

# HICS 201 - INCIDENT BRIEFING

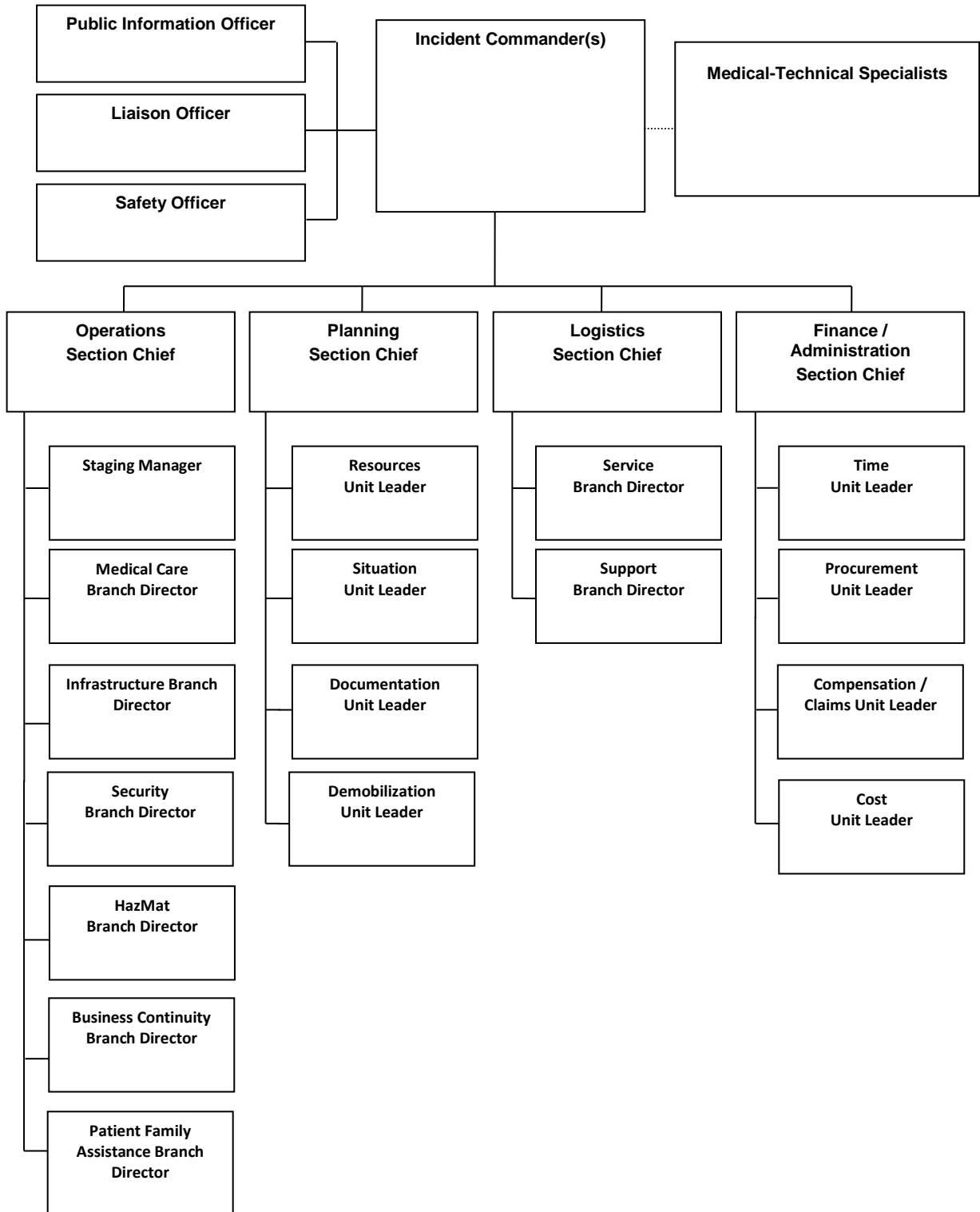
<b>1. Incident Name</b>	<b>2. Operational Period</b> (#            ) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
<b>3. Situation Summary</b> (for briefings or transfer of command)	
<b>4. Health and Safety Briefing</b> Identify potential incident health and safety hazards and implement necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. (Summary of HICS 215A)	
<b>5. Map / Sketch</b> (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.)  <input type="checkbox"/> 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

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





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## 9. Summary of Resources Requested and Assigned

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

10. Prepared by Incident Commander PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

BRIEFING DATE/TIME: \_\_\_\_\_ FACILITY: \_\_\_\_\_



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## HICS 201 - INCIDENT BRIEFING

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

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	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	<b>Situation Summary</b>	Concise statement of the status and information regarding the current situation.
4	<b>Health and Safety Briefing</b>	Enter the summary of health and safety issues and instructions.
5	<b>Map / Sketch</b>	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	<b>Current Hospital Incident Management Team</b>	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	<b>Incident Objectives</b>	Enter the objectives used for the incident.
8	<b>Summary of Current and Planned Actions</b>	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	<b>Summary of Resources Requested and Assigned</b>	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.
	<b>Resource</b>	Enter the number and category, kind, or type of resource ordered.
	<b>Date / Time Ordered</b>	Enter the date (m/d/y) and time (24-hour clock) the resource was ordered.
	<b>ETA</b>	Enter the estimated time of arrival (ETA) to the incident (24-hour clock).
	<b>Date / Time Arrived</b>	Enter the date (m/d/y) and time (24-hour clock) the resource arrived.
	<b>Notes</b>	Enter notes such as the assigned location of the resource and/or the actual assignment and status.
10	<b>Prepared by Incident Commander</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.