE/TIME:		FACILITY:						
Print Reset Send Save HOSPITAL HOCDENT Documents strategies/tactics of each Section or Branch, resources to accomplish them, and the composition of the Unit assigned HICS 204 Page 2 of 2									
SYSTEM	Copies to: C	ommand Staff, Section Chiefs, and Document	ation Unit Leader						

HICS 204 - ASSIGNMENT LIST

PURPOSE: The HICS 204 - Assignment List documents the strategies and tactics of each (activated) Section or Branch, the resources required, and the composition of the Unit assigned.

ORIGINATION: Prepared by the individual Section Chiefs or Branch Directors and submitted to the Planning Section as part of the Incident Action Plan (IAP).

- **COPIES TO:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 204 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Section	Enter the name of the Section and Section Chief.
4	Branch	Enter the name of the Branch and Branch Director, if the form is for a specific Branch.
5	5a. Branch / Unit Related Objectives	Utilizing the Incident Objectives (from HICS 202), develop objectives as they relate to the Branch/Unit. Enter objectives the Branch/Unit needs to focus on for the designated operational period.
	5b. Strategies / Tactics	For each objective, document the strategies/tactics to accomplish that objective.
	5c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	5d. Unit Assigned to	For each strategy/tactic, document the Unit assigned to that strategy/tactic.
6	Unit(s) Assigned this Operational Period	Enter the names of the Units activated, the name of the Unit Leader, location of the Unit, and the names of the members and/or teams making up the Unit.
7	Special Information / Considerations	Enter a statement noting any safety problems, specific precautions to be exercised, drop-off or pick-up points, or other important information.
8	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.





HICS 205A - COMMUNICATIONS LIST

1. Incident Name				2. Operational Period (#)			
				DATE: FROM:		TO:	
					TIME: FROM: TO:		
						10	
3. Internal Contacts							
ASSIGNMENT / NAME	RADIO CH #/ FREQUENCY	PHONE	FAX	EMAIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS
	FREQUENCI						
							1
4. Special Instructio	ns						



HICS 205A - COMMUNICATIONS LIST

5. External Contacts								
AGENCY / ASSIGNMENT / NAME	RADIO CH #/ FREQUENCY	TELEPHONE	FAX	EM	AIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS
6. Special Instruction	ns							
7. Prepared by Communications U	Init Loador	PRINT N	AME:			SIGNATURE:		
		DATE/Th	ME:					
			Print	Reset	Send	Save		



Purpose:	Provides information on all communication devices assigned
Origination:	Communications Unit Leader
Copies to:	Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 205A - COMMUNICATIONS LIST

- **PURPOSE:** The HICS 205A Communications List provides information on all radio frequencies, telephone, and other communication assignments for each operational period.
- **ORIGINATION:** Prepared by the Logistics Section Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan (IAP).
- **COPIES TO:** Duplicate and provide to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit Leader. Information from the HICS 205A can be placed on the Organization Assignment List (HICS 203).
- **NOTES:** If additional pages are needed, use a blank HICS 205A and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Internal Contacts	Enter the appropriate contact information for internal contacts, hospital personnel, those in an activated Hospital Incident Management Team (HIMT) position, and other key staff.
4	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
5	External Contacts	Enter the appropriate contact information for external agencies, organizations, key contacts.
6	Special Instructions	Enter any special instructions (e.g., using repeaters, secure-voice, private line [PL] tones, etc.) or other emergency communications. If needed, also include any special instructions for alternate communication plans.
7	Prepared by Communications Unit Leader	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



ς	2						
		HICS	206 - STAF	FMEDICA			
1. Incident Name				perational Pe			
3. Treatment Areas							
AREA NAME			1.0	CATION		0	UNIT / TEAM LEADER NTACT NUMBER / CHANNEL
							INTACT NOMBER / CHANNEL
4. Resources On Hand	l (numbers)						
STAFF		TRANSPORTA	TION DEVICES		MEDICATION		SUPPLIES
MD/DO		LITTERS					
PA/NP		PORTABLE BEDS					
RN/LPN		GURNEYS					
TECHNICIANS/CAN		WHEELCHAIRS					
ANCILLARY/OTHER		EVAC. ASSIST DEVICES					
5. Transportation (indi		round)					
AMBULANCE, BUS, VAN, VEHICLE, AIR	PRIVATE		LOCATION		CONTACT NUMBER / FRE	EQUENCY	LEVEL OF SERVICE
							ALS BLS
							ALS BLS
							ALS BLS
6. Alternate Care Site	(s)						
FACILITY NAME			ADDRESS		CONTACT NUMBER / FR	EQUENCY	SPECIALTY CARE (SPECIFY)
7. Special Instruction	s						
0. Des a ses alles							
8. Prepared by	PRINT NAME: _			SIG	NATURE:		
[DATE/TIME:			FA0	CILITY:		
9. Approved by							
					NATURE:		
[[DATE/TIME:	·····		FA0	CILITY:		
		Print	Reset	Send	Save		



HICS 206 - STAFF MEDICAL PLAN

- **PURPOSE:** The HICS 206 Staff Medical Plan addresses the treatment plan for injured or ill staff members and / or volunteers. The HICS 206 provides information on staff treatment areas, resources on-hand, transportation services, and special instructions.
- **ORIGINATION:** Prepared by the Logistics Section Employee Health and Well-Being Unit Leader
- **COPIES TO:** Duplicate and provide to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to staff treatment areas and special instructions may be noted on the Assignment List (HICS 204). All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 206 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

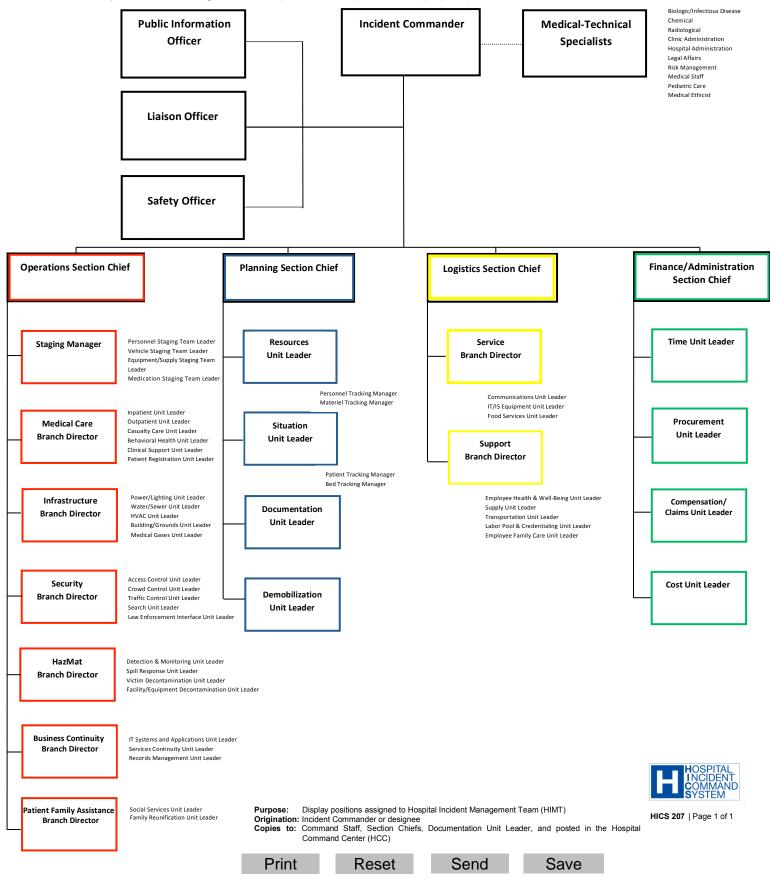
NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Treatment Areas	Enter the name of the treatment area, the location, and the contact numbers.
4	Resources On Hand	Enter the number of listed resources that are available and assigned to the treatment areas.
5	Transportation	Enter the information for transportation services available to the incident.
6	Alternate Care Site(s)	Enter the information for alternate care sites that could serve this incident.
7	Special Instructions	Note any special emergency instructions for use by incident personnel, including who should be contacted, how should they be contacted; and who manages an incident within an incident due to a rescue, accident, etc.
8	Prepared by	Enter the name and signature of the person preparing the form, typically the Employee Health and Well-Being Unit Leader. Enter date (m/d/y), time prepared (24-hour clock), and facility.
9	Approved by	Enter the name of the person who approved the plan. Enter date (m/d/y), time reviewed (24-hour clock), and facility.





1. Incident Name	2. Operational Period (#)
	DATE: FROM:	TO:
	TIME: FROM:	TO:

4. Current Hospital Incident Management Team (fill in additional positions as appropriate)



HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

- **PURPOSE:** The HICS 207 Hospital Incident Management Team (HIMT) Chart provides a visual display of personnel assigned to the HIMT positions.
- **ORIGINATION:** Prepared by the Incident Commander or designee (Resources Unit Leader) at the incident onset and continually updated throughout an incident.
- **COPIES TO:** Distributed to the Command and General Staff and the Documentation Unit Leader. The HICS 207 is intended to be projected or wall mounted at the Hospital Command Center (HCC) and is not intended to be part of the Incident Action Plan (IAP).
- **NOTES:** Additions may be made to the form to meet the organization's needs. Additional pages may be added based on need (such as to distinguish more branches or units as they are activated). Three versions of the HIMT Chart are available in the 2014 Hospital Incident Command System (HICS) Appendix C: Adobe Acrobat fillable PDF, Microsoft Word, and Microsoft Visio Drawing.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Current Hospital Incident Management Team Chart	Enter the names of the individuals assigned to each position on the Hospital Incident Management Team (HIMT) chart. Modify the chart as necessary, and add any lines/spaces needed for Command Staff assistants, agency representatives, and the organization of each of the General Staff sections.





HICS 213 - GENERAL MESSAGE FORM

IncidentName					
2. То					
	AME:	 POSITION	:		
3. From		POOLTION			
PRINT N	IAME:	 POSITION	:		
4. Subject				5. Date	6. Time
				J. Date	0. Three
7. Priority 🗌 und		NFORMATIONAL - LOW	1		
		NI OKMANONAL - LOW			
8. Message				RESPONSE REQUIR	RED
9. Approved by	PRINT NAME: _	 	SIGNATURE	E:	
10. Reply / Action Ta	akan				
IU. Reply/ Action 18	aken				
11. Replied by	PRINT NAME:	 	SIGNATURE:		
	POSITION				
	FU3HIUN	 			
	DATE/TIME:	 			



HICS 213 - GENERAL MESSAGE FORM

- **PURPOSE:** The HICS 213 General Message Form is used to record incoming messages that cannot be orally transmitted to the intended recipients. The HICS 213 is also used to transmit messages (resource order, status information, other coordination issues, etc.). This form is used to send any message or notification to incident personnel that require hard-copy delivery.
- **ORIGINATION:** Initiated by any person on an incident.
- **COPIES TO:** Upon completion, the HICS 213 is delivered to the original sender.

NOTES:

- The HICS 213 is composed of three steps:
 - The message (Section 8) is completed by sender
 - The message is replied to in Section 10
 - After noting action taken, message form is returned to original sender

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	То	Enter the name and position for whom the message is intended. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (m/d/y) of the message.
6	Time	Enter the time (24-hour clock) of the message.
7	Priority	Enter the priority of the message or request.
8	Message	Enter the content of the message.
9	Approved by	Enter the name and signature of the person approving the message, if necessary.
10	Reply / Action Taken	The intended recipient will enter a reply and/or action taken to the message and return it to the originator.
11	Replied by	Enter the name, signature of the person replying to the message, and Hospital Incident Management Team (HIMT) position. Enter date (m/d/y), time prepared (24-hour clock), and facility.





HICS 214 - ACTIVITY LOG

1. Incident Name		2. Operational Period (#)
			TO:
			TO:
3. Nam e		4. Hospital Incident Management	Team (HIMT) Position
5. Activity Log			
DATE / TIME		NOTABLE ACTIVITIES	
6. Prepared by	RINT NAME:		
	ATE/TIME:		
	,		



Print

 Purpose:
 Provides documentation for basic incident activity and details of notable activities

 Origination:
 Any Hospital Incident Management Team (HIMT) personnel

 Documentation Unit Leader
 Documentation Unit Leader

Send

Save

Reset

HICS 214 - ACTIVITY LOG

- **PURPOSE:** The HICS 214 Activity Log records details of notable activities for any Hospital Incident Management Team (HIMT) position. These logs provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, or any notable activities, actions taken and decisions made.
- **ORIGINATION:** Initiated and maintained by personnel in HIMT positions as it is needed or appropriate.
- **COPIES TO:** A completed HICS 214 must be submitted to the Documentation Unit Leader. Individuals may retain a copy for their own records.
- **NOTES:** Multiple pages can be used if needed. If additional pages are needed, use a blank HICS 214 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Print the name of the person for whom the activities are being documented.
4	HIMT Position	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	Activity Log	Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day.
		Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.
		This block can also be used to track personal work activities by adding columns such as "Action Required," "Delegated To," "Status," etc.
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date $(m/d/y)$, time prepared (24-hour clock), and facility.





HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

1. Incident Name		2. Operation	nal Period (#)		
		TIME: F	ROM:	TO:	
3. Hazard Mitigation					
3a. Potential / Actual Hazards	3b. Affected Section / B Unit and Location	Branch / 3c. Miti	igations		3d. Mitigation Completed (Initials/Date/Time)
4. Prepared by Safety Officer	PRINT NAME:		SIGNATURE	E:	
	DATE/TIME:		FACILITY:		
5. Approved by Incident Commander	PRINT NAME:		SIGNATURE	E:	
	DATE/TIME:		FACILITY: _		



Operational risk assessment to prioritize hazards, safety, and health issues, and to assign mitigation actions Purpose: Origination: Copies to: Safety Officer

Reset

Send

Save

HICS 215A | Page 1 of 1

Planning Section Chief for Incident Action Plan (IAP) and Documentation Unit Leader

Print

HICS 215A - INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS

- **PURPOSE:** The purpose of the HICS 215A Incident Action Plan (IAP) Safety Analysis is to record the findings of the Safety Officer after completing an operational risk assessment and to identify and resolve hazard, safety, and health issues. When the safety analysis is completed, the form is used to help prepare the Operations Briefing.
- **ORIGINATION:** Prepared by the Safety Officer during the IAP cycle. For those assignments involving risks and hazards, mitigation actions should be developed to safeguard responders. Appropriate incident personnel should be briefed on the hazards, mitigations, and related measures.
- **COPIES TO:** Duplicate and attach as part of the IAP. All completed original forms must be given to the Documentation Unit Leader.
- **NOTES:** Issues identified in the HICS 215A should be reviewed and updated each operational period. If additional pages are needed, use a blank HICS 215A and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Hazard Mitigation	
	3a. Potential / Actual Hazards	List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.
	3b. Affected Section / Branch Unit and Location	Reference the affected sections, branches, units and the location of the hazards.
	3c. Mitigations	List actions taken to reduce risk for each hazard indicated (e.g., restricting access, proper PPE for identified risk).
	3d. Mitigation Completed	Enter the initials, date, and time when the mitigation is implemented or the hazard no longer exists.
4	Prepared by Safety Officer	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.
5	Approved by Incident Commander	Enter the name and signature of the person approving the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS 221- DEMOBILIZATION CHECK-OUT

1. Incident Name	2. Operational Period (#)		
	DATE: FROM:		TO:		
	TIME: FRO	M:	TO:	_ TO:	
3. Section Demobilization Checks Use as positions and resources are demobilized. The positio below are signed off, all equipment is serviced and returned, Respective Section Chiefs must initial their sections showing	and all paperwork to approval for demol	turned in to the Docu			
	MAND STAFF	REMARKS		INITIALS	
		REMARKS		INITIAL	
All units, branches, and sections have been demobilized.	A attion Demant				
All paperwork has been gathered for review and development of After					
☐ Final message to staff, media, and stakeholders has been developed					
All clinical operations have returned to normal or pre-incident status.					
Hospital Command Center and Emergency Operations Plan are deactivated.					
PUBLIC INFORMATION OFFICER		REMARKS		INITIAL	
☐ Final media briefing is developed, approved, and disseminated.					
□ Final staff and patient briefings are developed, approved, and disser	ninated.				
Social media is updated with current status.					
LIAISON OFFICER		REMARKS		INITIAL	
All stakeholders and external partners are notified of Hospital Comm deactivation/return to normal operations.	and Center				
SAFETY OFFICER		REMARKS		INITIAL	
☐ Final safety review of facility is completed and documented.					
All potential hazards have been addressed and resolved.					
All sites/hazards have been safely mitigated/repaired and are ready					
Appropriate regulatory agencies are notified.					
☐ All safety specific paperwork is completed and submitted.					
MEDICAL / TECHNICAL SPECIALIST (TITLE)		REMARKS		INITIAL	
Position-specific roles and responsibilities have been deactivated.					
Response-specific paperwork is completed and submitted to Documentation Unit Leader.					
MEDICAL / TECHNICAL SPECIALIST (TITLE)		REMARKS		INITIAL	
Position-specific roles and responsibilities have been deactivated.					
Response-specific paperwork is completed and submitted to Documentation Unit Leader.					
MEDICAL / TECHNICAL SPECIALIST (TITLE)		REMARKS		INITIAL	
Position-specific roles and responsibilities have been deactivated.					
Response-specific paperwork is completed and submitted to Documentation Unit Leader.					



HICS 221- DEMOBILIZATION CHECK-OUT

OPERATIONS SECTION				
STAGING AREA	REMARKS	INITIALS		
All supplies and equipment staged for response are returned to storage or pre-response state.				
☐ All personnel are debriefed and returned to daily work site.				
MEDICAL CARE BRANCH	REMARKS	INITIALS		
□ All procedures and appointments are rescheduled.				
All evacuated patients have been repatriated and family members notified.				
All clinical information/procedures/interventions have been documented in the electronic medical record.				
Alternate care sites have been deactivated and physical sites returned to pre-response operations.				
Medical supplies and equipment utilized in the response have been returned to pre-response state.				
□ Staffing patterns have returned to pre-response state.				
□ All units within the branch are debriefed and deactivated.				
INFRASTRUCTURE BRANCH	REMARKS	INITIALS		
All damage assessments are completed and final report submitted to Operations and Planning Section Chiefs.				
Repairs to infrastructure and equipment are complete or a new state of readiness is established by Operations Section Chief.				
Utility services are in pre-response state.				
Resupply of critical resources is underway.				
□ All units within the branch are debriefed and deactivated.				
SECURITY BRANCH	REMARKS	INITIALS		
Facility and/or campus lockdown is suspended.				
Hopspital personnel used to augment security staff are debriefed and demobilized.				
Additional security measures used in the response are now discontinued.				
☐ All units within branch are debriefed and deactivated.				
HAZMAT BRANCH	REMARKS	INITIALS		
Decontamination operations are concluded and all supplies, equipment, and personnel are returned to a pre-response state.				
□ Water collected in decontamination operations is collected and disposed of safely.				
Authorities are notified of the decon operations, including water collection.				
Personnel involved in decon are referred to Employee Health for surveillance.				
□ All units within branch are debriefed and deactivated.				
BUSINESS CONTINUITY BRANCH	REMARKS	INITIAL S		
All supplies and equipment used in relocated services have been returned.				
□ Interruptions in data entry have been resolved and documentation recovered.				



HICS 221- DEMOBILIZATION CHECK-OUT

PATIENT FAMILY ASSISTANCE BRANCH	REMARKS	INITIAL S
 All supplies and equipment used in relocated services have been returned. All units within branch are debriefed and deactivated. 		
PLANNING SECTION		
RESOURCES UNIT	REMARKS	INITIALS
 All tracking forms are complete and submitted to Documentation Unit Leader. All tracking tools are demobilized and returned to storage. 		
SITUATION UNIT	REMARKS	INITIALS
 All tracking forms are complete and submitted to Documentation Unit Leader. All tracking tools are demobilized and returned to storage. 		
DOCUMENTATION UNIT	REMARKS	INITIALS
 All paperwork created or used in the response has been submitted. All paperwork is catalogued and correlated for review. 		
DEMOBILIZATION UNIT	REMARKS	INITIALS
All paperwork, including the approved Demobilization Plan, is submitted to Documentation Unit Leader.		
LOGISTICS SECTION		
SERVICE BRANCH	REMARKS	INITIALS
 All communications equipment is returned to readiness. 1. Radios and batteries are placed in charging stations. 2. Voice and text messages are reviewed and deleted. 3. Extra disaster telephones are returned to storage. 4. Satellite phones are returned and placed on chargers. 5. Hospital Command Center communication equipment is returned to storage. 		
All deployed information technology (IT) equipment is returned and inspected; all event specific data is removed and archived.		
All food/water stores are returned to daily operations levels.		
Disposable food preparation and delivery supplies are removed from service.		
All units within branch are debriefed and deactivated.		
SUPPORT BRANCH	REMARKS	INITIALS
□ Supplies and equipment used in response are inspected, cleaned, and returned to storage or daily use.		
All equipment requiring calibration or repair is entered into preventive maintenance/service program.		
All units within branch are debriefed and deactivated.		
FINANCE / ADMINISTRATION SI	ECTION	
	REMARKS	INITIALS
All timesheets and other documentation tools are collected and provided to Documentation Unit Leader.		
PROCUREMENT UNIT	REMARKS	INITIALS
All order forms, expense sheets, and other documentation tools are collected and provided to Documentation Unit Leader.		



 Purpose:
 Ensure all resources and supplies used in response and recovery are returned to pre-incident status

 Origination:
 Hospital Incident Management Team (HIMT) personnel designated by Incident Commander

 Copies to:
 Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 221- DEMOBILIZATION CHECK-OUT

COMPENSATION / CLAIN	IS UNIT	REMARKS	INITIALS
All timesheets and other d Documentation Unit Leader	timesheets and other documentation tools are collected and provided to cumentation Unit Leader.		
All insurance forms are completed and submitted per policy.			
COST UNIT		REMARKS	INITIALS
All time sheets and other of Documentation Unit Leade	locumentation tools are collected and provided to pr.		
☐ All expense reports are co	mpleted.		
All outstanding expenses, bills, purchase orders, check cards, bank cards have been resolved.			
ALL POSITIONS		REMARKS	INITIALS
All paperwork generated of Documentation Unit Leader	luring the response and recovery is submitted to the er.		
All response and recovery equipment related to your role has been repaired, charged, restocked, and returned to storage.			
Daily supervisor is notified of your deactivation and return to normal duties.			
		I	
4. Prepared by	PRINT NAME:	SIGNATURE:	
	POSITION:	FACILITY:	
	DATE/TIME:		



 Purpose:
 Ensure all resources and supplies used in response and recovery are returned to pre-incident status

 Origination:
 Hospital Incident Management Team (HIMT) personnel designated by Incident Commander

 Copies to:
 Command Staff, Section Chiefs, and Documentation Unit Leader

Print Reset



Save

HICS 221- DEMOBILIZATION CHECK-OUT

- **PURPOSE:** The HICS 221 Demobilization Check-Out ensures that resources utilized during response and recovery has been returned to pre-incident status.
- **ORIGINATION:** The HICS 221 is completed by Hospital Incident Management Team (HIMT) personnel designated by the Incident Commander.
- **COPIES TO:** Delivered to the applicable Command Staff and Section Chief(s) for review and approval then forwarded to the Demobilization Unit or the Planning Section. All completed original forms must be given to the Documentation Unit Leader. Personnel may request to retain a copy of the HICS 221.
- **NOTES:** HIMT personnel are not released until form is complete and signed by their Section Chief. If additional pages are needed, use a blank HICS 221 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Section Demobilization Checks	As demobilization actions are taken, check off each appropriate box (or indicate "N/A"), and ensure Section Chief signs or initials approval before resource is released.
4	Prepared by	Enter the name, Hospital Incident Management Team (HIMT) position, and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



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Department Use

1. Incident Name		2. Time Co	2. Time Completed: (#)				
			TO:				
		TIME:	FROM:	TO:			
3. Name of Department/Unit R		Contact Number					
4. System	5. Status		6. Comments If time/resources for new	not fully functional, give location, reason, and estimated cessary repair. Identify who reported or inspected.			
Power Routine and emergency	 Fully functional Partially functional Nonfunctional N/A 						
Lighting	Fully functional Partially functional Nonfunctional N/A						
Water	Fully functional Partially functional Nonfunctional N/A						
Sewage / Toilets	Fully functional Partially functional Nonfunctional N/A						
Nurse Call System	Fully functional Partially functional Nonfunctional N/A						
Medical Gases / Oxygen	Fully functional Partially functional Nonfunctional N/A						
Communications IT systems, telephones, pagers	 Fully functional Partially functional Nonfunctional N/A 						
7. Remarks (Cracked walls, brok	en glass, falling light fixtures,	etc.)	1				
8. Prepared by PRINT NA	ME:		SIGNATURE:				
DATE/TIM	E:		FACILITY:				



1. Incident Name		2. Operational Period (#)			
		DATE: FROM: TO: TIME: FROM: TO:			
3. Name of Facility / Building Reporting Status Below					
4. System	5. Status	 Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected. 			
COMMUNICATIONS					
Fax	□ Fully functional				
	□ Partially functional				
	Nonfunctional				
	□ N/A				
Information Technology System	□ Fully functional				
Email, registration, patient records, time card sy stem	Partially functional				
	Nonfunctional				
	□ N/A				
Nurse Call System	□ Fully functional				
	□ Partially functional				
	Nonfunctional				
	□ N/A				
Overhead Paging	□ Fully functional				
	Partially functional				
	Nonfunctional				
	□ N/A				
Paging System	Fully functional				
Code teams, standard paging	Partially functional				
	Nonfunctional				
	□ N/A				
Radio Equipment	Fully functional				
Facility handheld, 2-way radios, antennas	Partially functional				
	Nonfunctional				
	□ N/A				
Radio Equipment	□ Fully functional				
EMS, local health department, other external partner	□ Partially functional				
	Nonfunctional				
	□ N/A				
Radio Equipment	□ Fully functional				
Amateur radio	□ Partially functional				
	Nonfunctional				
	□ N/A				
Satellite Phones	Fully functional				
	Partially functional				
	Nonfunctional				
	□ N/A				



Telephone System Primary	 Fully functional Partially functional Nonfunctional N/A 	
Telephone System Proprietary	 Fully functional Partially functional Nonfunctional N/A 	
Telephone System Back-up	 Fully functional Partially functional Nonfunctional N/A 	
Internet	 Fully functional Partially functional Nonfunctional N/A 	
Video-Television Cable	 Fully functional Partially functional Nonfunctional N/A 	
INFRASTRUCTURE		
Campus Access Roadways, sidewalks, bridge	 Fully functional Partially functional Nonfunctional N/A 	
Fire Detection System	 Fully functional Partially functional Nonfunctional N/A 	
Fire Suppression System	 Fully functional Partially functional Nonfunctional N/A 	
Food Preparation Equipment	 Fully functional Partially functional Nonfunctional N/A 	
Ice Machines	 Fully functional Partially functional Nonfunctional N/A 	



Laundry/Linen Service Equipment	Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
Structural Components	□ Fully functional	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)
Building integrity	Partially functional	
	Nonfunctional	
	□ N/A	
PATIENT CARE		I
Decontamination System	Fully functional	
Including containment	□ Partially functional	
	□ Nonf unctional	
Digital Radiography System, Routine Diagnostics	Fully functional	
PACS, CT, MRI, other	Partially functional	
	Nonfunctional	
	□ N/A	
Steam/Chemical Sterilizers	Fully functional	
	Partially functional	
	□ Nonfunctional	
Isolation Rooms Positiv e/negative air	Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
SECURITY		-
Facility Lockdown Systems	□ Fully functional	
Door/key card access	Partially functional	
	Nonfunctional	
	□ N/A	
Campus Security External panic alarms	□ Fully functional	
External panic alarms	Partially functional	
Campus Security Surveillance cameras	Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
Campus Security Traffic controls	□ Fully functional	
Traffic controls	Partially functional	
	□ Nonf unctional	



	1	
Campus Security Lighting	□ Fully functional	
Lighting	Partially functional	
	Nonfunctional	
	□ N/A	
Panic Alarms	Fully functional	
Internal and other reporting devices	□ Partially functional	
	Nonfunctional	
	□ N/A	
UTILITIES		
Electrical Pow er	□ Fully functional	
Primary service	□ Partially functional	
	□ Nonfunctional	
	\square N/A	
Electrical Pow er Backup generator	Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
Fuel Storage	Fully functional	(Note amount on hand)
	Partially functional	
	Nonfunctional	
	□ N/A	
Sanitation Systems	□ Fully functional	
	□ Partially functional	
	\square N/A	
Water	Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
Natural Gas/Propane	□ Fully functional	
	Partially functional	
	Nonfunctional	
	□ N/A	
Air Compressor	□ Fully functional	
	□ Partially functional	
	□ Nonfunctional	
	□ N/A	
Eevators/Escalators	□ Fully functional	
	Partially functional	



Hazardous Waste Containment System	Fully functional Partially functional Nonfunctional N/A Fully functional	
Heating, Ventilation, and Air Conditioning (HVAC)	Partially functional Nonfunctional N/A	
Oxygen	 Fully functional Partially functional Nonfunctional N/A 	(Note bulk, H tanks, E tanks, Reserve supply status)
Medical Gases, Other	 Fully functional Partially functional Nonfunctional N/A 	(Note reserv e supply status)
Pneumatic Tube	 Fully functional Partially functional Nonfunctional N/A 	
Steam Boiler	Fully functional Partially functional Nonfunctional N/A	
Sump Pump	Fully functional Partially functional Nonfunctional N/A	
Well Water System	Fully functional Partially functional Nonfunctional N/A	
Vacuum(forpatientuse)	Fully functional Partially functional Nonfunctional N/A	
Water Heater and Circulators	 Fully functional Partially functional Nonfunctional N/A 	



	1				
External Lighting	 Fully functional Partially functional Nonfunctional N/A 				
External Storage Equipment	 Fully functional Partially functional Nonfunctional N/A 				
External Storage Vehicles	Fully functional Partially functional Nonfunctional N/A				
Parking Structures, Lots	 Fully functional Partially functional Nonfunctional N/A 	(Power, panic alarms, access, egress, lighting)			
Landing Zone Pads, lighting, fuel source					
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)					
	Print Reset	Send Save			



- **PURPOSE:** The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.
- **ORIGINATION:** Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.
- **COPIES TO:** Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader.
- **NOTES:** The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank HICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name of Facility Reporting Status	Enter the name of the facility.
4	System	System type listed in form.
5	Status	 Fully functional: 100% operable with no limitations Partially functional: Operable or somewhat operable with limitations Nonfunctional: Out of commission N/A: Not applicable, do not have
6	Comments	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
7	Remarks	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
8	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

HICS 252 -	SECTION F	PERSONNEL	TIME SHEET
------------	-----------	-----------	------------

1. Incident Name			2. Operational Period (#)						
				DATE: FROM: TO:					
					TIME: FROM:		TO:		
3. Tin	n e Record								
#	EMPLOYEE (E) VOLUNTEER (V) NAME (PRINT)	E/V	EMPLOYEE NUMBER		RESPONSE FUNCTION SECTION / ASSIGNMENT	DATE / TIME IN	DATE / TIME OUT	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
4. Pre	epared by PRINT NAME:			•	SIGNA	TURE:	•		
PRINT NAME:									
	DATE/TIME: FACILITY:								



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 Purpose:
 Record each section's personnel time and activities

 Origination:
 Hospital Incident Management Team (HIMT) personnel as directed by Incident Commander or Section Chief

 Copies to:
 Time Unit Leader

Send

Save

Print



HICS 252 - SECTION PERSONNEL TIME SHEET

- **PURPOSE:** The HICS 252 Personnel Time Sheet is used to record each section's personnel time and activities.
- **ORIGINATION:** Section Chiefs are responsible for ensuring that personnel complete the form.
- **COPIES TO:** Provided to the Finance/Administration Section Time Unit Leader every 12 hours or every operational period (as directed by the Incident Commander). A copy is given to the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 252 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS				
1	Incident Name	Enter the name assigned to the incident.				
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.				
3	Time Record					
	Employee (E) / Volunteer (V) Name (Print)	Print the full name of the personnel assigned.				
	E/V	Enter employee (E) or volunteer (V).				
	Employee Number	If employee of the organization, fill in employee number.				
	Response Function Section / Assignment	Enter assignment being assumed.				
	Date / Time In	Enter time started in assignment.				
	Date / Time Out	Enter time ended in assignment.				
	Total Hours	Enter total number of hours in assignment.				
	Signature	Employee/volunteer signature verifying that times are correct.				
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.				





HICS 253 - VOLUNTEER REGISTRATION

1. Incident Name				2. Oper	ational Period (#)			
				DATE:					
				TIME:	FROM:			TO:	
3. Registration Information	-	-	-		-	-		_	
NAME (LAST NAME, FIRST NAME)	CERTIFICATION / LICENSE AND NUMBER	ID NUMBER (DRIVERS LICENSE OR SSN)	ADDRESS (CITY, STATE, ZIP)	CONTACT INFO (PHONE, CELL)	BADGE ISSUED	BADGE RETURNED	TIME IN / OUT	SIGNATURE
4. Prepared by PRIM	NT NAME:		•	SIGN	ATURE:		•	•	
DAT	'E/TIME:			FACI	LITY:				



 Purpose:
 To document volunteer information for each operational period

 Origination:
 Labor Pool and Credentialing Unit Leader

 Copies to:
 Time Unit Leader, Personnel Tracking Manager, and Documentation Unit Leader

Send

Save

Reset

Print

HICS 253 - VOLUNTEER REGISTRATION

- **PURPOSE:** The HICS 253 -Volunteer Registration is used to document volunteer sign in and sign out for each Operational Period.
- **ORIGINATION:** Completed by the Logistics Section Labor Pool and Credentialing Unit Leader.
- **COPIES TO:** Copies are distributed to the Time Unit Leader, Personnel Tracking Manager, and Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 253 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS			
1	Incident Name	Enter the name assigned to the incident.			
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.			
3	Registration Information				
	Name	Enter the full name of volunteer.			
	Certification / License and Number	If volunteer holds a certification or license, enter type and number.			
	ID Number	Enter a Driver's License number or Social Security Number.			
	Address	Enter address.			
	Contact Info	Enter phone number.			
	Badge Issued	Enter yes or no, and number if used.			
	Badge Returned	Enter yes or no.			
	Time In / Out	Time (24-hour clock) volunteer was in and out.			
	Signature	Signature of volunteer verifying that information is correct.			
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.			





HICS 254 - DISASTER VICTIM / PATIENT TRACKING

1. Incident Name				2. Operational Period (#)					
				DATE: FROM:	DATE: FROM: TO:				
				TIME: FROM: TO:					
3. Area (Triag	geor Specific Treatm	nent Area)							
FIELD TAG NUMBER	MEDICAL RECORD NUMBER	NAME (LAST NAME, FIRST NAME)	SEX (M/F)	DOB / AGE	TRIAGE CATEGORY IMMEDIATE DELAYED MINOR EXPECTANT EXPIRED	LOCATION / TIME OF PROCEDURES (CT, X-RAY, ETC.)	DISPOSITION / TIME (D) DISCHARGE (A) ADMIT (S) SURGERY (T) TRANSFER (M) MORGUE		
4. Prepared	by PRINT	NAME:		S	IGNATURE:				
	DATE/TIME: FACILITY:								



Records the triage, treatment, and location of victims/patients Purpose:

Copies to: Situation Unit Leader, Patient Registration Unit Leader, Planning Section Patient Tracking Manager or team Director, and Documentation Unit Leader

Print Reset



HICS 254 - DISASTER VICTIM / PATIENT TRACKING

- **PURPOSE:** The HICS 254 Disaster Victim / Patient Tracking records the triage, treatment, and disposition of victims/patients of the event seeking medical attention.
- **ORIGINATION:** Completed by the Patient Tracking Manager or team members.
- **COPIES TO:** Distributed to the Situation Unit Leader, with copies to Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and the Documentation Unit Leader.
- **NOTES:** The form is completed upon arrival of the first patient and updated periodically. Copies of the form are sent to the Planning Section Patient Tracking Manager each hour and at the end of each operational period until disposition of the last victim(s) are known. If additional pages are needed, use a blank HICS 254 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Area	Enter the triage or specific treatment area (e.g., Triage, Immediate Treatment Area).
	Field Tag Number	Enter field triage tag number.
	Medical Record Number	Enter hospital medical record number if available.
	Name	Enter the full name of victim/patient.
	Sex	Enter sex: M for male/F for female.
	DOB / Age	Enter date of birth and age.
	Triage Category	Enter the triage category assigned to patient.
	Location / Time of Procedures	Enter location destination and time patient leaves triage or treatment area for a test or procedure.
	Disposition / Time	Enter the letter of the disposition category and time of disposition.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



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HICS 255 - MASTER PATIENT EVACUATION TRACKING

1. Incident Name				:) то то			
3. Patient Evacuation Information						1		
PATIENT NAME			Medical Record #		Evacuation Triage Category		Mode of Transport	
	Disposition DISCHARGE TRANSFER MORGUE	Accept		oting Hospital or Loca	ting Hospital or Location		d & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent	Medication Sent		Family Notified	Arrival Confirmed	Admit Location	Expired (time)	
PATIENT NAME		Medio	cal Record #		n Triage Category	Mode of Tr CCT ALS BUS CAR	BLS 🗆 VAN	
Disposition Discharge TRANSFER MORGUE		Accepting Hospital or Location			Time hospital contacted & report given			
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent		cation Sent YES □ NO	Family Notified	Arrival Confirmed	Admit Location	Expired (time)	
PATIENT NAME		Medical Record # Evacuation Triage Category			Mode of Transport			
	Disposition DISCHARGE TRANSFER MORGUE	Accepting Hospital or Location			Time hospital contacted & report given			
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent		cation Sent YES □ NO	Family Notified	Arrival Confirmed	Admit Location	Expired (time)	
PATIENT NAME		Medical Record # Evacuation Triage Category IMMEDIATE DELAYED			Mode of Transport			
	Disposition DISCHARGE TRANSFER MORGUE	Accepting Hospital or Location			Time hospital contacted & report given			
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent		cation Sent YES □ NO	Family Notified	Arrival Confirmed	Admit Location	Expired (time)	
4. Prepared by PRINT NAME:				SIGNATU	IRE:			
DATE/TIME:				FACILITY	·			
HOSPITAL INCIDENT COMMAND SYSTEM	Origination: Situati	d information co on Unit Leader o	Reset Incerning patient dispos or designee (Patient Tra f, Documentation Unit	ition during an evacuation acking Manager)	Save	н	CS 255 Page 1 of 1	

HICS 255 - MASTER PATIENT EVACUATION TRACKING

PURPOSE: The HICS 255 - Master Patient Evacuation Tracking form records the disposition of patients during a facility evacuation.

ORIGINATION: Completed by Planning Section Situation Unit Leader or designee (Patient Tracking Manager).

COPIES TO: Distributed to the Planning Section Chief and the Documentation Unit Leader.

NOTES: The form may be completed with information taken from each HICS 260 - Patient Evacuation Tracking form. If additional pages are needed, use a blank HICS 255 and repaginate as needed.

NUMBER	TITLE	INSTRUCTIONS			
1	Incident Name	Enter the name assigned to the incident.			
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.			
3	Patient Evacuation Information				
	Patient Name	Enter the full name of the patient.			
	Medical Record #	Enter medical record number.			
	Evacuation Triage Category	Indicate the categories as defined by the facility (not necessarily the same as emergency department admitting triage system).			
	Mode of Transport	Indicate the mode of transport or write in if not indicated.			
	Disposition	Indicate the patient's disposition.			
	Accepting Hospital or Location	Enter the accepting hospital or location (e.g., Alternate Care Site, holding site).			
	Time hospital contacted & report given	Enter time prepared (24-hour clock).			
	Transfer Initiated	Enter time, vehicle company, and identification number.			
	Medical Record Sent	Indicate yes or no.			
	Medication Sent	Indicate yes or no.			
	Family Notified	Indicate yes or no.			
	Arrival Confirmed	Indicate yes or no.			
	Admit Location	Indicate the applicable site.			
	Expired	Enter time (24-hour clock) of deceased if necessary.			
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.			



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HICS FORM 256 - PROCUREMENT SUMMARY REPORT

1.	1. Incident Name				2. Operational Period (#)					
					DATE: FROM: TO:					
					TIME:	FROM:		O:		
3.	Purchases									
	P.O. / REFERENCE NUMBER	DATE / TIME	ITEM / SERVICE	VEND	OR	DOLLAR AMOUNT	REQUESTOR NAME / DEPT (PLEASE PRINT)	APPROVED BY (PLEASE PRINT)	RECEIVED DATE / TIME	
1										
	COMMENTS									
2										
2	COMMENTS									
3										
	COMMENTS									
4										
	COMMENTS								-	
5										
	COMMENTS									
6										
	COMMENTS		·						-	
7										
	COMMENTS									
8										
	COMMENTS									
9										
	COMMENTS		·							
PRINT NAME:										
4.	Prepared by									
						· · · · · ·				
			Print	Reset	Se	nd	Save			
			1 mile	10000						



Purpose: Summarizes and tracks procurements

Origination: Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader Copies to: Finance/Administration Section Chief and Documentation Unit Leader

HICS FORM 256 - PROCUREMENT SUMMARY REPORT

- **PURPOSE:** The HICS 256 Procurement Summary Report summarizes and tracks procurements. It may be completed by operational period or for the whole incident duration.
- **ORIGINATION:** Completed by the Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader.
- **COPIES TO:** Distributed to the Finance/Administration Section Chief and the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 256 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Purchases	
	P.O. / Reference number	Enter purchase order or other acquisition reference number used by the facility.
	Date / Time	Enter date (m/d/y) and time prepared (24-hour clock).
	Item / Service	Enter the item or the service purchased.
	Vendor	Enter the name of the vendor.
	Dollar Amount	Enter the dollar amount spent.
	Requestor Name / Department	Enter the requestor's name and department.
	Approved By	Enter whom the purchase was approved by.
	Received Date / Time	Enter date (m/d/y) and time (24-hour clock) the item or service was received.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS 257 - RESOURCE ACCOUNTING RECORD

1. Incia	lent Name	2. Operational l	2. Operational Period (#)					
			DATE: FROM	DATE: FROM: TO: TO:				
			TIME: FROM	TIME: FROM: TO:				
3. Reso	ource Re cord							
ТІМЕ	ITEM / FACILITY TRACKING IDENTIFICATION NUMBER	CONDITION	RECEIVED FROM	DISPENSED (TO/TIME)	RETURNED (DATE/TIME)	CONDITION (OR INDICATE IF NON- RECOVERABLE)	INITIALS	
4. Prepa	Pared by PRINT NAME:		SIGN	SIGNATURE:				
	DATE/TIME:		FACI	LITY:				

Print Reset Send

Save



HICS 257 - RESOURCE ACCOUNTING RECORD

PURPOSE:	The HICS 257 - Resource Accounting Record documents the request, distribution for use, return, and condition of equipment and resources used to respond to the incident.
ORIGINATION:	Completed by each Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs.
COPIES TO:	Distributed to the Finance/Administration Section Chief, the Resources Unit Leader, the Materiel Tracking Manager, the original requester of the resource, and the Documentation Unit Leader.
NOTES:	If additional pages are needed, use a blank HICS 257 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Resource Record	
	Time	Enter the time (24-hour clock) and the request received.
	Item / Facility Tracking Identification Number	Enter the item and the facility tracking identification number.
	Condition	Enter the condition of the item when it was received.
	Received From	Enter whom the item was received from.
	Dispensed	Enter whom the item was dispensed to and the time (24-hour clock).
	Returned	Enter the date (m/d/y) and time (24-hour clock) the item was returned.
	Condition	Enter the condition the item was in when returned or indicate if non-recoverable.
	Initials	Enter initials of person processing item.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.





1. Incident Name		-	onal Period (#) TO:		
		TIME: FR	ROM:	TO:		
3. Contact Information						
COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Agency for Toxic Substances and Disease Registry (ATSDR)						
Air transport: helicopter or fixed w ing						
Ambulance, hospital-based						
Ambulance, private						
Ambulance, public safety						
American Red Cross						
Automated Teller Machine (ATM) (Onsite)						
Biohazard/Waste company						
Buses						
Cab (Taxi)						
Centers for Disease Control and Prevention (CDC)						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
EMS Agency/Authority						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						



COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Engineers: HVAC						
Engineers: mechanical						
Engineers: seismic						
Engineers: structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food service (Note if vendor, onsite, or emergency)						
Fuel distributor						
Fuel trucks						
Funeral homes/mortuary services						
Generators						
HazMat Team						
Health department, local						
Health department, state						
Heavy equipment (e.g., backhoes, snow plow, etc.)						
Home health service						
Home repair/construction supplies						
1.						
2.						



COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Hospice						
Hospitals						
1.						
2.						
3.						
4.						
Hotel/motel						
Housing, temporary						
lce, commercial						
Laboratory Response Network						
Laundry/linen service						
Law Enforcement						
Lighting						
Long term care facilities						
1.						
2.						
3.						
Media: print						
Media: print						
Media: radio						
Media: radio						



COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Media: TV						
Media: TV						
Media: TV						
Medical gases						
Medical supply						
1.						
2.						
Medication, distributor						
1.						
2.						
Pharmacy, commercial						
1.						
2.						
3.						
Poison Control Center						
Portable toilets						
Radios: amateur radio						
Radios: satellite						
Radios: handheld or 2-w ay						
Regional Medical Health Coordinator						



COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Repair Services						
Beds						
Biomedical devices						
Elevators						
Gardeners/landscapers						
Glass						
Medical equipment						
Oxygen devices						
Radios						
Roadw ays/sidew alks						
Salvation Army						
Shelter Sites						
Surge Facilities						
Traffic Control/Department of Transportation						
Trucks						
Refrigeration						
Tow ing						
Moving						
Utilities						
Gas						



COMPANY / AGENCY		COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Utilities							
Gas/Electricity							
Sew age							
Telephone							
Water, municipal							
Vending Machines							
Ventilators							
Water: non-potable							
Water: potable							
Other							
Other							
Other							
Other							
4. Date Last Updated			1	1		1	
5. Preparedby	PRINT NAME:			SIGNAT	URE:		
C	DATE/TIME:			FACILIT	Υ:		





- **PURPOSE:** The HICS 258 Hospital Resource Directory lists all methods of contact for hospital resources for an incident.
- **ORIGINATION:** Completed by the Planning Section Resources Unit Leader <u>prior</u> to an incident (when possible) or at the incident onset, and continually updated throughout an incident.
- **COPIES TO:** Distributed to the Command and General staff including the Documentation Unit Leader, and posted as necessary.
- **NOTES:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank HICS 258 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Contact Information	
	Company / Agency	Type of company or agency.
	Company / Agency / Name	List the name of the company/agency. List the name of the point of contact if available.
	Telephone	Enter the telephone number.
	Alternate Telephone	Enter the alternate telephone number.
	Email	Enter the email, if available.
	Fax	Enter the fax number.
	Radio	Enter the radio frequency if appropriate.
4	Date Last Updated	If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually.
5	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

1. Incident Name		2. Operational Period (#) DATE: FROM: TIME: FROM:			
3. Num ber of Casualties / Fatalities					
	ADULT	PEDIATRIC (<18 YRS OLD)	TOTAL	COMMENTS	
Patients seen					
Admitted					
Critical Care					
Medical / Surgical					
Other					
Other					
Other					
Discharged					
Transferred					
Morgue					
Waiting to be seen					
4. Prepared by PRINT NAME:	·	SIG	NATURE:		
DATE/TIME:		FAC	CILITY:		
	Print	Reset Send	Save		
HOSPITAL INCIDENT COMMAND SYSTEM	Purpose: Record the total numbers of adult and pedia Origination: Patient Tracking Manager or team Copies to: Command Staff, Section Chiefs, and Docum	atric patients seen, admitted, discharged, transf nentation Unit Leader	ferred, expired, and waiting to be seen	HICS 259 Page 1 of 1	

HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

- **PURPOSE:** The HICS 259 Hospital Casualty/Fatality Report is used to record the total numbers of adult and pediatric patients seen, admitted (by bed type), discharged, transferred, expired, and waiting to be seen for each operational period.
- **ORIGINATION:** The HICS 259 is prepared by the Planning Section Patient Tracking Manager or team prior to the Operations Briefing in the next operational period.
- **COPIES TO:** Copies are distributed to the Command Staff, Section Chiefs, and the Documentation Unit Leader.
- **NOTES:** If additional pages are needed, use a blank HICS 259 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Number of Casualties / Fatalitie	s
	Patients seen	Enter total number of patients seen in either the adult or pediatric column.
	Admitted	Enter total number of patients admitted in either the adult or pediatric column.
	Critical Care	Enter total number of patients admitted in either the adult or pediatric column.
	Medical / Surgical	Enter total number of patients admitted in either the adult or pediatric column.
	Other	Enter other needed categories (i.e., burn, pediatric, labor and delivery, forensic, psychiatric) in either the adult or pediatric column.
	Discharged	Enter total number of patients discharged in either the adult or pediatric column.
	Transferred	Enter total number of patients transferred in either the adult or pediatric column.
	Morgue	Enter total number of patients expired in either the adult or pediatric column.
	Waiting to be seen	Enter total number of patients still waiting to be seen by physician in either the adult or pediatric column.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS 260 - PATIENT EVACUATION TRACKING FORM

1. Date		2. From (Unit)				
3. Patient Name				4. DOB	5. Me	edical	Record Number
6. Diagnosis				7. Admitting Physician	1		
8. Family Notified	YES NO NAME:			CONTACT INFORMAT	TION:		
9. Mode of Transport		10. Accom	panying Equipn	nent (check those that app	ly)		
Hospital Bed		U IV Pump	(s)	□ Isolette/Warmer		∏ Fo	ley Catheter
□ Gurney		□ Oxygen		□ Traction			lo-Device
U Wheelchair		□ Ventilato		□ Monitor			anial Bolt/Screw
□ Ambulatory		Chest Tu	ube(s)	☐ A-Line/Sw an			raosseous Device
☐ Other:		☐ Other:		☐ Other:			
11. Special Needs							
12. Isolation	S 🗌 NO TYPE:			REASON:			·····
13. Evacuating Clinic	al Location			14. Arriving Location			
ROOM # TIM	ΛE			ROOM # TIME			
ID BAND CONFIRMED BY:		□ YES □	NO	ID BAND CONFIRMED BY:		I YES I NO	
MEDICAL RECORD SENT		🗆 YES 🗖	NO	MEDICAL RECORD RECEIVED		□ YES □ NO	
BELONGINGS			ROOM	BELONGINGS RECEIVED			I YES I NO
VALUABLES		LEFT IN S	AFE	VALUABLES RECEIVED			YES INO
MEDICATIONS				MEDICATIONS RECEIVED			□ YES □ NO
	PEDS / INFAN	rs		PEDS / INFANTS			
BAG/MASK WITH TUBING SE	NT	YES I I	NO	BAG/MASK /W TUBING RCVD			I YES I NO
BULB SYRINGE SENT		YES I I	NO	BULB SYRINGE RECEIVED			I YES I NO
15. Transferring to an	nother Facility / Loc	ation					
TIME TO STAGING AREA			TIME DEPARTING	TO RECEIVING FACILITY			
Destination							
TRANSPORTATION AMBULANCE. # AGENCY HELICOPTER OTHER							
	YES 🗌 NO 🛛 BY						
DEPARTURE TIME:							
16. Preparedby	PRINT NAME:			SIGNATURE:			
	DATE/TIME:			FACILITY:			



Print

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 Purpose:
 Detail and account for patients transferred to another facility

 Origination:
 Inpatient/Outpatient Unit Leader or Casualty Care Unit Leader

 Copies to:
 Patient Tracking Manager, Medical Care Branch Director, evacuating clinical location, and Documentation Unit Leader

Send

Reset

Save

HICS 260 - PATIENT EVACUATION TRACKING FORM

- **PURPOSE:** The HICS 260 Patient Evacuation Tracking Form documents details and account for patients transferred to another facility.
- **ORIGINATION:** Completed by the Operations Section as appropriate: the Inpatient Unit Leader, the Outpatient Unit Leader, or the Casualty Care Unit Leader, depending on where the identified patient is located.
- **COPIES TO:** The original is kept with the patient through actual evacuation. Copies are distributed to the Patient Tracking Manager, the Medical Care Branch Director, the evacuating clinical location, and the Documentation Unit Leader.
- **NOTES:** The information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS				
1	Date	Enter the date of the evacuation.				
2	From	Enter the Unit the patient is leaving from.				
3	Patient Name	Enter the patient's full name.				
4	DOB	Enter the patient's date of birth (DOB).				
5	Medical Record Number	Enter the patient's medical record number.				
6	Diagnosis	Enter the primary diagnosis/diagnoses.				
7	Admitting Physician	Enter the name of the patient's admitting physician.				
8	Family Notified	Check yes or no; enter family contact information.				
9	Mode of Transport	Identify mode of transportation needed.				
10	Accompanying Equipment	Check appropriate boxes for any equipment being transferred with the patient.				
11	Special Needs	Indicate if the patient has special needs, assistance, or requirements.				
12	Isolation	Indicate if isolation is required, the type, and the reason.				
13	Evacuating Clinical Location	Fill in information and check boxes to indicate originating room and what was sent with the patient (records, medications, and belongings).				
14	Arriving Location	Fill in information and check boxes to indicate patient's arrival at the new location and whether materials sent with the patient were received.				
15	Transferring to another Facility / Location	Document arrival and departure from the staging area, confirmation of ID band, and type of transportation used.				
16	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.				

