HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201—202—203—204—215A

1. Incident Name		2. Operational Period (#)	
		DATE: FROM:	TO:
		TIME: FROM:	TO:
3. Situation Summary	·		— HICS 201 —
4. Current Hospital Incident Manage	ment Team (fill in additional posit	tions as appropriate)	— HICS 201, 203 —
Public Information Of	fficer		
Public Information Of	fficer Incident C	Commander	
	fficer Incident C	Commander	Medical-Technical Specialists
Public Information Of Liaison Officer	fficer Incident C	Commander	Medical-Technical Specialists
	fficer Incident C		Medical-Technical Specialists
	fficer Incident C		Medical-Technical Specialists
Liaison Officer	fficer Incident C		Medical-Technical Specialists
Liaison Officer	fficer Incident C		Medical-Technical Specialists
Liaison Officer	fficer Incident C		Medical-Technical Specialists
Liaison Officer Safety Officer	Incident		Finance / Administration
Liaison Officer	Planning Section Chief		
Liaison Officer Safety Officer Operations	Planning	Logistics	Finance / Administration
Liaison Officer Safety Officer Operations	Planning	Logistics	Finance / Administration
Liaison Officer Safety Officer Operations	Planning	Logistics	Finance / Administration
Liaison Officer Safety Officer Operations	Planning	Logistics	Finance / Administration



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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:		DATE/TIME:			
SIGNATURE: _		FACILITY:			



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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.		

