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

|  |  |  |  |
| --- | --- | --- | --- |
|  | DATE:  TIME: | FROM:  FROM: | TO:  TO: |
| **3. Situation Summary** |  |  | **— HICS 201 —** |

**4. Current Hospital Incident Management Team** (fill in additional positions as appropriate) **— HICS 201, 203 —**

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**Safety Officer**

**Liaison Officer**

**Incident Commander**

**Public Information Officer**

**Medical-Technical Specialists**

**Operations Section Chief**

**Planning Section Chief**

**Logistics Section Chief**

**Finance / Administration Section Chief**

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Health and Safety Briefing** Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. **— HICS 202, 215A —** | | | |
| **6. Incident Objectives — HICS 202, 204 —** | | | |
| **6a. OBJECTIVES** | **6b. STRATEGIES / TACTICS** | **6c. RESOURCES REQUIRED** | **6d. ASSIGNED TO** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **7. Prepared by** PRINT NAME: SIGNATURE:  DATE/TIME: FACILITY: | | | |

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

**ORIGINATION:** Prepared by the Incident Commander or Planning Section Chief.

**COPIES TO:** Duplicated and distributed to Command and General staff positions activated. All completed original forms must be given to the Documentation Unit Leader.

**NOTES:** If additional pages are needed for any form page, use a blank HICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

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

**HICS 2014**