



## 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 —

