

HICS 201 – INCIDENT BRIEFING

PURPOSE: DOCUMENT INITIAL RESPONSE INFORMATION AND ACTIONS TAKEN AT STARTUP.

ORIGINATION: INCIDENT COMMANDER.

COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

(Page 1 of 2)

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE OF BRIEFING** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
3. **TIME OF BRIEFING** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
4. **EVENT HISTORY AND CURRENT ACTIONS SUMMARY** Document input from Section Chiefs and affected leadership and/or organizations involved.
5. **CURRENT ORGANIZATION** Use proper names to identify personnel who are performing incident management functions as part of the HICS organization structure.

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6. **NOTES (INCLUDING ACCOMPLISHMENTS, ISSUES, WARNINGS/DIRECTIVES)** Self-explanatory. Use blank space for maps and other diagrams.
7. **PREPARED BY (NAME AND POSITION)** Use proper name and HICS position title.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to briefing in the current operational period.

HELPFUL TIPS: Distribute copies to all staff before initial briefing.

INCIDENT BRIEFING



6. NOTES (INCLUDING ACCOMPLISHMENTS, ISSUES, WARNINGS/DIRECTIVES)

A series of horizontal dotted lines providing space for notes, accomplishments, issues, warnings, and directives.

7. PREPARED BY (NAME AND POSITION)

8. FACILITY NAME

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8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to briefing in the current operational period.

HELPFUL TIPS: Distribute copies to all staff before initial briefing.

HICS 202 – INCIDENT OBJECTIVES

PURPOSE: DEFINE OBJECTIVES AND ISSUES FOR OPERATIONAL PERIOD.

ORIGINATION: PLANNING SECTION CHIEF.

COPIES TO: COMMAND STAFF, GENERAL STAFF, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
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4. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
5. **GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)** Use input from Section Chiefs and from affected leadership and/or organizations involved. Key questions to consider include: What is the problem? What are the obstacles? What resources are needed to address the objectives? What are considerations for the next operational period?
6. **WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDE AS APPROPRIATE: FORECAST, WIND SPEED/DIRECTION, DAYLIGHT)** Document weather and environmental factors that could affect operations.
7. **GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN** Summarize decisions made during Command meetings to convey to staff. Refer to HICS 261, Incident Action Plan Safety Analysis, to identify safety messages.
8. **ATTACHMENTS (MARK IF ATTACHED)** Check boxes that correspond with the attachments to this form.
9. **PREPARED BY (PLANNING SECTION CHIEF)** Use proper name.
10. **APPROVED BY (INCIDENT COMMANDER)** The signature of the Incident Commander indicates approval of the objectives.
11. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to briefing in the current operational period.

HELPFUL TIPS: This document serves as a roadmap to incident management. Use this form during the initial operational period, and use updated versions prior to the beginning of subsequent operational periods. Refer to this form during briefings and debriefings.

ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME

2. DATE PREPARED

3. TIME PREPARED

4. OPERATIONAL PERIOD DATE/TIME

POSITION	NAME/AGENCY
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5. INCIDENT COMMANDER AND STAFF

Incident Commander	
Public Information Officer	
Liaison Officer	
Safety Officer	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	
Medical/Technical Specialist (Type)	

6. OPERATIONS SECTION

Chief	
Staging Manager	
Medical Care Branch	
Infrastructure Branch	
HazMat Branch	
Security Branch	
Business Continuity Branch	
(Other) Branch:	

7. PLANNING SECTION

Chief	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	

8. LOGISTICS SECTION

Chief	
Service Branch	
Support Branch	

9. FINANCE/ADMINISTRATION SECTION

Chief	
Time Unit	
Procurement Unit	
Compensation/Claims Unit	
Cost Unit	

10. AGENCY REPRESENTATIVE (IN HOSPITAL COMMAND CENTER)

11. HOSPITAL REPRESENTATIVE (IN EXTERNAL EOC)

Name	External Location
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12. PREPARED BY (RESOURCES UNIT LEADER)

13. FACILITY NAME

HICS 203 – ORGANIZATION ASSIGNMENT LIST

PURPOSE: DOCUMENT STAFFING.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, AGENCY STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

- 1. INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
- 2. DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 3. TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 5. INCIDENT COMMANDER AND STAFF** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 6. OPERATIONS SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 7. PLANNING SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 8. LOGISTICS SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 9. FINANCE/ADMINISTRATION SECTION** Use proper names to identify personnel assigned to positions, and include agency name if personnel is external.
- 10. AGENCY REPRESENTATIVE (IN HOSPITAL COMMAND CENTER)** Use proper name to identify personnel representing external agency, and include agency name.
- 11. HOSPITAL REPRESENTATIVE (IN EXTERNAL EOC)** Use proper name to identify hospital personnel assigned to an external EOC, and identify location of external EOC.
- 12. PREPARED BY (RESOURCES UNIT LEADER)** Use proper name.
- 13. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At the start of the first operational period, prior to each subsequent operational period, and as additional positions are staffed.

HELPFUL TIPS: Use this form as a reminder of positions to consider when organizing personnel to manage an incident, as indicated by the situation. Retain this form for reference during the incident. Cross-reference information on this form and on HICS 201, Incident Briefing. Post this form in the Hospital Command Center, and make copies available to Branch Directors. Share copies with other agencies (e.g., the local EOC, other hospitals in the area or healthcare system, etc.), as appropriate.

HICS 204 – BRANCH ASSIGNMENT LIST

PURPOSE: DOCUMENT ASSIGNMENTS WITHIN BRANCH.

ORIGINATION: BRANCH DIRECTOR.

COPIES TO: COMMAND STAFF, GENERAL STAFF, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

- 1. INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
- 2. SECTION** Indicate the Section for which this assignment list is being prepared.
- 3. BRANCH** Indicate the Branch for which this assignment list is being prepared.
- 4. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 5. PERSONNEL** Use proper names to identify **Section Chief** and **Branch Director**.
- 6. UNITS ASSIGNED THIS PERIOD** For each Unit assigned: identify the Unit **Name** (e.g., Spill Response Unit), use proper name to identify the Unit **Leader**, identify the Unit's **Location**, list the Unit's specific **Objectives**, and use proper names to list the **Members** assigned to the Unit.
- 7. KEY OBJECTIVES** Summarize the fundamental objectives assigned to this Branch for the current operational period.
- 8. SPECIAL INFORMATION / CONSIDERATION** Identify special instructions to convey to personnel on safety, communications, and considerations for the operational period.
- 9. PREPARED BY (BRANCH DIRECTOR)** Use proper name.
- 10. APPROVED BY (PLANNING SECTION CHIEF)** The signature of the Planning Section Chief indicates approval of the assignments.
- 11. DATE** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 12. TIME** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 13. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At the start of each operational period.

HELPFUL TIPS: Use this form to identify Units assigned within a Branch, personnel assigned to lead and staff each Unit, and details of their location and assigned objective. Summarize Branch objectives and special information for reference.

HICS 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL)

PURPOSE: DOCUMENT THE INTERNAL/EXTERNAL COMMUNICATIONS EQUIPMENT/CHANNELS TO BE USED WITHIN THE FACILITY.

ORIGINATION: COMMUNICATIONS UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **BASIC CONTACT INFORMATION** Identify assigned function and proper names of personnel assigned communication devices. Provide complete channel, frequency, telephone number, e-mail address, etc., information. Note any primary or preferred communication device.
5. **PREPARED BY (COMMUNICATIONS UNIT LEADER)** Use proper name.
6. **APPROVED BY (LOGISTICS SECTION CHIEF)** The signature of the Logistics Section Chief indicates approval of the assignments.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Display this Log prominently within the Hospital Command Center.

HICS 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL)

PURPOSE: DOCUMENT THE INTERNAL/EXTERNAL COMMUNICATIONS EQUIPMENT/CHANNELS TO BE USED WITHIN THE FACILITY.

ORIGINATION: COMMUNICATIONS UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

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1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
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4. **BASIC CONTACT INFORMATION** Identify assigned function and proper names of personnel assigned communication devices. Provide complete channel, frequency, telephone number, e-mail address, etc., information. Note any primary or preferred communication device.
5. **PREPARED BY (COMMUNICATIONS UNIT LEADER)** Use proper name.
6. **APPROVED BY (LOGISTICS SECTION CHIEF)** The signature of the Logistics Section Chief indicates approval of the assignments.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Display this Log prominently within the Hospital Command Center.

STAFF MEDICAL PLAN



1. INCIDENT NAME

2. DATE PREPARED

3. TIME PREPARED

4. OPERATIONAL PERIOD DATE / TIME

5. TREATMENT OF INJURED / ILL STAFF

Location of Staff Treatment Area Contact Information

Treatment Area Team Leader Contact Information

Special Instructions

6. RESOURCES ON HAND

STAFF	MEDICAL TRANSPORTATION	MEDICATION	SUPPLIES
MD/DO	Litters		
PA/NP	Portable Beds		
RN/LPN	Transport		
Technicians/CN	Wheelchairs		
Ancillary/Other			

7. ALTERNATE CARE SITE(S)

NAME	ADDRESS	PHONE	SPECIALTY CARE (SPECIFY)

8. PREPARED BY (SUPPORT BRANCH DIRECTOR)

9. FACILITY NAME

PURPOSE: OUTLINE RESOURCES FOR MEDICAL CARE OF INJURED / ILL HOSPITAL PERSONNEL. ORIGATION: SUPPORT BRANCH DIRECTOR.
COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

HICS 206 – STAFF MEDICAL PLAN

PURPOSE: OUTLINE RESOURCES FOR MEDICAL CARE OF INJURED/ILL HOSPITAL PERSONNEL.

ORIGINATION: SUPPORT BRANCH DIRECTOR.

COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
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5. **TREATMENT OF INJURED / ILL STAFF** Identify location(s) and contact information of treatment areas designated for hospital personnel. Use proper name to identify Team Leader and provide contact information. Document special instructions relevant to the treatment of hospital personnel who are injured or ill from the incident.
6. **RESOURCES ON HAND** Indicate by specialty the number of staff, the number of units of medical transportation equipment, and identify types and quantities of medication and supplies.
7. **ALTERNATE CARE SITE(S)** Identify alternate care site facilities by name, complete street and city address, phone number, and specialty care services offered.
8. **PREPARED BY (SUPPORT BRANCH DIRECTOR)** Use proper name.
9. **FACILITY NAME** Use when transmitting the form outside of the hospital.

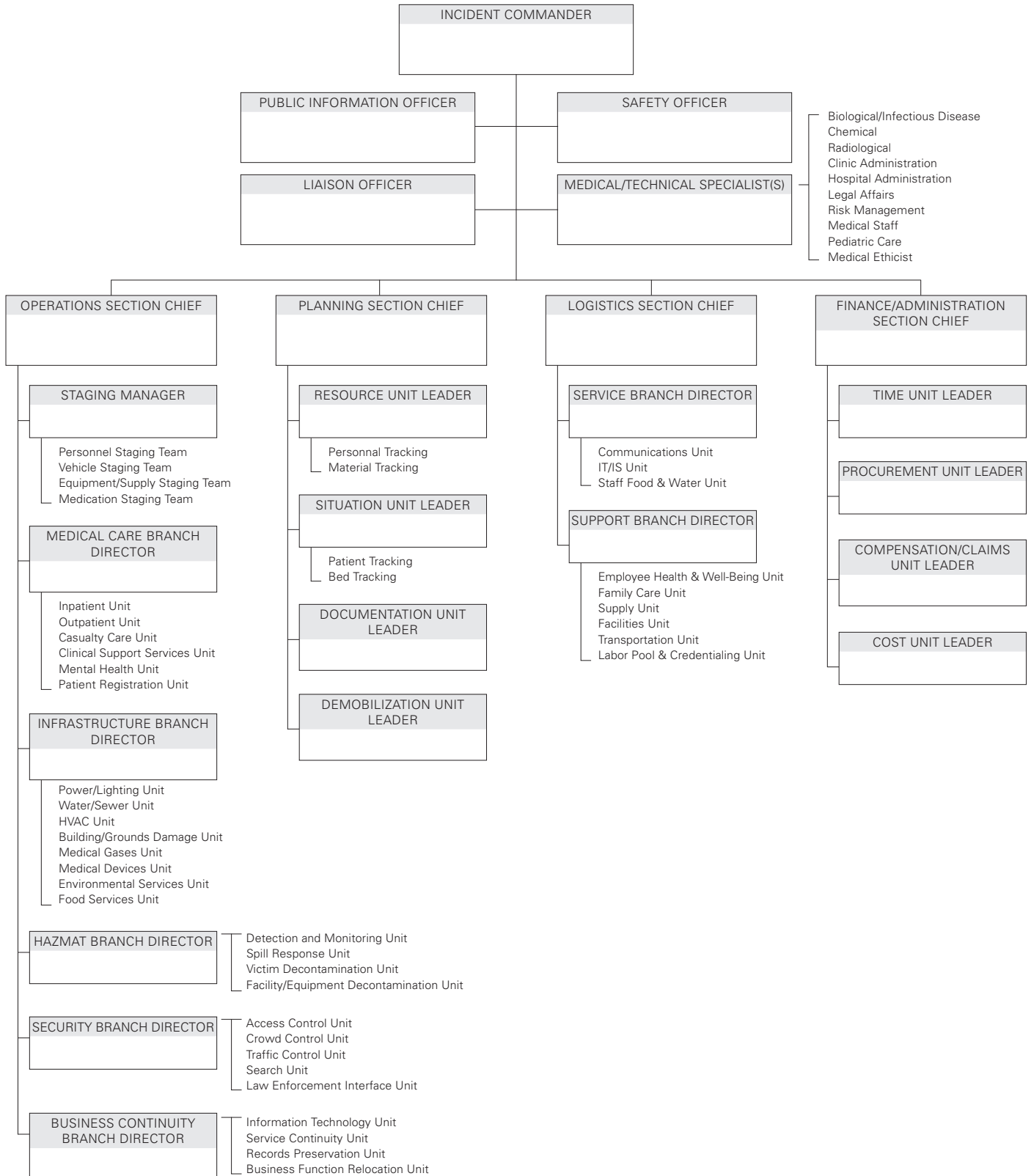
WHEN TO COMPLETE: At the start of each operational period.

HELPFUL TIPS: This Plan offers a summary of available resources and personnel for the medical care of hospital staff.

ORGANIZATION CHART

1. INCIDENT NAME 2. DATE PREPARED 3. TIME PREPARED 4. OPERATIONAL PERIOD DATE/TIME

5. ORGANIZATIONAL CHART



6. FACILITY NAME

HICS 207 – ORGANIZATION CHART

PURPOSE: DOCUMENT HICS POSITIONS ASSIGNED.

ORIGINATION: INCIDENT COMMANDER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, UNIT LEADERS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
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5. **ORGANIZATION CHART** Use proper names to identify personnel assigned to positions. Refer to information recorded in HICS 203, Organization Assignment List, as available.
6. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: This form identifies personnel with predefined responsibilities, establishing ideal reporting and communication lines. Display this form prominently in a central location within the Hospital Command Center.

HICS 213 – INCIDENT MESSAGE FORM

PURPOSE: PROVIDE STANDARDIZED METHOD FOR RECORDING MESSAGES RECEIVED BY PHONE OR RADIO.

ORIGINATION: ALL POSITIONS.

ORIGINAL TO: RECEIVER.

COPIES TO: DOCUMENTATION UNIT LEADER AND MESSAGE TAKER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **FROM (SENDER)** Use proper name to identify who is sending the message. Include title and agency as appropriate.
2. **TO (RECEIVER)** Use proper name and/or HICS position title as appropriate to identify for whom the message is intended.
3. **DATE RECEIVED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
4. **TIME RECEIVED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
5. **RECEIVED VIA** Indicate communication system.
6. **REPLY REQUESTED** Indicate whether a reply was requested and to whom reply should be addressed, if different from Sender.
7. **PRIORITY** Indicate level of urgency of the message.
8. **MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)**
Transcribe complete, concise, and specific content of message.
9. **ACTION TAKEN (IF ANY)** Note any action taken in response to message. When message is routed to any additional recipient, indicate who received, time received, action taken or other comments, and next person to whom message was forwarded.
10. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: When intended Receiver is unavailable to speak with the sender or when a communication includes specific details which accuracy needs to be ensured.

HELPFUL TIPS: This form is suitable for duplication using carbonless copy paper.

HICS 214 – OPERATIONAL LOG

PURPOSE: DOCUMENT INCIDENT ISSUES ENCOUNTERED, DECISIONS MADE, AND NOTIFICATIONS CONVEYED.

ORIGINATION: COMMAND STAFF AND GENERAL STAFF.

COPIES TO: INCIDENT COMMANDER, PLANNING SECTION CHIEF, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **SECTION / BRANCH** Identify the Section and Branch to which the position preparing this form belongs.
5. **POSITION** Identify the title of the position preparing this form.
6. **ACTIVITY LOG** In **Time** column, use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time. Prepare a separate Log for each date. In column for **Major Events, Decisions, Made, and Notifications Given**, note significant details relating to the performance of the position's functions.
7. **PREPARED BY (SIGN AND PRINT)** Use this space for the signature and printed name of the person preparing the Log.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Continuously as a tool used to record major decisions (and critical details as needed) at all levels, from activation through demobilization.

HELPFUL TIPS: Completion of this Log may be delegated to recorders assigned to the Hospital Command Center, Section Chiefs, and appropriate response levels (e.g., Units, Teams, etc.). Once complete, the Log will be forwarded to position's supervisor for immediate review and augmentation; copies are to be distributed at the end of each operational period or sooner as directed by the Section Chief and/or Command Staff. This Log provides documentation of major event response and situational decision-making that can be used later for: briefing of relief personnel, post-incident reimbursement, quality assurance/control, continuous quality improvement processes, identification of safety and/or exposure issues, development of corrective action plans, and improvement of pre-event planning for future events.

FACILITY SYSTEM STATUS REPORT



1. OPERATIONAL PERIOD DATE/TIME	2. DATE PREPARED	3. TIME PREPARED	4. BUILDING NAME
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5. SYSTEM STATUS CHECKLIST

COMMUNICATIONS SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Information Technology System (email/registration/patient records time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

INFRASTRUCTURE SYSTEM

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

HICS 251 – FACILITY SYSTEM STATUS REPORT

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT.

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR.

ORIGINAL TO: SITUATION UNIT LEADER.

COPIES TO: OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, SAFETY OFFICER, LIAISON OFFICER, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

(Page 1 of 3)

- 1. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 2. DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 3. TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. BUILDING NAME** Provide name or other identifier of building for which this status report is being prepared.

(Pages 1-3 of 3)

- 5. SYSTEM STATUS CHECKLIST** For each system listed, use the following definitions to assign Operational Status:

Fully functional 100% operable with no limitations

Partially functional Operable or somewhat operable with limitations

Non-functional Out of commission

Comment on location, reason, and time/resource 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.

(Page 3 of 3)

- 6. CERTIFYING OFFICER** Use proper name and identify the position title of the person preparing this form.
- 7. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At start of operational period, as conditions change, or more frequently as indicated by the situation.

HELPFUL TIPS: Data may be obtained from area reports or from inspections by Infrastructure Branch personnel. The hospital determines overall facility functionality.

FACILITY SYSTEM STATUS REPORT

PATIENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including containment)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Digital Radiography System (e.g., PACS)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ethylene Oxide (EtO)/Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT. **ORIGINATION:** INFRASTRUCTURE BRANCH DIRECTOR. **ORIGINAL TO:** SITUATION UNIT LEADER. **COPIES TO:** SAFETY OFFICER, LIAISON OFFICER, OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, AND DOCUMENTATION UNIT LEADER.

HICS 251 – FACILITY SYSTEM STATUS REPORT

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT.

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR.

ORIGINAL TO: SITUATION UNIT LEADER.

COPIES TO: OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, SAFETY OFFICER, LIAISON OFFICER, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

(Page 1 of 3)

- 1. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 2. DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 3. TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. BUILDING NAME** Provide name or other identifier of building for which this status report is being prepared.

(Pages 1-3 of 3)

- 5. SYSTEM STATUS CHECKLIST** For each system listed, use the following definitions to assign Operational Status:

Fully functional 100% operable with no limitations

Partially functional Operable or somewhat operable with limitations

Non-functional Out of commission

Comment on location, reason, and time/resource 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.

(Page 3 of 3)

- 6. CERTIFYING OFFICER** Use proper name and identify the position title of the person preparing this form.
- 7. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At start of operational period, as conditions change, or more frequently as indicated by the situation.

HELPFUL TIPS: Data may be obtained from area reports or from inspections by Infrastructure Branch personnel. The hospital determines overall facility functionality.

FACILITY SYSTEM STATUS REPORT

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for patient use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME

HICS 251 – FACILITY SYSTEM STATUS REPORT

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT.

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR.

ORIGINAL TO: SITUATION UNIT LEADER.

COPIES TO: OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, SAFETY OFFICER, LIAISON OFFICER, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

(Page 1 of 3)

- 1. OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
- 2. DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 3. TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. BUILDING NAME** Provide name or other identifier of building for which this status report is being prepared.

(Pages 1-3 of 3)

- 5. SYSTEM STATUS CHECKLIST** For each system listed, use the following definitions to assign Operational Status:

Fully functional 100% operable with no limitations

Partially functional Operable or somewhat operable with limitations

Non-functional Out of commission

Comment on location, reason, and time/resource 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.

(Page 3 of 3)

- 6. CERTIFYING OFFICER** Use proper name and identify the position title of the person preparing this form.
- 7. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: At start of operational period, as conditions change, or more frequently as indicated by the situation.

HELPFUL TIPS: Data may be obtained from area reports or from inspections by Infrastructure Branch personnel. The hospital determines overall facility functionality.



SECTION PERSONNEL TIME SHEET

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER
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5. TIME RECORD

#	Employee (E) / Volunteer (V)* Name (Please Print)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

* May be usual hospital volunteers or approved volunteers from community.

6. CERTIFYING OFFICER	7. DATE/TIME SUBMITTED
-----------------------	------------------------

8. FACILITY NAME

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY. ORIGINATION: SECTION CHIEF.
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS. COPIES TO: DOCUMENTATION UNIT LEADER.

HICS 252 – SECTION PERSONNEL TIME SHEET

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY.

ORIGINATION: SECTION CHIEF.

ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS.

COPY TO: DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **FROM DATE/TIME** Indicate starting date/time of period covered by this form. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
2. **TO DATE/TIME** Indicate ending date/time of period covered by this form.
3. **SECTION** Indicate the Section for which this time sheet is being prepared.
4. **TEAM LEADER** Use proper name to identify the supervisor of the personnel listed.
5. **TIME RECORD** Use proper names to list personnel and indicate status as employee or volunteer by writing E or V in parentheses following the name. Record employee number as appropriate, indicated assigned function or job, and log work start and end times in the Date/Time In and Date/Time Out columns. Have employee/volunteer sign the form. Calculate total hours.
6. **CERTIFYING OFFICER** Use proper name to identify who verified the information on the time sheet.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Time Unit Leader.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Throughout activation.

HELPFUL TIPS: Data on this form may be summarized at the end of each operational period.



VOLUNTEER STAFF REGISTRATION

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. TEAM LEADER
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5. REGISTRATION

Name (Last Name, First Name)	Address City, State, Zip	Social Security Number	Telephone Number	Certification/Licensure And Number	Time IN	Time OUT	Signature

6. CERTIFYING OFFICER	7. DATE/TIME SUBMITTED
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8. FACILITY NAME

PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD. ORIGINATION: LABOR POOL & CREDENTIALING UNIT LEADER.
 COPIES TO: TIME UNIT LEADER, PERSONNEL TRACKING MANAGER, AND DOCUMENTATION UNIT LEADER.

HICS 253 – VOLUNTEER STAFF REGISTRATION

PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD.

ORIGINATION: LABOR POOL & CREDENTIALING UNIT LEADER.

COPIES TO: TIME UNIT LEADER, PERSONNEL TRACKING MANAGER, AND OCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **FROM DATE/TIME** Indicate starting date/time of period covered by this form. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
2. **TO DATE/TIME** Indicate ending date/time of period covered by this form.
3. **SECTION** Indicate the Section for which this time sheet is being prepared.
4. **TEAM LEADER** Use proper name to identify the supervisor of the personnel listed.
5. **REGISTRATION** Use proper name, listing last name first, of volunteers, and record complete address, Social Security number, telephone number, and certification/licensure and number. Indicate work start and end times in the Time IN and Time OUT columns. Have volunteer sign the form.
6. **CERTIFYING OFFICER** Use proper name to identify who verified the information on the registration form.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Time Unit Leader.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Throughout activation.

HELPFUL TIPS: Data on this form may be summarized at the end of each operational period. This form is suitable for duplication using carbonless copy paper.

HICS 254 – DISASTER VICTIM/PATIENT TRACKING FORM

PURPOSE: ACCOUNT FOR VICTIMS OF IDENTIFIED EVENT SEEKING MEDICAL ATTENTION.

ORIGINATION: PATIENT TRACKING MANAGER.

ORIGINAL TO: SITUATION UNIT LEADER.

COPIES TO: PATIENT REGISTRATION UNIT LEADER AND MEDICAL CARE BRANCH DIRECTOR.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **TRIAGE AREAS (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE)** For each patient, record as much identifying information as available: medical record number, triage tag number, name, sex, date of birth, and age. Identify area to which patient was triaged. Record location and time of diagnostic procedures, time patient was sent to Surgery, disposition of patient, and time of disposition.
5. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
6. **AREA ASSIGNED TO** Indicate this triage area where these patients were first seen.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Situation Unit Leader.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Hourly and at end of each operational period, upon arrival of the first patient and until the disposition of the last.

HELPFUL TIPS: This form may be included in the Incident Action Plan (IAP); however, for patient confidentiality, it must be omitted from IAP copies that are distributed outside of the hospital. Consolidated information such as total number of patients may be shared with local EOC or other coordinating agency. If a Victim Tracking Center is available in the area with which a memorandum of understanding is in place, a copy may be provided. This form is suitable for duplication using carbonless copy paper.



MASTER PATIENT EVACUATION TRACKING FORM

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. PATIENT TRACKING MANAGER
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4. PATIENT EVACUATION INFORMATION

Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)		Accepting Hospital	Time Hospital Contacted and Report Given
--------------	------------------	-----------------------------------	---	--	--------------------	---

Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)
--	---------------------------------	-----------------------------	-----------------------------	-------------------------------	--	-------------------

Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)		Accepting Hospital	Time Hospital Contacted and Report Given
--------------	------------------	-----------------------------------	---	--	--------------------	---

Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)
--	---------------------------------	-----------------------------	-----------------------------	-------------------------------	--	-------------------

Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)		Accepting Hospital	Time Hospital Contacted and Report Given
--------------	------------------	-----------------------------------	---	--	--------------------	---

Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)
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Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)		Accepting Hospital	Time Hospital Contacted and Report Given
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Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)
--	---------------------------------	-----------------------------	-----------------------------	-------------------------------	--	-------------------

Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)		Accepting Hospital	Time Hospital Contacted and Report Given
--------------	------------------	-----------------------------------	---	--	--------------------	---

Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)
--	---------------------------------	-----------------------------	-----------------------------	-------------------------------	--	-------------------

5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED
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8. FACILITY NAME

PURPOSE: RECORD INFORMATION CONCERNING PATIENT DISPOSITION DURING A HOSPITAL/FACILITY EVACUATION. **ORIGINATION:** PATIENT TRACKING MANAGER.
COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER.

HICS 255 – MASTER PATIENT EVACUATION TRACKING FORM

PURPOSE: RECORD INFORMATION CONCERNING PATIENT DISPOSITION DURING A HOSPITAL/FACILITY EVACUATION.

ORIGINATION: PATIENT TRACKING MANAGER.

COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **PATIENT TRACKING MANAGER** Use proper name.
4. **PATIENT EVACUATION INFORMATION** List patient by full name and medical record number. Indicate decision to discharge home or transfer. For transfers, record triage category, identify accepting hospital, and record time the accepting hospital was contacted and provided with report. Indicate time transfer was initiated, and record name of transport company. Indicate whether patient medical record was sent, whether medication was sent, and whether patient's family was notified. Indicate whether patient arrival was confirmed, and record where the patient was admitted at the accepting hospital. If patient expired, record time.
5. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
6. **AREA ASSIGNED TO** Indicate area from which these patients were triaged out.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Planning Section Chief.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: As decisions are made and as information is determined concerning patient disposition during a hospital/facility evacuation.

HELPFUL TIPS: This form may be completed with information recorded in HICS 260, Patient Evacuation Tracking Form, as available.



PROCUREMENT SUMMARY REPORT

1. PURCHASES

#	P.O./ REFERENCE #	DATE/TIME	ITEM/SERVICE	VENDOR	\$ AMOUNT	REQUESTOR NAME/DEPT (PLEASE PRINT)	APPROVED BY (PLEASE PRINT NAME)	RECEIVED DATE/TIME
1								
Comments:								
2								
Comments:								
3								
Comments:								
4								
Comments:								
5								
Comments:								
6								
Comments:								
7								
Comments:								
8								
Comments:								
9								
Comments:								
10								
Comments:								
11								
Comments:								
12								
Comments:								

2. CERTIFYING OFFICER	3. DATE/TIME SUBMITTED	4. FACILITY NAME
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PURPOSE: SUMMARIZE AND TRACK PROCUREMENTS BY OPERATIONAL PERIOD AND/OR INCIDENT TIMEFRAME.
 ORIGINATION: PROCUREMENT UNIT LEADER. COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND DOCUMENTATION UNIT LEADER.

HICS 256 – PROCUREMENT SUMMARY REPORT

PURPOSE: SUMMARIZE AND TRACK PROCUREMENTS BY OPERATIONAL PERIOD AND/OR INCIDENT TIMEFRAME.

ORIGINATION: PROCUREMENT UNIT LEADER.

COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

- 1. PURCHASES** List purchases by purchase order or other reference number. Record date and time of purchase. Describe item or service. Identify vendor name. Record total cost of purchase. Use proper name to identify requestor and department. Use proper name to indicate who approved purchase. Record date and time item or service was received.
- 2. CERTIFYING OFFICER** Use proper name to identify who verified the information on the report.
- 3. DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Finance/Administration Section Chief. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
- 4. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to the end of the operational period and as procurements are completed.

HELPFUL TIPS: This form may be completed with information recorded in HICS 260, Patient Evacuation Tracking Form, as available.

HICS 257 – RESOURCE ACCOUNTING RECORD

PURPOSE: TRACK REQUESTED EQUIPMENT.

ORIGINATION: SECTION CHIEF.

COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF, RESOURCES UNIT LEADER, MATERIEL TRACKING MANAGER, AND ORIGINATOR.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **DATE** Indicate today's date. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
2. **SECTION** Indicate the Section for which this record is being prepared.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For time, use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **RESOURCE RECORD** For each resource, record time that item is received. Identify item and/or provide tracking number. Describe condition of item. Record from where item was received and to where it was dispensed. Indicate date and time item was returned, and describe condition. Obtain initials of person returning item.
5. **CERTIFYING OFFICER** Use proper name to identify who verified the information on the report.
6. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Finance/Administration Section Chief.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to the end of the operational period or as needed.

HELPFUL TIPS: Record details and status of resources used for this incident. Be specific.

HOSPITAL RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Agency for Toxic Substances and Disease Registry (ATSDR)						
Ambulance/EMS						
Ambulance, Hospital-Based						
Ambulance, Private						
Ambulance, Public Safety						
American Red Cross						
Automated Teller Machine (ATM)						
Biohazard Waste Company						
Buses						
Cab, City						
CDC						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						
Engineers						
HVAC						
Mechanical						
Structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food Service						

HICS 258 – HOSPITAL RESOURCE DIRECTORY

PURPOSE: LIST RESOURCES TO CONTACT AS NEEDED AND MAINTAIN CONTACT INFORMATION.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF AND GENERAL STAFF.

INSTRUCTIONS:

Print legibly, and enter complete information.

Record complete contact information for agencies, service providers, vendors, etc., that provide critical resources.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Review and update periodically to maintain current information.

HOSPITAL RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Fuel						
Funeral Homes/Mortuary Services						
Generators						
HazMat Team						
Health Department, Local						
Heavy Equipment (e.g., Backhoes, etc.)						
Helicopters						
Home Repair/Construction Supplies						
1.						
2.						
Hospitals						
1.						
2.						
3.						
4.						
Hotel						
Housing, Temporary						
Ice, Commercial						
Laboratory Response Network						
Laundry/Linen Service						
Law Enforcement						
Long Term Care Facilities						
1.						
2.						
3.						

HICS 258 – HOSPITAL RESOURCE DIRECTORY

PURPOSE: LIST RESOURCES TO CONTACT AS NEEDED AND MAINTAIN CONTACT INFORMATION.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF AND GENERAL STAFF.

INSTRUCTIONS:

Print legibly, and enter complete information.

Record complete contact information for agencies, service providers, vendors, etc., that provide critical resources.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Review and update periodically to maintain current information.

HOSPITAL RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Media						
Print:						
Print:						
Radio:						
Radio:						
TV:						
TV:						
TV:						
TV:						
Medical Gases						
Medical Supply						
1.						
2.						
3.						
4.						
Medication, Distributor						
1.						
2.						
3.						
4.						
Moving Company						
Pharmacy, Commercial						
1.						
2.						
3.						
Poison Control Center						

HICS 258 – HOSPITAL RESOURCE DIRECTORY

PURPOSE: LIST RESOURCES TO CONTACT AS NEEDED AND MAINTAIN CONTACT INFORMATION.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF AND GENERAL STAFF.

INSTRUCTIONS:

Print legibly, and enter complete information.

Record complete contact information for agencies, service providers, vendors, etc., that provide critical resources.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Review and update periodically to maintain current information.

HOSPITAL RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Portable Toilets						
Public Health						
Radios						
Amateur Radio Group						
Satellite						
Service Provider (e.g., Nextel)						
Walkie-Talkie						
Regional Healthcare Coordinating Center/REDDINET						
Repair Services						
Beds						
Biomedical Devices						
Elevators						
Medical Devices						
Oxygen Devices						
Radios						
Restoration Services (e.g., ServiceMaster)						
Salvation Army						
Shelter Sites						
Surge Facilities						
Toxicologist						
Traffic Control						
Trucks						
Refrigeration						
Towing						

HICS 258 – HOSPITAL RESOURCE DIRECTORY

PURPOSE: LIST RESOURCES TO CONTACT AS NEEDED AND MAINTAIN CONTACT INFORMATION.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF AND GENERAL STAFF.

INSTRUCTIONS:

Print legibly, and enter complete information.

Record complete contact information for agencies, service providers, vendors, etc., that provide critical resources.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Review and update periodically to maintain current information.

HOSPITAL RESOURCE DIRECTORY

	Personal Contact (Company/Agency/Name)	Phone Number - Primary	Phone Number - Secondary	E-Mail	Fax	Radio
Utilities						
Gas						
Power						
Sewage						
Telephone						
Water						
Vending Machines						
Ventilators						
Water - Nonpotable						
Water Vendor - Potable						
Other						

HICS 258 – HOSPITAL RESOURCE DIRECTORY

PURPOSE: LIST RESOURCES TO CONTACT AS NEEDED AND MAINTAIN CONTACT INFORMATION.

ORIGINATION: RESOURCES UNIT LEADER.

COPIES TO: COMMAND STAFF AND GENERAL STAFF.

INSTRUCTIONS:

Print legibly, and enter complete information.

Record complete contact information for agencies, service providers, vendors, etc., that provide critical resources.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Review and update periodically to maintain current information.



HOSPITAL CASUALTY/FATALITY REPORT

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
------------------	------------------	------------------	---------------------------------

5. NUMBER OF CASUALTIES / FATALITIES

	ADULT	PEDIATRIC (<18 YEARS OLD)	TOTAL	COMMENTS
Patients seen				
Admitted				
Critical care bed				
Medical/surgical bed				
Pediatric bed				
Discharged				
Transferred				
Expired				
Waiting to be seen				

6. PREPARED BY (PATIENT TRACKING MANAGER)	7. FACILITY NAME
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PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES.
 ORIGINATION: PATIENT TRACKING MANAGER. COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

HICS 259 – HOSPITAL CASUALTY / FATALITY REPORT

PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES.

ORIGINATION: PATIENT TRACKING MANAGER.

COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
3. **TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
4. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
5. **NUMBER OF CASUALTIES / FATALITIES** For the operational period covered, record total numbers of adult and pediatric patients seen, admitted (specify bed type), discharged, transferred, expired, and waiting to be seen.
6. **PREPARED BY (PATIENT TRACKING MANAGER)** Use proper name.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to briefing in the next operational period.

HELPFUL TIPS: This information is included in the situation reports during the planning meetings.

PATIENT EVACUATION TRACKING FORM



1. DATE	2. UNIT
---------	---------

3. PATIENT NAME	4. AGE	5. MR#
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6. DIAGNOSIS(-ES)	7. ADMITTING PHYSICIAN
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8. FAMILY NOTIFIED

Yes No Contact Information: _____

9. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)

<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> IV Pump(s)	<input type="checkbox"/> Isolette/Warmer	<input type="checkbox"/> Foley Catheter
<input type="checkbox"/> Gurney	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Traction	<input type="checkbox"/> Halo-Device
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Monitor	<input type="checkbox"/> Cranial Bolt/Screw
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Chest Tube(s)	<input type="checkbox"/> A-Line/Swan	<input type="checkbox"/> IO Device
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Isolation Yes No Type _____

Reason _____

10. EVACUATING CLINICAL LOCATION	11. ARRIVING LOCATION
Room # _____ Time _____	Room # _____ Time _____
ID Band Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	ID Band Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____	By: _____
Medical Record sent <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Record received <input type="checkbox"/> Yes <input type="checkbox"/> No
Addressograph sent <input type="checkbox"/> Yes <input type="checkbox"/> No	Addressograph received <input type="checkbox"/> Yes <input type="checkbox"/> No
Belongings <input type="checkbox"/> with patient <input type="checkbox"/> left in room <input type="checkbox"/> none	Belongings received <input type="checkbox"/> Yes <input type="checkbox"/> No
Valuables <input type="checkbox"/> with patient <input type="checkbox"/> left in safe <input type="checkbox"/> none	Valuables <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications <input type="checkbox"/> with patient <input type="checkbox"/> left on unit <input type="checkbox"/> to pharmacy	Medications received <input type="checkbox"/> Yes <input type="checkbox"/> No
PEDS/INFANTS	
Bag/Mask with tubing sent <input type="checkbox"/> Yes <input type="checkbox"/> No	Bag/Mask with tubing received <input type="checkbox"/> Yes <input type="checkbox"/> No
Bulb Syringe sent <input type="checkbox"/> Yes <input type="checkbox"/> No	Bulb Syringe received <input type="checkbox"/> Yes <input type="checkbox"/> No

12. TRANSFERRING TO ANOTHER FACILITY

Time to Staging Area _____	Time Departing to Receiving Facility _____
Destination _____	
Transportation <input type="checkbox"/> Ambulance unit <input type="checkbox"/> Helicopter <input type="checkbox"/> Other: _____	
ID Band Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____
Departure Time _____	

13. FACILITY NAME _____

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR PATIENTS TRANSFERRED TO ANOTHER FACILITY.
ORIGINATION: INPATIENT UNIT LEADER, OUTPATIENT UNIT LEADER AND/OR CASUALTY CARE UNIT LEADER. **ORIGINAL TO:** PATIENT.
COPIES TO: PATIENT TRACKING MANAGER, MEDICAL CARE BRANCH DIRECTOR AND EVACUATING CLINICAL LOCATION.

HICS 260 – PATIENT EVACUATION TRACKING FORM

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR PATIENTS TRANSFERRED TO ANOTHER FACILITY.

ORIGINATION: INPATIENT UNIT LEADER, OUTPATIENT UNIT LEADER, AND/OR CASUALTY CARE UNIT LEADER.

ORIGINAL TO: PATIENT.

COPIES TO: PATIENT TRACKING MANAGER, MEDICAL CARE BRANCH DIRECTOR, AND EVACUATING CLINICAL LOCATION.

INSTRUCTIONS:

Print legibly, and enter complete information.

- 1. DATE** Enter today's date. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
- 2. UNIT** Enter the name of the Unit preparing this form.
- 3. PATIENT NAME** Enter patient's full name.
- 4. AGE** Enter patient's age.
- 5. MR#** Enter patient's medical record number.
- 6. DIAGNOSIS(-ES)** Briefly list any diagnosis.
- 7. ADMITTING PHYSICIAN** Use proper name to identify admitting physician.
- 8. FAMILY NOTIFIED** Indicate whether the patient's family has been notified of the evacuation, and note contact information.
- 9. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)** Check boxes that correspond with equipment that is taken with patient. Also indicate whether patient requires isolation, the isolation type, and reason for isolation.
- 10. EVACUATING CLINICAL LOCATION** Record room number from which patient is being evacuated and time of evacuation. [For time, use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.] Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record and addressograph were sent. Indicate disposition of belongings, valuables, and medications. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were sent.
- 11. ARRIVING LOCATION** Record room number assigned to patient and time of arrival. Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record, addressograph, belongings, valuables, and medications were received. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were received.
- 12. TRANSFERRING TO ANOTHER FACILITY** Indicate time patient arrived at staging area and scheduled departure time to receiving facility. Identify destination and mode of transportation. Indicate whether patient identification band was confirmed by the transportation provider representative and by whom. Record actual departure time.
- 13. FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: As patients are identified for evacuation.

HELPFUL TIPS: Information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. This form is suitable for duplication using carbonless copy paper.



INCIDENT ACTION PLAN SAFETY ANALYSIS

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
------------------	------------------	------------------

4. HAZARD MITIGATION

Potential/Actual Hazards (biohazards, structural, utility, traffic, etc.)	Section or Branch and Location	Mitigations (e.g., PPE, buddy system, escape routes)	Mitigation Completed (Sign Off)

5. SAFETY OFFICER	6. FACILITY NAME
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HICS 261 – INCIDENT ACTION PLAN SAFETY ANALYSIS

PURPOSE: DOCUMENT HAZARDS AND DEFINE MITIGATION.

ORIGINATION: SAFETY OFFICER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND UNIT LEADERS.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
3. **TIME PREPARED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
4. **HAZARD MITIGATION** Identify the potential and actual hazards associated with the incident, from which specific Sections or Branches are at risk; identify Section or Branch and location. Define measures to mitigate hazard, including personal protective equipment (PPE), precautions, etc. Safety Officer or designee to sign when mitigation is implemented.
5. **SAFETY OFFICER** User proper name to identify Safety Officer who has completed the analysis.
6. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Prior to safety briefing that is part of shift briefings conducted for all staff at the start of each operational period.

HELPFUL TIPS: Identification of safety issues is an ongoing process. Hazards and risks should be reported immediately and proper mitigation measures identified and implemented as quickly as possible. This may include cessation of operations if deemed necessary by the Safety Officer to protect the health and safety of responders and the general public, until the hazard or risk has been mitigated. This document identifies specific existing or potential safety risks and hazards and documents assignments as well as progress/completion of mitigation activities. This information is included in the operational period briefing by the Planning Section Chief and archived by the Documentation Unit Leader.