**Appendix H**

**HICS Forms**

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| Form # | Form Title |
| [200](#IAPCOVERSHEET) | [Incident Action Plan (IAP) Cover Sheet](#IAPCOVERSHEET) |
| [IAP Quick](#IAPQuickStart)  [Start](#IAPQuickStart) | [Incident Action Plan (IAP) Quick Start](#IAPQuickStart) |
| [201](#INCIDENTBRIEFING) | [Incident Briefing](#INCIDENTBRIEFING) |
| [202](#INCIDENTOBJECTIVES) | [Incident Objectives](#INCIDENTOBJECTIVES) |
| [203](#ORGANIZATIONASSIGNMENTLIST) | [Organization Assignment List](#ORGANIZATIONASSIGNMENTLIST) |
| [204](#ASSIGNMENTLIST) | [Assignment List](#ASSIGNMENTLIST) |
| [205A](#COMMUNICATIONSLIST) | [Communications List](#COMMUNICATIONSLIST) |
| [206](#STAFFMEDICALPLAN) | [Staff Medical Plan](#STAFFMEDICALPLAN) |
| [207](#HIMTCHART) | [Hospital Incident Management Team (HIMT) Chart](#HIMTCHART) |
| [213](#GENERALMESSAGEFORM) | [General Message Form](#GENERALMESSAGEFORM) |
| [214](#ACTIVITYLOG) | [Activity Log](#ACTIVITYLOG) |
| [215A](#IAPSAFETYANALYSIS) | [Incident Action Plan (IAP) Safety Analysis](#IAPSAFETYANALYSIS) |
| [221](#DEMOBILIZATIONCHECKOUT) | [Demobilization Check‐Out](#DEMOBILIZATIONCHECKOUT) |
| [251](#FACILITYSYSTEMSTATUSREPORT) | [Facility System Status Report](#FACILITYSYSTEMSTATUSREPORT) |
| [252](#SECTIONPERSONNELTIMESHEET) | [Section Personnel Timesheet](#SECTIONPERSONNELTIMESHEET) |
| [253](#VOLUNTEERREGISTRATION) | [Volunteer Registration](#VOLUNTEERREGISTRATION) |
| [254](#DISASTERVICTIMPATIENTTRACKING) | [Disaster Victim/Patient Tracking](#DISASTERVICTIMPATIENTTRACKING) |
| [255](#MASTERPATIENTEVACUATIONTRACKING) | [Master Patient Evacuation Tracking](#MASTERPATIENTEVACUATIONTRACKING) |
| [256](#PROCUREMENTSUMMARYREPORT) | [Procurement Summary Report](#PROCUREMENTSUMMARYREPORT) |



**H ‐ 1**

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| Form # | Form Title |
| [257](#RESOURCEACCOUNTINGRECORD) | [Resource Accounting Record](#RESOURCEACCOUNTINGRECORD) |
| [258](#HOSPITALRESOURCEDIRECTORY) | [Hospital Resource Directory](#HOSPITALRESOURCEDIRECTORY) |
| [259](#HOSPITALCASUALTYFATALITYREPORT) | [Hospital Casualty/Fatality Report](#HOSPITALCASUALTYFATALITYREPORT) |
| [260](#PATIENTEVACUATIONTRACKINGFORM) | [Patient Evacuation Tracking](#PATIENTEVACUATIONTRACKINGFORM) |



**H ‐ 2**

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| **1. Incident Name** | **2. Operational Period** (# )  DATE: FROM: \_ TO: \_ TIME: FROM: TO: |
| **3. Attachments** *The items checked below are 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** PRINT NAME: SIGNATURE: \_  **Planning Section Chief**  DATE/TIME: FACILITY: | |
| **5. Approved by** PRINT NAME: \_ SIGNATURE:  **Incident Commander**  DATE/TIME: FACILITY: | |

**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** | Page 1 of 1

**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.

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| **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 2014**

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| **1. Incident Name** | **2. Operational Period** (# )  DATE: FROM: TO: \_ TIME: FROM: TO: |
| **3. Situation Summary — H ICS 201 —** | |
| **4. Current Hospital Incident Management Team** (f ill in additional positions as appropriate) **— H ICS 201, 203 —**  **Public Information Officer**  **Incident Commander**  **Medical-Technical Specialists**  **Liaison Officer**  **Safety Officer**  **Operations Planning Logistics Finance / Administration**  **Section Chief Section Chief Section Chief Section Chief** | |

**Purpose:** Short form combining HICS Forms 201, 202, 203, 204, and 215A

**Origination:** Incident Commander or Planning Section Chief

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

**IAP Quick Start** | Page 1 of 2

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| **5. Health and Safety Briefing** Identify y 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. **— H ICS 202, 215A —** | | | |
| **6. Incident Objectives — H ICS 202, 204 —** | | | |
| **6a. OBJECTIVES** | **6b. STRATEGIES / TACTICS** | **6c. RESOURCES REQUIRED** | **6d. ASSIGNED TO** |
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| **7. Prepared by** PRINT NAME: \_ SIGNATURE: DATE/TIME: \_ FACILITY: | | | |

**Purpose:** Short form combining HICS Forms 201, 202, 203, 204, and 215A

**Origination:** Incident Commander or Planning Section Chief

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

**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.

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| **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 2014**

**HICS 201 - INCIDENT BRIEFING**

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| **1. Incident Name** | **2. Operational Period** (# )  DATE: FROM: TO: TIME: FROM: \_ TO: |
| **3. Situation Summary** (f or 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 | |

**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** | Page 1 of 4

**6. Current Hospital Incident Management Team** (f ill in additional positions as appropriate)

**Public Information Officer**

**Incident Commander (s )**

**Medical-Technical Specialists**

**Liaison Officer**

**Safety Officer**

**Operations**

**Section Chief**

**Planning**

**Section Chief**

**Logistics**

**Section Chief**

**Finance /**

**Administration**

**Section Chief**

**Staging Manager**

**Resources**

**Unit Leader**

**Service**

**Branch Director**

**Time**

**Unit Leader**

**Medical Care**

**Branch Director**

**Situation**

**Unit Leader**

**Support**

**Branch Director**

**Procurement**

**Unit Leader**

**Infrastructure Branch**

**Director**

**Documentation**

**Unit Leader**

**Compensation / Claims Unit Leader**

**Security**

**Branch Director**

**Demobilization**

**Unit Leader**

**Cost**

**Unit Leader**

**HazMat**

**Branch Director**

**Business Continuity**

**Branch Director**

**Patient Family Assistance Branch Director**

**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** | Page 2 of 4

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| **7. Incident Objectives** | |
| **8. Summary of Current and Planned Actions** | |
| **TIME** | **ACTIONS** |
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**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** | Page 3 of 4

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| **9. Summary of Resources Requested and Assigned** | | | | |
| **RESOURCE** | **DATE / TIME ORDERED** | **ETA** | **DATE / TIME ARRIVED** | **NOTES**  (LOCATION / ASSIGNMENT / STATUS) |
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| **10. Prepared by Incident Commander** PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BRIEFING DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**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** | Page 4 of 4

**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.

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| **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 2014**

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| **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** PRINT NAME: SIGNATURE:  **Planning Section Chief**  DATE/TIME: FACILITY: | |
| **7. Approved by** PRINT NAME: SIGNATURE:  **Incident Commander**  DATE/TIME: FACILITY: | |

 **Purpose:** Describes Basic incident objectives and safety considerations

**Origination:** Planning Section Chief

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

**HICS 202** | Page 1 of 1

**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) and approved by the Incident Commander.

**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.

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| **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** | If additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility. |

**HICS 2014**

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| **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) |  | |  |
| PRINT NAME: SIGNATURE: \_  **11. Prepared by**  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

**HICS 203** | Page 1 of 1

**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.

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| **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 2014**

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| **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** |
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2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**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** | Page 1 of 2

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| **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** |
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| **7. Special Information / Considerations** | | | | | |
| **8. Prepared by** PRINT NAME: SIGNATURE: \_ DATE/TIME: FACILITY: \_ | | | | | |

**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** | Page 2 of 2

**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 2014**

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| **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** |
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| **4. Special Instructions** | | | | | | | | |

**Purpose:** Provides information on all communication devices assigned

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Communications Unit Leader

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

**HICS 205A** | Page 1 of 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5. External Contacts** | | | | | | | |
| **AGENCY / ASSIGNMENT / NAME** | **RADIO CH # / FREQUENCY** | **TELEPHONE** | **FAX** | **EMAIL** | **MOBILE PHONE** | **PAGER** | **IDENTIFICATION NUMBER OF DEVICE ISSUED / COMMENTS** |
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| **6. Special Instruction*s*** | | | | | | | |
| **7. Prepared by**  **Communications Unit Leader** PRINT NAME: SIGNATURE: DATE/TIME: \_ FACILITY: | | | | | | | |

**Purpose:** Provides information on all communication devices assigned

**Origination:** Communications Unit Leader

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

**HICS 205A** | Page 2 of 2

**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 2014**

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| --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name** | | **2. Operational Period** (# )  DATE: FROM: TO: TIME: FROM: \_ TO: \_ | | | | |
| **3. Treatment Areas** | | | | | | |
| **AREA NAME** | **LOCATION** | | | | **UNIT / TEAM LEADER CONTACT NUMBER / CHANNEL** | |
|  |  | | | |  | |
|  |  | | | |  | |
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|  |  | | | |  | |
| **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) |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
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| **7. Special Instructions** | | | | | | |
| **8. Prepared by**  PRINT NAME: SIGNATURE: \_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_ FACILITY: | | | | | | |
| **9. Approved by**  PRINT NAME: SIGNATURE: \_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_ FACILITY: | | | | | | |

**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** | Page 1 of 1

**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 2014**

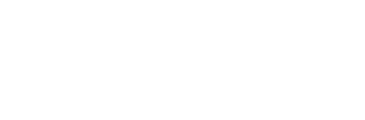
**HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART**

**1. Incident Name** **2. Operational Period** (# )

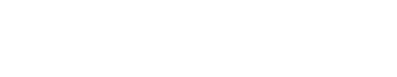
DATE: FROM: TO:

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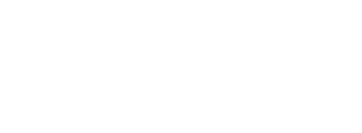
**4. Current Hospital Incident Management Team** (fill in additional positions as appropriate)



**Public Information Officer**



**Incident Commander**



**Medical-­‐Technical Specialists**

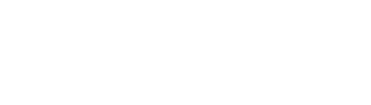
Biologic/Infectious Disease Chemical

Radiological

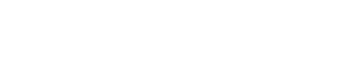
Clinic Administration Hospital Administration Legal Affairs

Risk Management

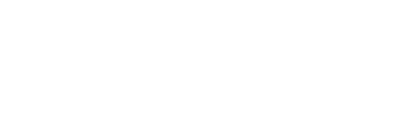
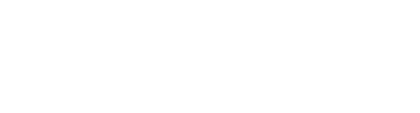
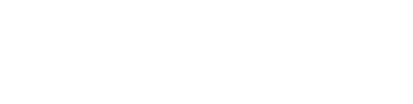
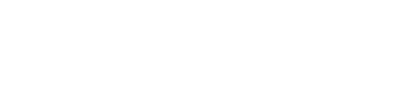
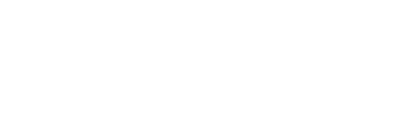
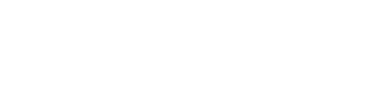
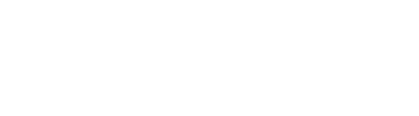
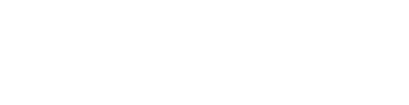
Medical Staff Pediatric Care Medical Ethicist



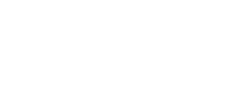
**Liaison Officer**

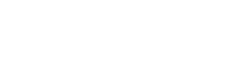


**Safety Officer**

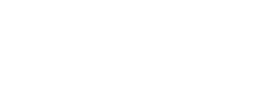
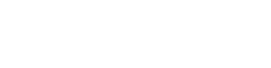


**Operations Section Chief Planning Section Chief Logistics Section Chief Finance/Administration Section Chief**





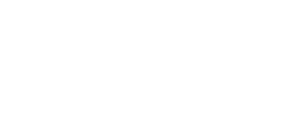
**Staging Manager**



**Medical Care Branch Director**

Personnel Staging Team Leader Vehicle Staging Team Leader Equipment/Supply Staging Team Leader

Medication Staging Team Leader



Inpatient Unit Leader

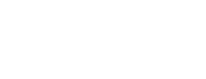
Outpatient U nit Leader

Casualty Care U nit Leader Behavioral Health U nit Leader Clinical Support Unit Leader

Patient Registration Unit Leader

**Resources Unit Leader**

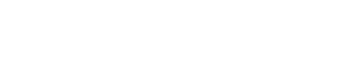
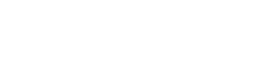




**Situation Unit Leader**

Personnel Tracking Manager Materiel Tracking Manager

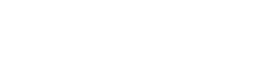
**Service**



**Branch Director**

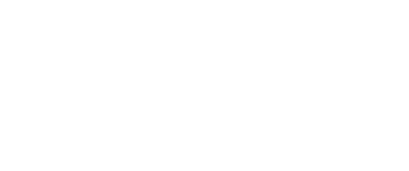
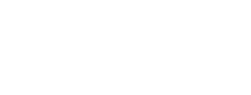
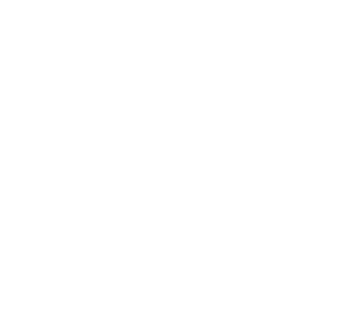


Communications U nit Leader IT/IS Equipment U nit Leader Food Services Unit Leader



**Support Branch Director**

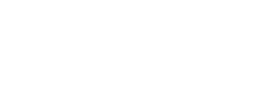
**Time Unit Leader**



**Procurement**

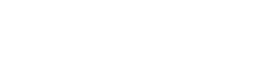
**Unit Leader**

**Infrastructure Branch Director**



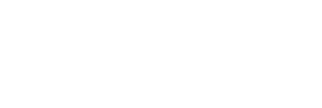
Power/Lighting Unit Leader Water/Sewer U nit Leader HVAC Unit Leader

Building/G rounds U nit Leader Medical Gases Unit Leader



**Documentation Unit Leader**

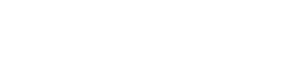
Patient Tracking Manager Bed Tracking Manager



Employee Health & Well-­‐Being Unit Leader Supply U nit Leader

Transportation Unit Leader

Labor Pool & Credentialing Unit Leader Employee Family Care Unit Leader



**Compensation/ Claims Unit Leader**



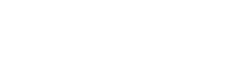
**Security**

**Branch Director**

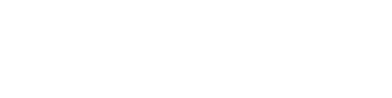
Access Control Unit Leader Crowd Control Unit Leader Traffic C ontrol U nit Leader Search Unit Leader

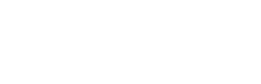
Law Enforcement Interface Unit Leader

**Demobilization Unit Leader**



**Cost Unit Leader**

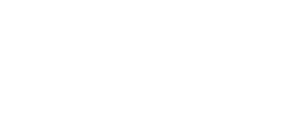




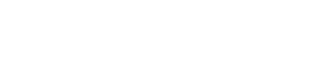
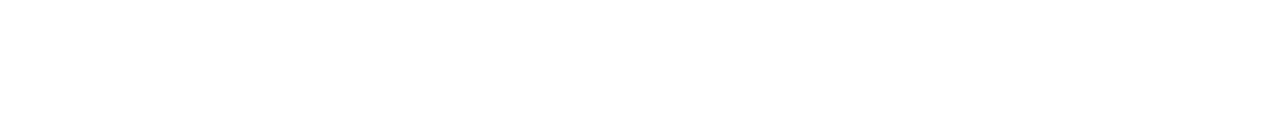
**HazMat Branch Director**

Detection & Monitoring Unit Leader Spill Response Unit Leader

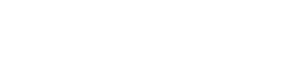
Victim Decontamination U nit Leader Facility/Equipment Decontamination Unit Leader



**Business Continuity Branch Director**



IT Systems and Applications Unit Leader Services C ontinuity Unit Leader Records Management Unit Leader



**Patient Family Assistance**

**Branch Director**

Social Services Unit Leader

Family Reunification Unit Leader

**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)

**HICS 207** | Page 1 of 1

**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 2014**

**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: | | |

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**Purpose:** Used to transmit messages regarding resources requested, status information, and other coordination issues

**Origination:** Any personnel **HICS 213** I Page 1 of 1

**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

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| **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 2014**

**HICS 214 - ACTIVITY LOG**

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| --- | --- | --- |
| **1. Incident Name** | | **2. Operational Period** (# )  DATE: FROM: \_\_ TO: \_\_\_ TIME: FROM: \_\_\_ TO: |
| **3. Name** | | **4. Hospital Incident Management Team (H IMT) Position** |
| **5. Activity Log** | | |
| **DATE / TIME** | **NOTABLE ACTIVITIES** | |
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| **6. Prepared by**  PRINT NAME: SIGNATURE: DATE/TIME: FACILITY: \_ | | |

**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** | Page 1 of 1

**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.

|  |  |  |
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| **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 2014**

**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) |
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| **4. Prepared by**  **Safety Officer** PRINT NAME: \_ SIGNATURE: DATE/TIME: \_\_\_\_\_\_\_ FACILITY: | | | | |
| **5. Approved by**  **Incident Commander** PRINT NAME: SIGNATURE: DATE/TIME: FACILITY: | | | | |

**Purpose:** Operational risk assessment to prioritize hazards, safety, and health issues, and to assign mitigation actions

***CA EMSA***

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1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Safety Officer

**Copies to:** Planning Section Chief for Incident Action Plan (IAP) and Documentation Unit Leader

**HICS 215A** | Page 1 of 1

**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 2014**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | **REM ARK S** | **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. | |  |  |

**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**| Page 1 of 4

|  |  |  |
| --- | --- | --- |
| **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. |  |  |

**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**| Page 2 of 4

|  |  |  |
| --- | --- | --- |
| **PATI EN T FA M I LY ASSI STAN CE BRAN CH** | **REM ARK S** | **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. |  |  |

**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**| Page 3 of 4

|  |  |  |
| --- | --- | --- |
| **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: | | |

**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**| Page 4 of 4

**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 2014**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

**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, Materiel Tracking Managers, and Documentation Unit Leader

**HICS 251** | Page 1 of 1

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |
| **COM M UNICATIONS** | | | |
| 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 | |  |

**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, Materiel Tracking Managers, and Documentation Unit Leader

**HICS 251** | Page 1 of 6

|  |  |  |
| --- | --- | --- |
| 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 |  |

**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, Materiel Tracking Managers, and Documentation Unit Leader

**HICS 251** | Page 2 of 6

|  |  |  |
| --- | --- | --- |
| 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 |  |

**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, Materiel Tracking Managers, and the Documentation Unit Leader

**HICS 251** | Page 3 of 6

|  |  |  |
| --- | --- | --- |
| 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 |  |

**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, Materiel Tracking Managers, and the Documentation Unit Leader

**HICS 251** | Page 4 of 6

|  |  |  |
| --- | --- | --- |
| 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 (f or patient use) |  Fully functional   Partially functional   Nonfunctional   N/A |  |
| Water Heater and Circulators |  Fully functional   Partially functional   Nonfunctional   N/A |  |

**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, Materiel Tracking Managers, and the Documentation Unit Leader

**HICS 251** | Page 5 of 6

|  |  |  |
| --- | --- | --- |
| 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: | | |

 **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, Materiel Tracking Managers, and the Documentation Unit Leader

**HICS 251** | Page 6 of 6

**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, 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 2014**

**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** |  |  |  |  | |  |  |  |  |
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| **10** |  |  |  |  | |  |  |  |  |
| **4. Prepared by**  PRINT NAME: SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

**Purpose:** Record each section’s personnel time and activities

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

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

**Copies to:** Time Unit Leader

**HICS 252** | Page 1 of 1

**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 2014**

**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** |
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| **4. Prepared by** PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

**Purpose:** To document volunteer information for each operational period

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Labor Pool and Credentialing Unit Leader

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

**HICS 253** | Page 1 of 1

**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 2014**

**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 |
|  |  |  |  |  | |  |  |  |
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| **4. Prepared by**  PRINT NAME: SIGNATURE:  DATE/TIME: FACILITY: \_ | | | | | | | | |

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

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**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** | Page 1 of 1

**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.

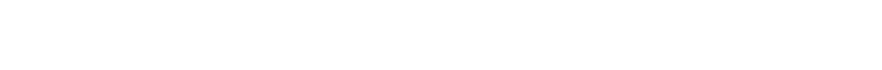
**NOTES:** The form is completed upon arrival of the first patient and updated periodically. Copies of the form are sent to the Planning Section Patient Tracking Manager each hour and at the end of each operational period until disposition of the last victim(s) are known. If additional pages are needed, 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 2014**

**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: | | | | | | | |

**Purpose:** Record information concerning patient disposition during an evacuation

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Situation Unit Leader or designee (Patient Tracking Manager)

**Copies to:** Planning Section Chief, Documentation Unit Leader

.

**HICS 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. |

**HICS 2014**

**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** | | | | | | | | |
| PRINT NAME: SIGNATURE:  **4. Prepared by**  DATE/TIME: \_\_\_\_\_ FACILITY: \_ | | | | | | | | | |

**Purpose:** Summarizes and tracks procurements

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**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 256** | Page 1 of 1

**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 2014**

**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** |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
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|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
| **4. Pre pared by** PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

**Purpose:** Records the request, distribution, return, and condition of equipment and resources

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**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** | Page1 of 1

**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 2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 f or Toxic Substances and  Disease Registry (ATSDR) |  |  | |  |  |  |  |
| Air transport: helicopter or  fixed wing |  |  | |  |  |  |  |
| Ambulance, hospital-based |  |  | |  |  |  |  |
| Ambulance, private |  |  | |  |  |  |  |
| Ambulance, public safety |  |  | |  |  |  |  |
| American Red Cross |  |  | |  |  |  |  |
| Automated Teller Machine (ATM) (Onsite) |  |  | |  |  |  |  |
| Biohazard/Waste company |  |  | |  |  |  |  |
| Buses |  |  | |  |  |  |  |
| Cab (Taxi) |  |  | |  |  |  |  |
| Centers f or 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 |  |  | |  |  |  |  |

**Purpose:** List resources to contact during an Incident

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 1 of 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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, snowplow, etc.) |  |  |  |  |  |  |
| Home health service |  |  |  |  |  |  |
| Home repair/construction supplies |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |

**Purpose:** List resources to contact during an Incident

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 2 of 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |

**Purpose:** List resources to contact during an Incident

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 3 of 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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-way |  |  |  |  |  |  |
| Regional Medical Health Coordinator |  |  |  |  |  |  |

**Purpose:** List resources to contact during an Incident

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 4 of 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |
| Roadways/sidewalks |  |  |  |  |  |  |
| Salvation Army |  |  |  |  |  |  |
| Shelter Sites |  |  |  |  |  |  |
| Surge Facilities |  |  |  |  |  |  |
| Traffic Control/Department of  Transportation |  |  |  |  |  |  |
| Trucks |  |  |  |  |  |  |
| Refrigeration |  |  |  |  |  |  |
| Towing |  |  |  |  |  |  |
| Moving |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Gas |  |  |  |  |  |  |

**Purpose:** List resources to contact during an Incident

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 5 of 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | |

**Purpose:** List resources to contact during an Incident

**Origination:** Resource Unit Leader

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

**HICS 258** | Page 6 of 6

**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 2014**

**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: \_\_\_\_\_ | | | | | |

**Purpose:** Record the total numbers of adult and pediatric patients seen, admitted, discharged, transferred, expired, and waiting to be seen

***CA EMSA***

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-------------------------------------------- To insert team logo:

1. open the image in MS word

2. right click image and copy

3. paste to PDF from menu bar or Ctrl+V

4. resize logo and move to this box

**Origination:** Patient Tracking Manager or team

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

**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 / 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 2014**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Gurney Wheelchair Ambulatory Other: | | IV Pump(s) Oxygen Ventilator Chest Tube(s) Other: | | | Isolette/Warmer  Traction  Monitor  A-Line/Swan  Other: | | Foley Catheter Halo-Device Cranial Bolt/Screw  Intraosseous Device  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: | | | | | | | | |

**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

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**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. |

**HICS 2014**