# Incident Command System (ICS)

# Incident Command System (HICS) Forms

The Hospital Incident Command System (HICS) is an incident management system that can be used by any hospital to manage threats, planned events, or emergency incidents. As a system, HICS is extremely useful; not only does it provide an organizational structure for incident management, but it also guides the process for planning, building, and adapting that structure. Using HICS for every incident or planned event helps hone and maintain skills needed for the large-scale incidents.

HICS is based on the same principles as the Incident Command System (ICS) component of the National Incident Management System (NIMS), adapted for the healthcare environment. The principles presented in the HICS material apply to all mission areas (Prevention, Protection, Mitigation, Response, and Recovery) and all hazards. Like ICS, HICS is a flexible, scalable, and adaptable system that can be used by all hospitals regardless of size, location, patient acuity, patient volume, or hazard type. HICS expands or contracts relative to the needs of the situation. By using HICS, hospitals adopt a nationally recognized system that promotes successful incident management within funds were used in the development of the HICS material.

Incident Command System (ICS) and Hospital Incident Command System (HICS) forms are readily available online in fillable PDF and Word formats. The websites below provide the best source of these forms based on the needs of the organization. These standardized forms will allow <insert Organization’s name> to track incident management activities and expenses through use of ICS/HICS forms. Only the forms that are needed to assist in planning and tracking the incident should be utilized. All completed forms will be routed to the appropriate Section Chief and stored with the Planning Section.

It is recommended that the Incident Management Team (IMT) have electronic and paper copies of these forms available in the Emergency Operations Center (EOC). It is also recommended that the facility IMT exercise and practice working with these forms frequently. ICS/HICS forms are designed to help make sure the IMT does not miss the delivery or capturing of important incident information.

There is no requirement to fill in every box on every form, or even to use every form. ICS, the forms are flexible based on the needs of the user and incident.

* [Word and PDF fillable HICS forms](https://emsa.ca.gov/hospital-incident-command-system-forms-2014/)
* [NIMS Incident Command System Forms Booklet](https://www.fema.gov/media-library-data/20130726-1922-25045-7047/ics_forms_12_7_10.pdf)
* [FEMA ICS Forms](https://training.fema.gov/icsresource/icsforms.aspx)

As soon as possible after ICS/HICS activation, the IMT should develop the **Incident Action Plan (IAP)**. The IAP contains objectives reflecting the overall incident strategy, specific tactical actions, and supporting information for the operational period. Objectives should follow the **SMART model** or a similar approach:

* + - **S**pecific – Keep wording specific to what needed
    - **M**easurable – Describe how objectives measured
    - **A**ction-oriented – Describe what is needed
    - **R**ealistic – Ensure the outcome achievable
    - **T**ime-oriented – Provide specific timeframe

For **immediate response,** the organization’s **IAP** is documented on:

* HICS Incident Action Plan Quick Start Form (HICS Forms Combined 201—202—203—204—215A)

For **long term** or **extended response**, the organization’s **Incident Action Plan** is documented on the following:

* + - **HICS 201:** Incident Briefing Form – Briefly describe the incident, information from previous Operational Periods and current IMT assignments and should be completed within 30 minutes the establishment of Emergency Operations Center or an extension of an Operational Period.
    - **HICS 202:** Incident Objectives Form - Is completed by any of the Incident Management Team members(i.e., Logistics, Operations) and normally has 3 to 4 objectives by each section.
    - **HICS 203:** Organizational Assignments Form - Provides Incident Management Team (HIMT) personnel with information on the positions that are currently activated and the names of personnel staffing each position.
    - **HICS 204:** Branch Assignment List – Documents the strategies and tactics of each (activated) Section, the resources required, and the composition of the Unit assigned.
    - **HICS 215A:** IAP Safety Analysis - Identifies any potential hazards for staff and patients, ways to correct those hazards and individuals which can correct those hazards.

Each Form Includes:

* Purpose of the form
* Origination/Who prepares the form
* Copies of the form when completed
* General notes
* General instructions

## 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 Management Team** (fill in additional positions as appropriate) **­­­­­ (HICS 201, 203)**  Medical-Technical Specialists  Incident Commander  Planning  Section Chief  Operations  Section Chief  Finance / Administration Section Chief  Logistics  Section Chief  Liaison Officer  **Safety Officer**  Public Information Officer | | | | | | | |
|  | | | | | | | |
| HICS Incident Action Plan (IAP) Quick Start Form (continued) | | | | | | | |
| **5. Health and Safety Briefing (HICS 202, 215A)**  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. | | | | | | | |
| **6. Incident Objectives**  **(HICS 202, 204)** | | | | | | | |
| **6a. Objectives** | | **6b. Strategies/Tactics** | | **6c. Resources Required** | | **6d. Assigned to** | |
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|  | |  | |  | |  | |
| **7. Prepared by** | PRINT NAME:  DATE/TIME: | | | | SIGNATURE:  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 201 Form – Incident Briefing

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

## HICS 202 Form – Incident Objectives

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | |
| **6. Prepared by Planning Section Chief** | PRINT NAME:  DATE/TIME: | | SIGNATURE:  facility: |
| **7. Approved by Incident Commander** | PRINT NAME:  DATE/TIME: | | SIGNATURE:  facility: | |

**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.

|  |  |  |
| --- | --- | --- |
| **No.** | **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 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 203 Form – Organization Assignment List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | |  | | |  |
| **4. Operations Section** | | | | | |
| Operations Chief | |  | | |  |
| Staging Manager | |  | | |  |
| Medical Care Branch Director | |  | | |  |
| Infrastructure Branch Director | |  | | |  |
| Security Branch Director | |  | | |  |
| Others if needed | |  | | |  |
| **5. Planning Section** | |  | | |  |
| Planning Chief | |  | | |  |
| Resources Unit Leader | |  | | |  |
| Situation Unit Leader | |  | | |  |
| Documentation Unit Leader | |  | | |  |
| **6. Logistics Section** | |  | | |  |
| Logistics Chief | |  | | |  |
| Service Branch Director | |  | | |  |
| Support Branch Director | |  | | |  |
| **7. Finance / Administration Section** | |  | | |  |
| Finance/Administration Chief | |  | | |  |
| Time Unit Leader | |  | | |  |
| **8. Agency Executive** | |  | | |  |
| 9. Prepared by: | PRINT NAME:  DATE/TIME: | | | SIGNATURE:  facility: | |

**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.

| **No.** | **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 204 Form – Branch Assignment List

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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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|  |  |  |  | |
| **6. Unit(s) Assigned this Operational Period** | | | | |
| **Unit Name** | **Unit Name** | **Unit Name** | **Unit Name** |
| **Leader Name** | **Leader Name** | **Leader Name** | **Leader Name** |
| **Unit Location** | **Unit Location** | **Unit Location** | **Unit Location** |
| **Unit Members / Teams** | **Unit Members / Teams** | **Unit Members / Teams** | **Unit Members / Teams** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **7. Special Information / Considerations** | | | | |
| **8. Prepared by:** | PRINT NAME:  DATE/TIME: | SIGNATURE:  facility: | | |

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.

| No. | 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 R 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 essential 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 215a Form – Incident Action Plan Safety Analysis

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:  DATE/TIME: | | | | SIGNATURE:  facility: | |  | |
| **5. Approved by:**  **Incident Commander** | PRINT NAME:  DATE/TIME: | | | | SIGNATURE:  facility: | | |  |

**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.

| No. | 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. |

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| --- | --- |
| **HICS form #** | **Title** |
| 204 | Assignment List |
| 205A | Communications List |
| 206 | Staff Medical Plan |
| 207 | Hospital Incident Management Team (HIMT) Chart |
| 213 | General Message Form |
| 214 | Activity Log |
| 221 | Demobilization Check‐Out |
| 251 | Facility System Status Report |
| 252 | Section Personnel Timesheet |
| 253 | Volunteer Registration |
| 254 | Disaster Victim/Patient Tracking |
| 255 | Master Patient Evacuation Tracking |
| 256 | Procurement Summary Report |
| 257 | Resource Accounting Record |
| 258 | Hospital Resource Directory |
| 259 | Hospital Casualty/Fatality Report |
| 260 | Patient Evacuation Tracking |

## Other HICS Forms