Appendix H
HICS Forms

Form #	Form Title
200	Incident Action Plan (IAP) Cover Sheet
IAP Quick Start	Incident Action Plan (IAP) Quick Start
201	Incident Briefing
202	Incident Objectives
203	Organization Assignment List
204	Assignment List
205A	Communications List
206	Staff Medical Plan
207	Hospital Incident Management Team (HIMT) Chart
213	General Message Form
214	Activity Log
215A	Incident Action Plan (IAP) Safety Analysis
221	Demobilization Check-Out
251	Facility System Status Report
252	Section Personnel Timesheet
253	Volunteer Registration
254	Disaster Victim/Patient Tracking
255	Master Patient Evacuation Tracking
256	Procurement Summary Report

Form #	Form Title
257	Resource Accounting Record
258	Hospital Resource Directory
259	Hospital Casualty/Fatality Report
260	Patient Evacuation Tracking

HICS 200 - INCIDENT ACTION PLAN (IAP) COVER SHEET

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

3. Attachments *The items checked beloware included in this Incident 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 - Assignment List
- ❑ HICS 204 - Assignment List; Operations Section: Staging
- ❑ HICS 204 - Assignment List; Operations Section: Medical Care Branch
- ❑ HICS 204 - Assignment List; Operations Section: Infrastructure Branch
- ❑ HICS 204 - Assignment List; Operations Section: Security Branch
- ❑ HICS 204 - Assignment List; Operations Section: HazMat Branch
- ❑ HICS 204 - Assignment List; Operations Section: Business Continuity Branch
- ❑ HICS 204 - Assignment List; Operations Section: Patient Family Assistance Branch
- ❑ HICS 204 - Assignment List; Planning Section
- ❑ HICS 204 - Assignment List; Logistics Section: Service Branch
- ❑ HICS 204 - Assignment List; Logistics Section: Support Branch
- ❑ HICS 204 - Assignment List; Finance/Administration Section
- ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis

Other: _____

Other: _____

Other: _____

Other: _____

4. Prepared by Planning Section Chief	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

5. Approved by Incident Commander	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Provide cover sheet and checklist for HICS Forms and other documents included in the Operational Period Incident Action Plan (IAP)
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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.

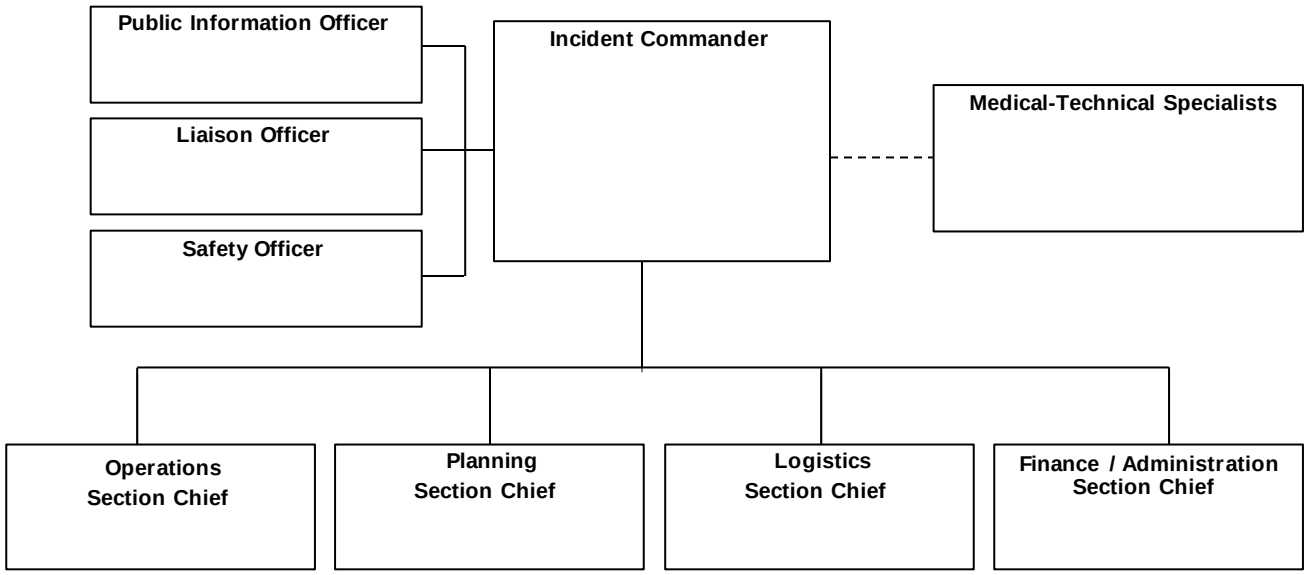
HICS INCIDENT ACTION PLAN (IAP) QUICK START

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 positions as appropriate) — **HICS 201, 203** —



HICS INCIDENT ACTION PLAN (IAP) QUICK START

COMBINED HICS 201—202—203—204— 215A

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — **HICS 202, 215A** —

6. Incident Objectives — **HICS 202, 204** —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

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.

HICS 201 - INCIDENT BRIEFING

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

3. Situation Summary (for briefings or transfer of command)

4. Health and Safety Briefing Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of HICS 215A)

5. Map / Sketch (Attach sketch showing the total area of operations, the incident site/area, impacted and threatened areas, and/or other graphics depicting situational status and resource assignment, as needed.)

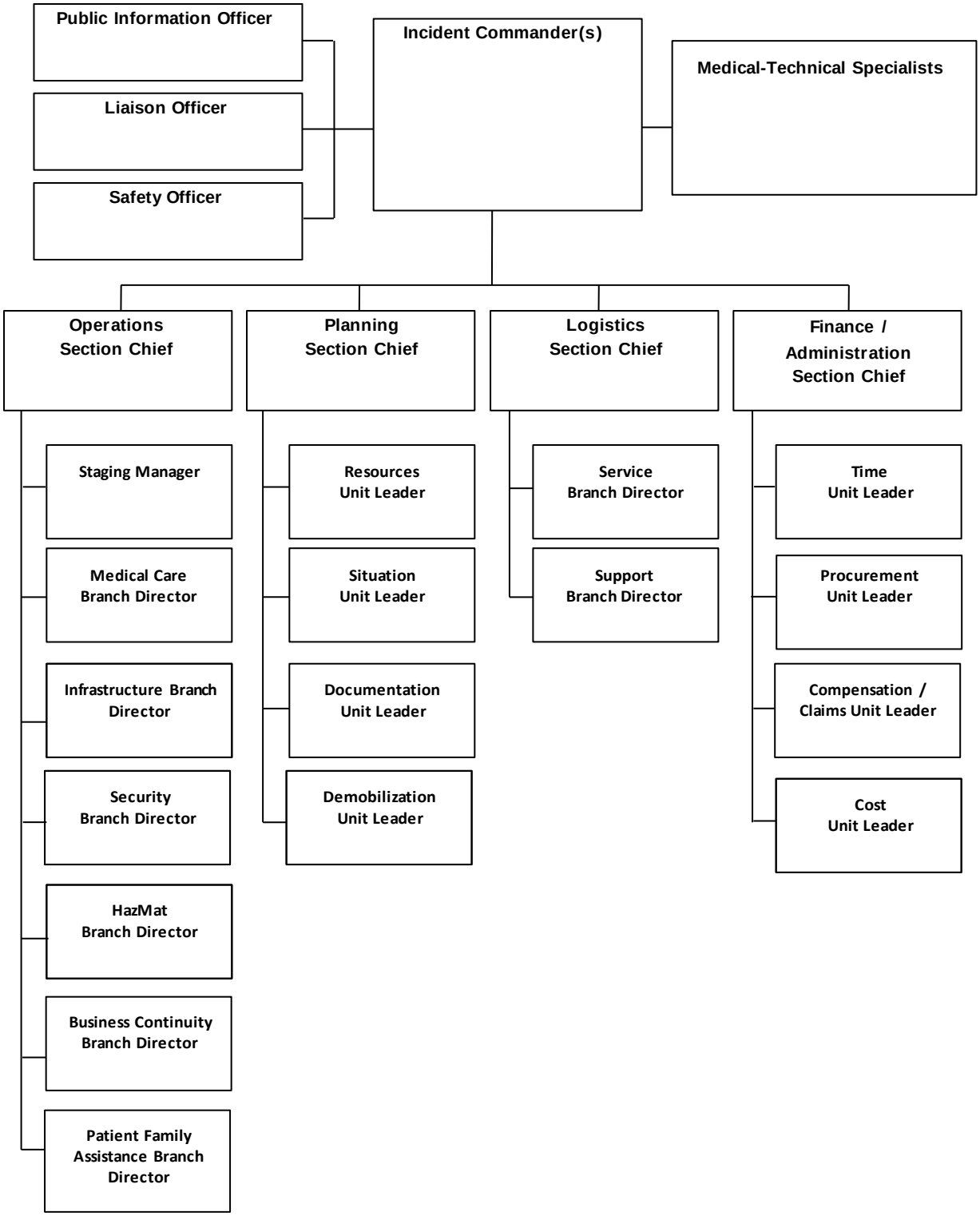
☐ See Attached

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Basic information regarding the incident situation and resources allocated
Origination: Incident Commander
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 201 - INCIDENT BRIEFING

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



HICS 201 - INCIDENT BRIEFING

7. Incident Objectives

8. Summary of Current and Planned Actions

TIME	ACTIONS

HICS 201 - INCIDENT BRIEFING

9. Summary of Resources Requested and Assigned

RESOURCE	DATE / TIME ORDERED	ETA	DATE / TIME ARRIVED	NOTES (LOCATION / ASSIGNMENT / STATUS)

10. Prepared by Incident Commander PRINT NAME: _____ SIGNATURE: _____

BRIEFING DATE/TIME: _____ FACILITY: _____

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.

HICS 202 - INCIDENT OBJECTIVES

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

3. Incident Objectives

4. Factors to Consider Considerations in relationship to the objectives and priorities, including weather and situational awareness.

5. HICS 215A - Incident Action Safety Analysis and / or Site Safety Plan? ☐ YES ☐ NO

Approved Site Safety Plan Locations: _____

6. Prepared by Planning Section Chief

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

7. Approved by Incident Commander

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Describes Basic incident objectives and safety considerations
Origination: Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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.

ORIGINATION: Completed by the Planning Section Chief for each operational period as part of the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander may approve the HICS 202.

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.

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 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.
4	**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.
5	**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.
6	**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.
7	**Approved by Incident Commander**	In the case of a Unified Command, one Incident Commander may approve the HICS 202. If additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.

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		
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		
8. Agency Executive		
9. External Agency Representative (in the Hospital Command Center)		
10. Hospital Representative (in the external Emergency Operations Center)		

11. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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

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

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

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Documents strategies/tactics of each Section or Branch, resources to accomplish them, and the composition of the Unit assigned
Origination: Each Section Chief and Branch Director activated
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 204 - ASSIGNMENT LIST

6. Unit(s) Assigned this Operational Period					
Unit Name	**Unit Name**	**Unit Name**	**Unit Name**	**Unit Name**	**Unit Name**
Leader Name	**Leader Name**	**Leader Name**	**Leader Name**	**Leader Name**	**Leader Name**
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 / Considerations

8. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Documents strategies/tactics of each Section or Branch, resources to accomplish them, and the composition of the Unit assigned
Origination: Each Section Chief and Branch Director activated
Copies to: Command Staff, Section Chiefs, and Documentation 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: _____

3. Internal Contacts

ASSIGNMENT / NAME	RADIO CH # / FREQUENCY	PHONE	FAX	EMAIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS

4. Special Instructions

HOSPITAL INCIDENT COMMAND SYSTEM

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

5. External Contacts

AGENCY / ASSIGNMENT / NAME	RADIO CH # / FREQUENCY	TELEPHONE	FAX	EMAIL	MOBILE PHONE	PAGER	IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS

6. Special Instructions

7. Prepared by
Communications Unit Leader

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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.

HICS 206 - STAFF MEDICAL PLAN

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

3. Treatment Areas

AREA NAME	LOCATION	UNIT / TEAM LEADER CONTACT NUMBER / CHANNEL

4. Resources On Hand (numbers)

STAFF	TRANSPORTATION DEVICES	MEDICATION	SUPPLIES
MD/DO	LITTERS		
PA/NP	PORTABLE BEDS		
RN/LPN	GURNEYS		
TECHNICIANS/CAN	WHEELCHAIRS		
ANCILLARY/OTHER	EVAC. ASSIST DEVICES		

5. Transportation (indicate air or ground)

AMBULANCE, BUS, VAN, PRIVATE VEHICLE, AIR	LOCATION	CONTACT NUMBER / FREQUENCY	LEVEL OF SERVICE
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

6. Alternate Care Site(s)

FACILITY NAME	ADDRESS	CONTACT NUMBER / FREQUENCY	SPECIALTY CARE (SPECIFY)

7. Special Instructions

8. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

9. Approved by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Provides information on staff treatment areas
Origination: Employee Health and Well-Being Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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.

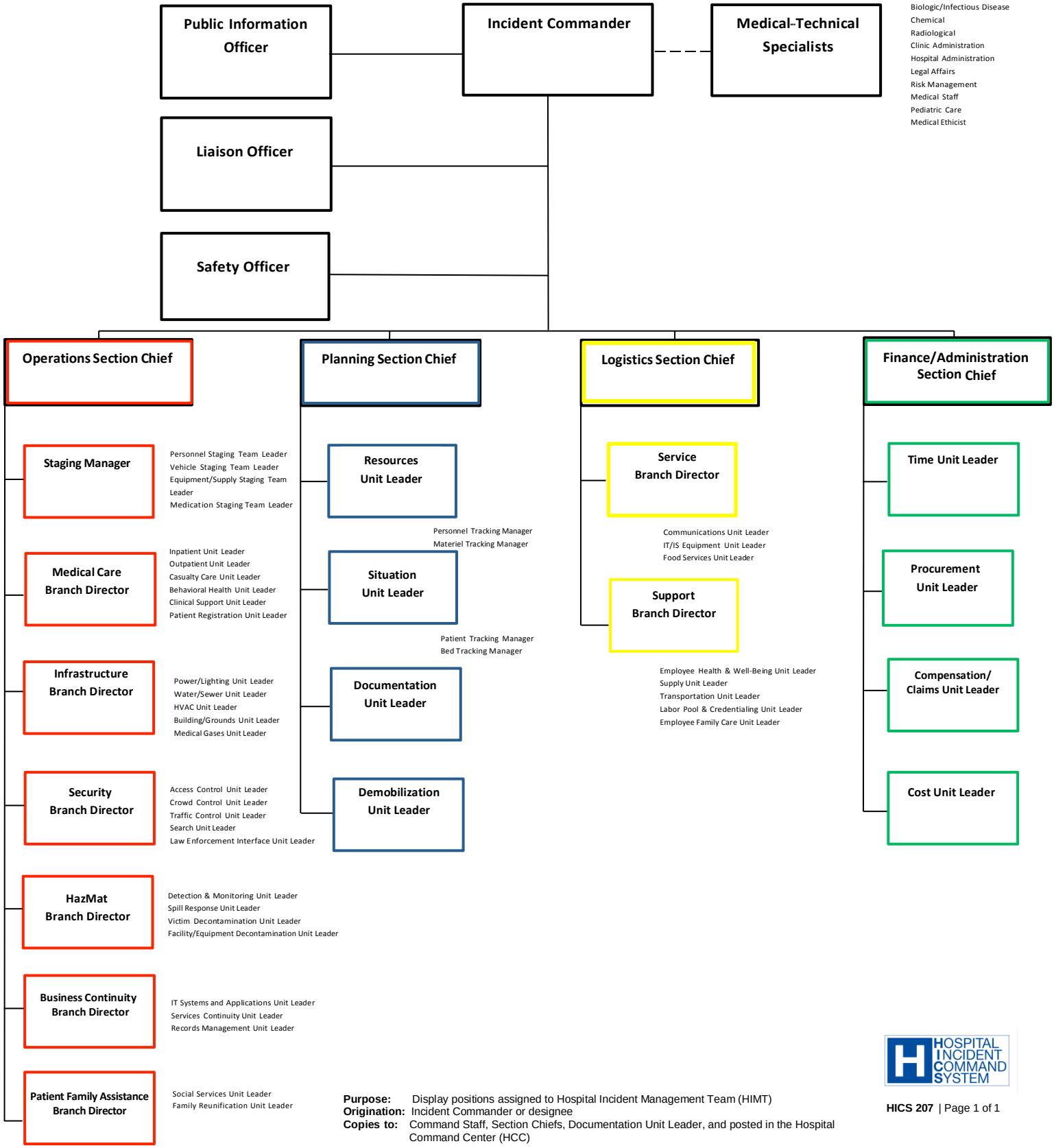
NOTES: If additional pages are needed, use a blank HICS 206 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

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.

HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

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

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



Purpose: Display positions assigned to Hospital Incident Management Team (HIMT)
Origination: Incident Commander or designee
Copies to: Command Staff, Section Chiefs, Documentation Unit Leader, and posted in the Hospital Command Center (HCC)

HOSPITAL INCIDENT COMMAND SYSTEM

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

1. Incident Name

2. To

PRINT NAME: _____ POSITION: _____

3. From

PRINT NAME: _____ POSITION: _____

4. Subject	**5. Date**	**6. Time**

7. Priority ☐ **URGENT - HIGH** ☐ **NON URGENT - MEDIUM** ☐ **INFORMATIONAL - LOW**

8. Message ☐ **RESPONSE REQUIRED**

9. Approved by PRINT NAME: _____ SIGNATURE: _____

10. Reply / Action Taken

11. Replied by PRINT NAME: _____ SIGNATURE: _____

POSITION: _____ FACILITY: _____

DATE/TIME: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Used to transmit messages regarding resources requested, status information, and other coordination issues
Origination: Any personnel
Copies to: Documentation Unit Leader

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	**To**	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 (#)
	DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Name	4. Hospital Incident Management Team (HIMT) Position

5. Activity Log

DATE / TIME	NOTABLE ACTIVITIES

6. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Provides documentation for basic incident activity and details of notable activities
Origination: Any Hospital Incident Management Team (HIMT) personnel
Copies to: Documentation Unit Leader

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. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Hazard Mitigation

3a. Potential / Actual Hazards	3b. Affected Section / Branch / Unit and Location	3c. Mitigations	3d. Mitigation Completed (Initials/Date/Time)

4. Prepared by Safety Officer

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

5. Approved by Incident Commander

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Operational risk assessment to prioritize hazards, safety, and health issues, and to assign mitigation actions
Origination: Safety Officer
Copies to: Planning Section Chief for Incident Action Plan (IAP) and Documentation Unit Leader

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: FROM: _____ TO: _____

3. Section Demobilization Checks

Use as positions and resources are demobilized. The position and the resources may only be released when the checked boxes below are signed off, all equipment is serviced and returned, and all paperwork turned in to the Documentation Unit Leader. Respective Section Chiefs must initial their sections showing approval for demobilization.

COMMAND STAFF

INCIDENT COMMANDER	REMARKS	INITIALS
☐ All units, branches, and sections have been demobilized. ☐ All paperwork has been gathered for review and development of After Action Report. ☐ Final message to staff, media, and stakeholders has been developed and disseminated. ☐ All clinical operations have returned to normal or pre-incident status. ☐ Hospital Command Center and Emergency Operations Plan are deactivated.		
PUBLIC INFORMATION OFFICER	**REMARKS**	**INITIALS**
☐ Final media briefing is developed, approved, and disseminated. ☐ Final staff and patient briefings are developed, approved, and disseminated. ☐ Social media is updated with current status.		
LIAISON OFFICER	**REMARKS**	**INITIALS**
☐ All stakeholders and external partners are notified of Hospital Command Center deactivation/return to normal operations.		
SAFETY OFFICER	**REMARKS**	**INITIALS**
☐ 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 to be used. ☐ Appropriate regulatory agencies are notified. ☐ All safety specific paperwork is completed and submitted.		
MEDICAL / TECHNICAL SPECIALIST (TITLE) _____	**REMARKS**	**INITIALS**
☐ Position-specific roles and responsibilities have been deactivated. ☐ Response-specific paperwork is completed and submitted to Documentation Unit Leader.		
MEDICAL / TECHNICAL SPECIALIST (TITLE) _____	**REMARKS**	**INITIALS**
☐ Position-specific roles and responsibilities have been deactivated. ☐ Response-specific paperwork is completed and submitted to Documentation Unit Leader.		
MEDICAL / TECHNICAL SPECIALIST (TITLE) _____	**REMARKS**	**INITIALS**
☐ 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. ☐ Hospital 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	INITIALS
☐ All supplies and equipment used in relocated services have been returned. ☐ Interruptions in data entry have been resolved and documentation recovered. ☐ All units within branch are debriefed and deactivated.		

HICS 221- DEMOBILIZATION CHECK-OUT

PATIENT FAMILY ASSISTANCE BRANCH	REMARKS	INITIALS
☐ 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 SECTION		
TIME UNIT	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.		

HICS 221- DEMOBILIZATION CHECK-OUT

COMPENSATION / CLAIMS UNIT	REMARKS	INITIALS
☐ All timesheets and other documentation tools are collected and provided to Documentation Unit Leader. ☐ All insurance forms are completed and submitted per policy.		
COST UNIT	**REMARKS**	**INITIALS**
☐ All time sheets and other documentation tools are collected and provided to Documentation Unit Leader. ☐ All expense reports are completed. ☐ All outstanding expenses, bills, purchase orders, check cards, bank cards have been resolved.		
ALL POSITIONS	**REMARKS**	**INITIALS**
☐ All paperwork generated during the response and recovery is submitted to the Documentation Unit Leader. ☐ 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.		

4. Prepared by

PRINT NAME: _____ SIGNATURE: _____

POSITION: _____ FACILITY: _____

DATE/TIME: _____

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.

HICS 251 – FACILITY SYSTEM STATUS REPORT

Department Use

1. Incident Name	**2. Time Completed:** (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Name of Department / Unit Reporting Status Below	**Contact Number:**

4. System	**5. Status**	**6. Comments** If not fully functional, give location, reason, and estimated time/resources for necessary 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, broken glass, falling light fixtures, etc.)

8. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Material Tracking Managers, and the Documentation Unit Leader

HICS 251 – FACILITY SYSTEM STATUS REPORT

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

3. Name of Facility / Building Reporting Status Below

4. System	5. Status	6. 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 Email, registration, patient records, time card system	☐ Fully functional ☐ 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 Code teams, standard paging	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment Facility handheld, 2-way radios, antennas	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment EMS, local health department, other external Partner	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment Amateur radio	☐ Fully functional ☐ 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 Roadway s, 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	

HICS 251 – FACILITY SYSTEM STATUS REPORT

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

HICS 251 – FACILITY SYSTEM STATUS REPORT

Campus Security Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Panic Alarms Internal and other reporting devices	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
UTILITIES		
Electrical Power Primary service	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Electrical Power Backup generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Fuel Storage	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Note amount on hand)
Sanitation Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ 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	
Elevators/Escalators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

HICS 251 – FACILITY SYSTEM STATUS REPORT

Hazardous Waste Containment System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Heating, Ventilation, and Air Conditioning (HVAC)	☐ Fully functional ☐ 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 reserve 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 (for patient use)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Water Heater and Circulators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

HICS 251 – FACILITY SYSTEM STATUS REPORT

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	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)

8. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HICS 251 – FACILITY SYSTEM STATUS REPORT

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, Material 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 PERSONNEL TIME SHEET

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

3. Time 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. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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

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. Operational Period (#)

DATE: FROM: _____ TO: _____

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

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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

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: _____ TO: _____

TIME: FROM: _____ TO: _____

3. Area (Triage or Specific Treatment 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: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Records the triage, treatment, and location of victims/patients
Origination: Patient Tracking Manager or team
Copies to: Situation Unit Leader, Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and Documentation Unit Leader

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.

HICS 255 - MASTER PATIENT EVACUATION TRACKING

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

3. Patient Evacuation Information

PATIENT NAME		Medical Record #	Evacuation Triage Category ☐ IMMEDIATE ☐ DELAYED ☐ MINOR		Mode of Transport ☐ CCT ☐ ALS ☐ BLS ☐ VAN ☐ BUS ☐CAR ☐ AIRCRAFT	
	Disposition ☐ DISCHARGE ☐ TRANSFER ☐ MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent ☐ YES ☐ NO	Medication Sent ☐ YES ☐ NO	Family Notified ☐ YES ☐ NO	Arrival Confirmed ☐ YES ☐ NO	Admit Location ☐ FLOOR ☐ ICU ☐ ER ☐ MORGUE	Expired (time)
PATIENT NAME		Medical Record #	Evacuation Triage Category ☐ IMMEDIATE ☐ DELAYED ☐ MINOR		Mode of Transport ☐ CCT ☐ ALS ☐ BLS ☐ VAN ☐ BUS ☐CAR ☐ AIRCRAFT	
	Disposition ☐ DISCHARGE ☐ TRANSFER ☐ MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent ☐ YES ☐ NO	Medication Sent ☐ YES ☐ NO	Family Notified ☐ YES ☐ NO	Arrival Confirmed ☐ YES ☐ NO	Admit Location ☐ FLOOR ☐ ICU ☐ ER ☐ MORGUE	Expired (time)
PATIENT NAME		Medical Record #	Evacuation Triage Category ☐ IMMEDIATE ☐ DELAYED ☐ MINOR		Mode of Transport ☐ CCT ☐ ALS ☐ BLS ☐ VAN ☐ BUS ☐CAR ☐ AIRCRAFT	
	Disposition ☐ DISCHARGE ☐ TRANSFER ☐ MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent ☐ YES ☐ NO	Medication Sent ☐ YES ☐ NO	Family Notified ☐ YES ☐ NO	Arrival Confirmed ☐ YES ☐ NO	Admit Location ☐ FLOOR ☐ ICU ☐ ER ☐ MORGUE	Expired (time)
PATIENT NAME		Medical Record #	Evacuation Triage Category ☐ IMMEDIATE ☐ DELAYED ☐ MINOR		Mode of Transport ☐ CCT ☐ ALS ☐ BLS ☐ VAN ☐ BUS ☐CAR ☐ AIRCRAFT	
	Disposition ☐ DISCHARGE ☐ TRANSFER ☐ MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent ☐ YES ☐ NO	Medication Sent ☐ YES ☐ NO	Family Notified ☐ YES ☐ NO	Arrival Confirmed ☐ YES ☐ NO	Admit Location ☐ FLOOR ☐ ICU ☐ ER ☐ MORGUE	Expired (time)

4. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Record information concerning patient disposition during an evacuation
Origination: Situation Unit Leader or designee (Patient Tracking Manager)
Copies to: Planning Section Chief, Documentation Unit Leader

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.

HICS FORM 256 - PROCUREMENT SUMMARY REPORT

1. Incident Name

2. Operational Period (#)

DATE: FROM: _____ TO: _____

TIME: FROM: _____ TO: _____

3. Purchases

	P.O. / REFERENCE NUMBER	DATE / TIME	ITEM / SERVICE	VENDOR	DOLLAR AMOUNT	REQUESTOR NAME / DEPT (PLEASE PRINT)	APPROVED BY (PLEASE PRINT)	RECEIVED DATE / TIME
1								
	COMMENTS							
2								
	COMMENTS							
3								
	COMMENTS							
4								
	COMMENTS							
5								
	COMMENTS							
6								
	COMMENTS							
7								
	COMMENTS							
8								
	COMMENTS							
9								
	COMMENTS							

4. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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. Incident Name

2. Operational Period (#)

DATE: FROM: _____ TO: _____

TIME: FROM: _____ TO: _____

3. Resource Record

TIME	ITEM / FACILITY TRACKING IDENTIFICATION NUMBER	CONDITION	RECEIVED FROM	DISPENSED (TO/TIME)	RETURNED (DATE/TIME)	CONDITION (OR INDICATE IF NON-RECOVERABLE)	INITIALS

4. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Records the request, distribution, return, and condition of equipment and resources
Origination: Hospital Incident Management Team (HIMT) personnel as directed by Section Chiefs
Copies to: Finance/Administration Section Chief, Resources Unit Leader, Materiel Tracking Manager, and Documentation Unit Leader

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.

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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., back hoes, snow plow,etc.)						
Home health service						
Home repair/construction supplies						
1.						
2.						

HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Hospice						
Hospitals						
1.						
2.						
3.						
4.						
Hotel/motel						
Housing, temporary						
Ice, 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						

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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						

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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						

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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

5. Prepared by PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HICS 258 - HOSPITAL RESOURCE DIRECTORY

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 **prior** 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: _____ TO: _____

TIME: FROM: _____ TO: _____

3. Number 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: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Record the total numbers of adult and pediatric patients seen, admitted, discharged, transferred, expired, and waiting to be seen
Origination: Patient Tracking Manager or team
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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 / Fatalities**	
	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. Medical Record Number
6. Diagnosis	7. Admitting Physician	

8. Family Notified ☐ YES ☐ NO NAME: _____ CONTACT INFORMATION: _____

9. Mode of Transport	10. Accompanying Equipment (check those that apply)		
☐ Hospital Bed	☐ IV Pump(s)	☐ Isolette/Warmer	☐ Foley Catheter
☐ Gurney	☐ Oxygen	☐ Traction	☐ Halo-Device
☐ Wheelchair	☐ Ventilator	☐ Monitor	☐ Cranial Bolt/Screw
☐ Ambulatory	☐ Chest Tube(s)	☐ A-Line/Sw an	☐ Intraosseous Device
☐ Other:	☐ Other:	☐ Other:	☐ Other:

11. Special Needs

12. Isolation ☐ YES ☐ NO TYPE: _____ REASON: _____

13. Evacuating Clinical Location			14. Arriving Location	
ROOM # TIME			ROOM # TIME	
ID BAND CONFIRMED BY:		☐ YES ☐ NO	ID BAND CONFIRMED BY:	☐ YES ☐ NO
MEDICAL RECORD SENT		☐ YES ☐ NO	MEDICAL RECORD RECEIVED	☐ YES ☐ NO
BELONGINGS	☐ WITH PATIENT	☐ LEFT IN ROOM ☐ NONE	BELONGINGS RECEIVED	☐ YES ☐ NO
VALUABLES	☐ WITH PATIENT	☐ LEFT IN SAFE ☐ NONE	VALUABLES RECEIVED	☐ YES ☐ NO
MEDICATIONS	☐ WITH PATIENT	☐ LEFT ON UNIT ☐ PHARMACY	MEDICATIONS RECEIVED	☐ YES ☐ NO
PEDS / INFANTS			**PEDS / INFANTS**	
BAG/MASK WITH TUBING SENT		☐ YES ☐ NO	BAG/MASK /W TUBING RCVD	☐ YES ☐ NO
BULB SYRINGE SENT		☐ YES ☐ NO	BULB SYRINGE RECEIVED	☐ YES ☐ NO

15. Transferring to another Facility / Location

TIME TO STAGING AREA TIME DEPARTING TO RECEIVING FACILITY

Destination

TRANSPORTATION ☐ AMBULANCE. # AGENCY ☐ HELICOPTER ☐ OTHER

ID BAND CONFIRMED ☐ YES ☐ NO BY

DEPARTURE TIME:

16. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

HOSPITAL INCIDENT COMMAND SYSTEM

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

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.