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| --- | --- | --- | --- | --- |
| 1. Incident Name | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_March 4, 2015 \_ TO: \_\_\_\_March 5, 2-15  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 | | | | |
| **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** |
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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. |