



# Ambulatory Healthcare Incident Response Toolkit

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**Simplified Incident Command for Outpatient Healthcare Facilities**

Developed by the Tampa Bay Health and Medical Preparedness Coalition (TBHMPC)

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## 1. About the Coalition

The Tampa Bay Health and Medical Preparedness Coalition (TBHMPC) works to strengthen healthcare system preparedness, response, and recovery across the Greater Tampa Bay region. The coalition brings together hospitals, outpatient healthcare providers, public health agencies, emergency management, EMS, long-term care providers, and other healthcare partners to enhance coordination during disasters and public health emergencies. This toolkit was developed to support outpatient healthcare partners by providing practical guidance and tools for establishing a simplified incident response structure appropriate for ambulatory healthcare environments.

## 2. Introduction

Healthcare emergencies and operational disruptions can significantly impact outpatient healthcare facilities. Incidents such as severe weather, power outages, infectious disease outbreaks, hazardous material incidents, and technology failures may require healthcare facilities to rapidly coordinate staff, resources, and operational decisions. Large hospitals frequently rely on the Hospital Incident Command System (HICS) to organize their response; however, many outpatient healthcare organizations operate with smaller staffing structures that make full implementation impractical. This toolkit provides a streamlined incident response framework appropriate for smaller healthcare environments.

### How to Use This Toolkit

This toolkit is designed to help outpatient healthcare facilities quickly establish a simplified incident command structure that can be used during emergencies or operational disruptions. The guidance and tools included in this document are intended to be practical and easily incorporated into existing emergency preparedness plans.

Facilities can implement this toolkit by following these steps:

1. Review the simplified incident command structure provided in this guide.
2. Assign incident response roles to appropriate staff members based on your facility's organizational structure.
3. Integrate the incident command structure into your facility's Emergency Operations Plan (EOP) or emergency preparedness program.
4. Familiarize staff with their responsibilities using the Job Action Sheets provided in the appendices.
5. Test the structure during drills, exercises, or real-world incidents and update assignments as necessary.

### 3. Purpose

The Ambulatory Healthcare Incident Response Toolkit provides guidance for establishing a simplified incident command and response structure for smaller, non-residential healthcare facilities that provide outpatient medical services. The framework supports leadership, communication, and operational coordination during emergencies while remaining appropriate for facilities with limited staffing models.

### 4. Intended Users

This toolkit is intended for smaller non-residential healthcare facilities, including:

- Primary care clinics
- Specialty physician practices
- Ambulatory surgery centers
- Dialysis centers
- Community health centers / Federally Qualified Health Centers
- Urgent care centers
- Outpatient imaging and diagnostic centers
- Rehabilitation and therapy clinics
- Behavioral health outpatient treatment centers
- Public health clinics
- Specialty outpatient treatment facilities

### 5. Why Incident Command Matters for Outpatient Facilities

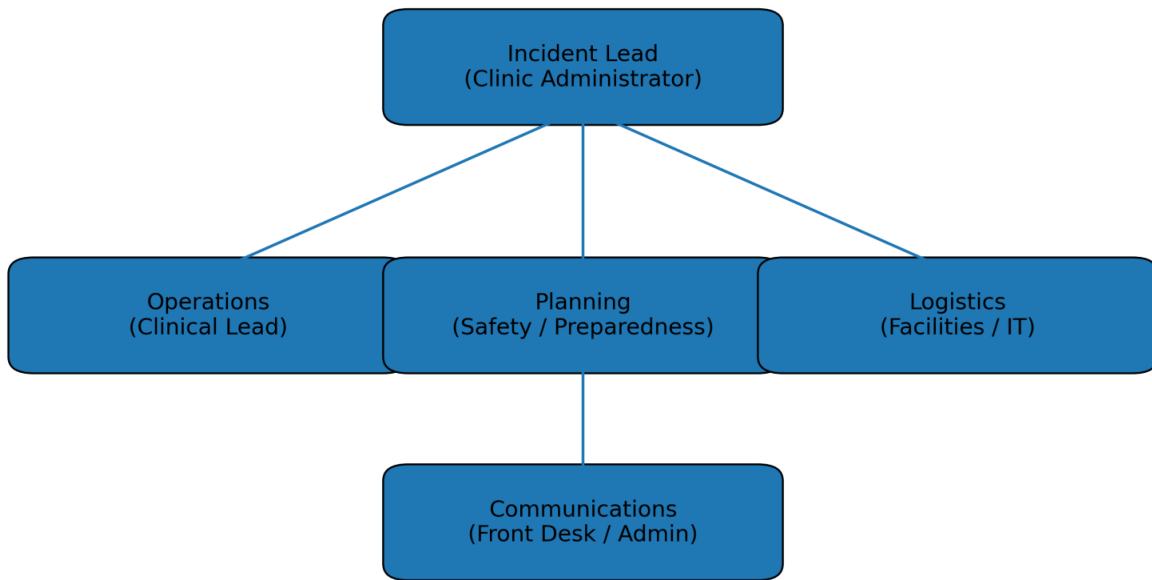
Emergency incidents can create rapid operational challenges for outpatient healthcare facilities, including loss of utilities, technology outages, severe weather impacts, infectious disease surges, hazardous material incidents, and safety threats. Establishing a simplified incident command structure helps facilities assign leadership, coordinate staff activities, improve communication, and maintain situational awareness during incidents.

## 6. Simplified Incident Command Structure

Outpatient healthcare facilities typically require a smaller and more flexible incident command structure than hospitals. A simplified model can effectively organize staff and resources during emergencies while remaining manageable for small teams.

Figure 1 – Ambulatory Incident Command Organizational Chart

Ambulatory Incident Response Structure



*A simplified incident command structure designed for smaller outpatient healthcare facilities. The model provides clear leadership and functional responsibilities while remaining scalable to the size and staffing of ambulatory healthcare environments.*

## 7. Activation Guidance

Outpatient healthcare facilities may experience a variety of operational disruptions and emergency situations that require coordinated decision-making and staff management. Establishing clear activation guidance helps ensure that staff understand when the incident response structure should be used and how the facility will manage incidents as they develop.

The simplified incident response structure presented in this toolkit can be activated for both short-term operational disruptions and larger community emergencies.

### When to Activate the Incident Response Structure

Facilities should consider activating their incident response structure whenever an incident:

- Disrupts normal clinic operations
- Requires coordination among multiple staff members or departments
- Impacts patient safety or staff safety
- Requires communication with external partners
- Requires rapid operational decision-making

Examples of incidents that may warrant activation include:

- Power outages or loss of utilities
- Electronic health record or IT system failures
- Severe weather events
- Infectious disease surges or outbreaks
- Hazardous materials incidents in the surrounding community
- Security or safety incidents affecting the facility
- Community disasters impacting patient access to care

### Activation Levels

#### Monitoring

The facility is aware of a potential incident but continues normal operations. Examples include weather advisories, public health alerts, or situational awareness notifications from authorities.

#### Partial Activation

A limited incident response structure is activated to manage a disruption that affects operations but does not require full activation. The Incident Lead assumes coordination responsibilities and select roles may be activated.

#### Full Activation

Full activation occurs when a significant incident requires coordinated response across multiple operational areas. All incident response roles may be activated, and external coordination may occur with community partners.

## Incident Management Priorities

- Ensure staff safety
- Protect patient safety and wellbeing
- Maintain continuity of essential patient care services
- Stabilize facility operations
- Communicate with staff, patients, and partners

## Incident Leadership

The Incident Lead is responsible for determining whether the incident response structure should be activated and for coordinating response activities. Depending on facility policies, this role may be filled by the Clinic Administrator, Medical Director, Practice Manager, or a designated Emergency Preparedness Coordinator.

## Deactivation and Recovery

As the situation stabilizes, the Incident Lead should determine when the facility can transition back to normal operations. This typically includes standing down response roles, communicating operational status, documenting actions taken, and identifying lessons learned.

## Incident Documentation

During incidents, facilities may benefit from using simple documentation tools to record actions taken and operational priorities. Documentation supports situational awareness, coordination with partners, and post-incident review.

This toolkit includes two commonly used incident management tools derived from the Hospital Incident Command System:

- HICS 214 Activity Log — used to document key actions, decisions, and operational developments during an incident
- Quick Incident Action Plan (Quick IAP) — used to identify operational priorities, objectives, and resource needs during an incident

These tools are provided in the appendices and may be used as needed depending on the complexity and duration of the incident.

## Example Role Assignments for Small Outpatient Clinics

Smaller outpatient facilities may not have enough staff to assign a unique individual to every incident response role. In these situations, staff may fill multiple functions. The following examples demonstrate how the simplified incident response structure can be adapted for smaller teams.

Incident Function	Example Staff Assignment
Incident Lead	Clinic Administrator / Practice Manager
Operations	Lead Provider / Clinical Supervisor
Planning / Safety	Charge Nurse / Safety Coordinator
Logistics	Office Manager / Facilities / IT Support
Communications	Front Desk Supervisor / Administrative Staff

This model allows smaller clinics to maintain a clear leadership structure while remaining flexible with staffing resources.

## 8. Incident Response Role Descriptions

When an incident response structure is activated, clearly defined roles help ensure that staff understand their responsibilities and that operational decisions are coordinated effectively.

In smaller outpatient healthcare facilities, a single individual may fulfill multiple roles depending on staffing availability and the nature of the incident. Facilities should assign roles based on experience, authority, and familiarity with facility operations.

The following role descriptions outline the primary responsibilities and functions within the simplified incident response structure.

### Incident Lead

#### Typical Staff Assignment

- Clinic Administrator
- Practice Manager
- Medical Director
- Emergency Preparedness Coordinator

#### Role Summary

The Incident Lead provides overall leadership and coordination for the facility's response during an emergency or operational disruption.

### **Primary Responsibilities**

- Determine whether to activate the incident response structure
- Establish operational priorities
- Assign staff to incident response roles
- Coordinate response activities
- Communicate operational decisions
- Coordinate with external partners
- Ensure documentation of incident actions

### **Initial Actions**

- Assess the nature and scope of the incident
- Determine operational priorities
- Assign staff to roles
- Notify staff of operational status
- Establish communication with key partners if needed

### **Operations**

#### **Typical Staff Assignment**

- Lead Provider
- Clinical Supervisor
- Charge Nurse

#### **Role Summary**

The Operations function oversees clinical and operational activities required to maintain patient care during an incident.

#### **Primary Responsibilities**

- Coordinate patient care activities
- Manage clinical staff workflow
- Monitor patient safety
- Adjust operations to maintain services
- Report operational issues to the Incident Lead

#### **Initial Actions**

- Assess patient care operations
- Identify patient safety concerns
- Adjust staffing or patient flow
- Communicate operational needs to leadership

## Planning / Safety

### Typical Staff Assignment

- Safety Officer
- Emergency Preparedness Coordinator
- Senior Clinical Staff

### Role Summary

The Planning and Safety function monitors incident conditions and maintains situational awareness.

### Primary Responsibilities

- Monitor incident conditions
- Identify safety risks
- Maintain situational awareness
- Document key actions and decisions
- Provide updates to leadership

### Initial Actions

- Identify potential safety concerns
- Track incident developments
- Document decisions
- Provide situation updates

## Logistics

### Typical Staff Assignment

- Office Manager
- Facilities Manager
- IT Support

### Role Summary

The Logistics function supports response operations by addressing facility, technology, and supply needs.

### Primary Responsibilities

- Address facility infrastructure issues
- Coordinate IT or EHR support
- Identify equipment and supply needs
- Support operational adjustments
- Coordinate access to needed resources

**Initial Actions**

- Assess facility systems and utilities
- Identify equipment or supply needs
- Coordinate IT support
- Support operational changes

**Communications**

**Typical Staff Assignment**

- Front Desk Supervisor
- Administrative Coordinator
- Patient Services Manager

**Role Summary**

The Communications function manages internal and external communications during the incident.

**Primary Responsibilities**

- Communicate operational updates to staff
- Notify patients regarding appointment changes
- Support communication with partners
- Coordinate internal messaging
- Maintain consistent messaging

**Initial Actions**

- Notify staff of operational changes
- Communicate appointment adjustments to patients
- Update internal communication channels
- Relay information between staff and leadership

**Scalability of Roles**

The simplified incident response structure is designed to be flexible and scalable. In smaller facilities, individuals may fill multiple roles depending on staffing availability and incident complexity.

Staff Member	Roles Covered
Clinic Administrator	Incident Lead + Planning
Clinical Supervisor	Operations
Office Manager	Logistics
Front Desk Lead	Communications

The responsibilities outlined above form the basis for the Job Action Sheets included in the appendices of this toolkit. These one-page tools provide staff with quick-reference guidance during incidents.

## 9. Implementation Checklist

The simplified incident response structure presented in this toolkit can be integrated into an outpatient healthcare facility's emergency preparedness program with minimal administrative effort. The following checklist provides a step-by-step approach to implementing the framework within a facility's existing emergency planning structure. Facilities are encouraged to tailor these steps to their organizational structure and operational environment.

### Step 1 — Identify Incident Leadership

Facilities should identify the individual(s) responsible for activating and leading the incident response structure.

Typical roles may include:

- Clinic Administrator
- Practice Manager
- Medical Director
- Emergency Preparedness Coordinator

Facilities should clearly document who has authority to activate the incident response structure

### Step 2 — Assign Incident Response Roles

Facilities should identify staff who may serve in the following functions during an incident:

- Incident Lead
- Operations
- Planning / Safety
- Logistics
- Communications

In smaller facilities, a single individual may fulfill multiple roles. Staff assignments should be documented within the facility's emergency preparedness plan.

### Step 3 — Integrate the Structure into the Emergency Plan

The simplified incident response structure should be incorporated into the facility's Emergency Operations Plan (EOP) or emergency preparedness policies.

- Add the incident response structure to the emergency plan
- Include the organizational chart
- Incorporate role descriptions
- Include job action sheets for staff reference
- Including documentation tools such as the HICS 214 Activity Log and Quick Incident Action Plan (Quick IAP) within emergency response procedures

#### Step 4 — Orient Staff to Their Roles

Staff should be familiar with their potential responsibilities during an incident.

Facilities may accomplish this through:

- Staff meetings or briefings
- Annual emergency preparedness training
- Orientation for new employees
- Distribution of job action sheets

Staff do not need extensive incident command training to use this simplified framework, but they should understand who leads the response and what their responsibilities may be during an emergency.

#### Step 5 — Test the Structure

Facilities should test the incident response structure periodically to ensure staff understand their roles.

Testing may include:

- Tabletop exercises
- Emergency preparedness drills
- Scenario discussions during staff meetings
- Participation in regional coalition exercises

These activities help staff become familiar with the framework before a real incident occurs.

#### Step 6 — Review and Update

Facilities should review their incident response structure periodically as part of their emergency preparedness program.

This review may include:

- Updating staff role assignments
- Reviewing incident documentation following exercises or events
- Incorporating lessons learned from incidents or drills
- Updating emergency preparedness plans as needed

The tools and resources provided in the appendices of this toolkit are designed to support implementation of the simplified incident response structure and provide practical guidance for staff during emergency situations.

## 10. References and Resources

The concepts and guidance presented in this toolkit are informed by nationally recognized emergency management and healthcare preparedness frameworks. These resources provide additional information for healthcare organizations seeking to strengthen their emergency preparedness and incident response capabilities.

### Federal Emergency Management Agency (FEMA)

- Incident Command System (ICS) guidance
- National Incident Management System (NIMS) doctrine
- ICS training courses through the FEMA Emergency Management Institute
- Website: <https://www.fema.gov>

### National Incident Management System (NIMS)

- NIMS provides a nationwide framework for managing incidents across all levels of government, the private sector, and non-governmental organizations.
- Website: <https://www.fema.gov/emergency-managers/nims>

### Centers for Medicare & Medicaid Services (CMS)

- CMS establishes emergency preparedness requirements for healthcare providers and suppliers participating in Medicare and Medicaid programs.
- The CMS Emergency Preparedness Rule requires emergency plans, communication plans, policies and procedures, and training and exercise programs.
- Website: <https://www.cms.gov>

### ASPR TRACIE

- ASPR TRACIE provides technical assistance and resources for healthcare emergency preparedness, response, and recovery.
- Website: <https://asprtracie.hhs.gov>

### Agency for Healthcare Research and Quality (AHRQ)

- AHRQ supports research and guidance related to healthcare system preparedness, patient safety, and healthcare quality improvement.
- Website: <https://www.ahrq.gov>

### Tampa Bay Health and Medical Preparedness Coalition

- The coalition works to enhance healthcare system preparedness and coordination across the Greater Tampa Bay region through planning, training, exercises, and resource development.

### Additional Preparedness Resources

- State and local health departments
- Local emergency management agencies
- Professional healthcare associations
- Regional healthcare coalitions

### **Toolkit Alignment Statement**

The incident response framework and job action sheets included in this toolkit are adapted from principles established under the Incident Command System (ICS) and the National Incident Management System (NIMS).

The structure and responsibilities also draw from concepts used within the Hospital Incident Command System (HICS) while being intentionally simplified for outpatient healthcare environments with limited staffing and operational complexity.

### **Preparedness Disclaimer**

This toolkit provides general guidance to assist outpatient healthcare facilities in establishing a simplified incident response structure. Individual organizations should adapt these tools to their specific operational environment, staffing structure, regulatory requirements, and emergency preparedness programs.

# APPENDICES

## Operational Tools and Resources

Ambulatory Healthcare Incident Response Toolkit  
Tampa Bay Health and Medical Preparedness Coalition

## Appendix Overview: How to Use the Operational Tools

This page provides a quick guide to the operational tools included in the appendices of the Ambulatory Healthcare Incident Response Toolkit. These tools are designed to help outpatient healthcare facilities organize their response during incidents or operational disruptions.

Facilities may use these tools individually or together depending on the complexity of the incident. The sequence below reflects a recommended workflow for managing incidents using the simplified incident response structure.

### Recommended Tool Sequence During an Incident

1. Activation Quick Reference — Helps determine whether the incident response structure should be activated.
2. Incident Start-Up Checklist (First 10 Minutes) — Guides initial actions during the early phase of the incident.
3. Job Action Sheets — Provide role-specific responsibilities for staff assigned to incident response functions.
4. Quick Incident Action Plan (Quick IAP) — Used to identify operational priorities, objectives, and resource needs.
5. HICS 214 Activity Log — Used to document actions taken, decisions made, and operational developments during the incident.

### Appendix Tools Included in This Toolkit

Appendix A — Ambulatory Incident Response Structure

Appendix B — Incident Lead Job Action Sheet

Appendix C — Operations Job Action Sheet

Appendix D — Logistics Job Action Sheet

Appendix E — Communications Job Action Sheet

Appendix F — HICS 214 Activity Log

Appendix G — Quick Incident Action Plan (Quick IAP)

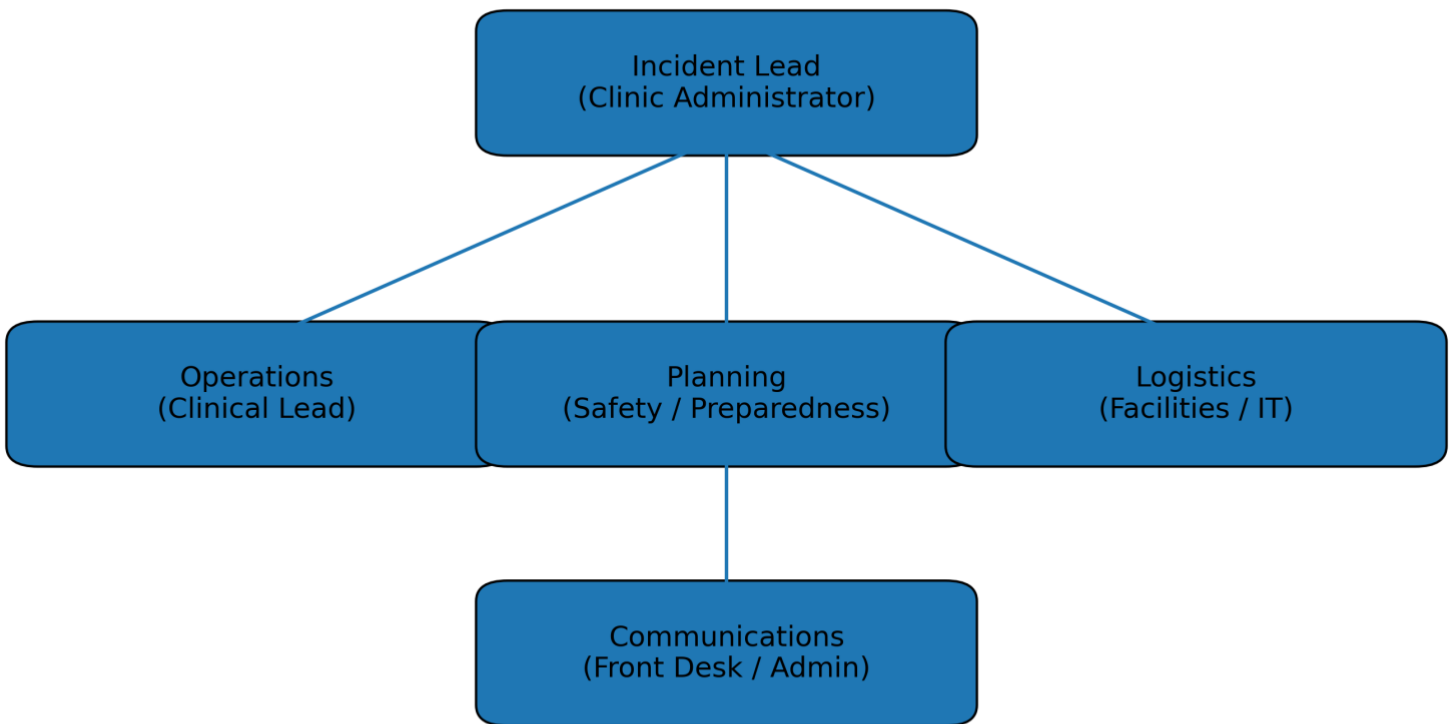
Appendix H — Activation Quick Reference

Appendix I — Incident Start-Up Checklist (First 10 Minutes)

These tools are intended to support situational awareness, coordination, and documentation during incidents affecting outpatient healthcare facilities. Facilities should adapt their use based on the size and complexity of the incident.

## Appendix A — Ambulatory Incident Response Structure

### Ambulatory Incident Response Structure



## Appendix B — Incident Lead Job Action Sheet

### Typical Staff Assignment

Clinic Administrator / Practice Manager / Medical Director / Emergency Preparedness Coordinator

### Role Overview

Provides overall leadership and coordination for the facility's response during an emergency or operational disruption. Establishes priorities, directs response activities, and ensures staff actions remain aligned with patient safety and operational continuity. May coordinate with external partners if the incident affects the surrounding healthcare system.

### Immediate Actions (First 10 Minutes)

- Assess the nature and scope of the incident
- Determine whether to activate the incident response structure
- Establish initial operational priorities (staff safety, patient safety, continuity of care)
- Assign staff to incident response roles
- Notify staff of operational status and expectations

### Operational Responsibilities

- Coordinate overall response activities
- Monitor facility operations and operational impacts
- Adjust services or staffing as necessary
- Identify operational issues requiring resolution
- Coordinate with external partners when appropriate

### Communication

- Provide regular operational updates to staff
- Coordinate messaging regarding clinic operational status
- Communicate with external partners if the incident affects regional healthcare operations

### Documentation

- Ensure ICS-214 Activity Log is initiated
- Document key operational decisions
- Track resource needs and operational impacts
- Support development of a Quick Incident Action Plan if needed

### Demobilization / Recovery

- Determine when normal operations can resume
- Ensure documentation is completed
- Participate in after-action review if conducted

## Appendix C — Operations Job Action Sheet

### Typical Staff Assignment

Lead Provider / Clinical Supervisor / Charge Nurse

### Role Overview

Oversees clinical and operational activities necessary to maintain patient care during an incident. Coordinates staff workflow and ensures patient safety remains the primary priority.

### Immediate Actions (First 10 Minutes)

- Assess patient care operations
- Identify immediate patient safety concerns
- Determine if services must be adjusted or temporarily suspended
- Coordinate staff assignments as needed

### Operational Responsibilities

- Monitor patient care delivery
- Adjust patient flow and scheduling as needed
- Support continuity of essential clinical services
- Identify emerging clinical or operational issues

### Communication

- Provide updates to Incident Lead regarding clinical operations
- Communicate workflow adjustments to clinical staff
- Coordinate with front desk staff regarding patient impacts

### Documentation

- Document operational changes affecting patient care
- Record resource needs affecting clinical operations
- Maintain activity log if assigned

### Demobilization / Recovery

- Assist with return to normal patient care operations
- Provide feedback regarding operational challenges encountered

## Appendix D — Logistics Job Action Sheet

### Typical Staff Assignment

Office Manager / Facilities Manager / IT Support

### Role Overview

Supports the incident response by addressing facility, infrastructure, technology, and supply needs necessary to maintain operations during an incident.

### Immediate Actions (First 10 Minutes)

- Assess facility systems (power, utilities, IT, EHR)
- Identify equipment or supply needs
- Determine if facility infrastructure issues exist

### Operational Responsibilities

- Coordinate IT or EHR system support if necessary
- Address facility infrastructure issues
- Procure or distribute needed supplies
- Support operational adjustments directed by Incident Lead

### Communication

- Provide status updates regarding facility systems
- Coordinate with vendors or technical support if needed
- Communicate resource availability to Incident Lead

### Documentation

- Document facility issues affecting operations
- Record resource requests and support actions
- Maintain activity log if assigned

### Demobilization / Recovery

- Confirm facility systems have returned to normal operation
- Document any remaining facility issues

## Appendix E — Communications Job Action Sheet

### Typical Staff Assignment

Front Desk Supervisor / Administrative Coordinator / Patient Services Manager

### Role Overview

Manages internal and external communication during the incident, ensuring staff, patients, and partners receive accurate and timely information.

### Immediate Actions (First 10 Minutes)

- Notify staff of operational status and incident information
- Identify patient appointments that may be affected
- Prepare messaging for patient communication

### Operational Responsibilities

- Notify patients of schedule changes or disruptions
- Update internal communication channels
- Support communication between staff and Incident Lead

### Communication

- Provide clear and consistent messaging to patients
- Relay information between staff and leadership
- Assist with communication with external partners if necessary

### Documentation

- Document communication actions taken
- Maintain record of patient notifications if possible
- Maintain activity log if assigned

### Demobilization / Recovery

- Notify patients and staff when operations return to normal
- Ensure communication records are complete



## HICS 214 Activity Log

**PURPOSE:** The HICS 214 - Activity Log records details of notable activities for any Hospital Incident Management Team (HIMT) position. These logs provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, or any notable activities, actions taken and decisions made.

**ORIGINATION:** Initiated and maintained by personnel in HIMT positions as it is needed or appropriate.

**COPIES TO:** A completed HICS 214 must be submitted to the Documentation Unit Leader. Individuals may retain a copy for their own records.

**NOTES:** Multiple pages can be used if needed. If additional pages are needed, use a blank HICS 214 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>Name</b>	Print the name of the person for whom the activities are being documented.
4	<b>HIMT Position</b>	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	<b>Activity Log</b>	Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day.  Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.  This block can also be used to track personal work activities by adding columns such as “Action Required,” “Delegated To,” “Status,” etc.
6	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

## Appendix G — Quick Incident Action Plan (Quick IAP)

### 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: _____
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3. Situation Summary <span style="float: right;">— HICS 201 —</span>
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**4. Current Incident Management Team** (fill in additional positions as appropriate)

— HICS 201, 203 —

Incident Lead

Operations Lead  
(Clinical Lead)

Planning  
(Safety / Preparedness)

Logistics  
(Facilities /IT)

Communications  
(Front Desk /Admin)

**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 —

<b>6. Incident Objectives</b>				— HICS 202, 204 —
<b>6a. OBJECTIVES</b>	<b>6b. STRATEGIES / TACTICS</b>	<b>6c. RESOURCES REQUIRED</b>	<b>6d. ASSIGNED TO</b>	

**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	<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>	Enter brief situation summary.
4	<b>Current Hospital Incident Management Team</b>	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	<b>Health and Safety Briefing</b>	Summary of health and safety issues and instructions.
6	<b>Incident Objectives</b>	
	<b>6a. Objectives</b>	Enter each objective separately. Adjust objectives for each operational period as needed.
	<b>6b. Strategies / Tactics</b>	For each objective, document the strategy/tactic to accomplish that objective.
	<b>6c. Resources Required</b>	For each strategy/tactic, document the resources required to accomplish that objective.
	<b>6d. Assigned to</b>	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

## Appendix H — Activation Quick Reference

This quick reference guide helps outpatient healthcare facilities determine when to activate the simplified incident response structure. The activation levels below provide a practical framework for recognizing incidents, initiating leadership coordination, and organizing staff response activities.

### Activation Level 1 — Monitoring

- Incident or potential disruption identified but normal operations continue
- Facility leadership monitors the situation
- Staff may be notified of potential developments
- Emergency plans may be reviewed for preparedness

Examples may include:

- Weather advisories or tropical storm watches
- Public health alerts
- Regional healthcare system notifications
- Potential infrastructure disruptions

### Activation Level 2 — Partial Activation

- Incident affecting clinic operations but manageable with limited coordination
- Incident Lead assumes coordination role
- Selected response functions activated (Operations, Logistics, Communications)
- Staff notified of operational adjustments

Examples may include:

- Temporary IT or EHR system outages
- Localized facility infrastructure issues
- Minor weather impacts affecting staffing or operations
- Supply chain disruptions

### Activation Level 3 — Full Activation

- Significant incident requiring coordinated response across the facility
- All incident response roles activated
- Operational priorities established
- External coordination may occur with partners

Examples may include:

- Major power outage affecting clinic operations
- Hurricane impacts or severe weather damage
- Infectious disease surge affecting operations
- Community disaster affecting healthcare access

### Activation Decision Guidance

- If staff safety or patient safety may be impacted, consider activation
- If multiple operational areas are affected, activate coordination
- If rapid decisions are needed regarding clinic operations, activate leadership structure
- If external coordination is required, activate the incident response structure

### Reminder

Activation does not require a large-scale emergency. Even smaller operational disruptions may benefit from clear leadership and defined responsibilities. Facilities should scale the incident response structure to match the size and complexity of the incident.

## Appendix I — Incident Start-Up Checklist (First 10 Minutes)

This checklist is designed to help outpatient healthcare facilities quickly organize their response during the first minutes of an incident or operational disruption. The steps below provide a practical framework for activating the facility's incident response structure, establishing priorities, and beginning coordinated response activities.

### Step 1 — Recognize the Incident

- Identify the nature of the incident or disruption
- Determine whether clinic operations are affected
- Notify the Clinic Administrator or designated Incident Lead

### Step 2 — Activate Incident Leadership

- Incident Lead assumes coordination responsibility
- Determine whether the simplified incident response structure should be activated
- Notify key staff of the situation

### Step 3 — Establish Immediate Priorities

- Ensure staff safety
- Ensure patient safety
- Stabilize clinic operations
- Determine whether services must be adjusted or temporarily suspended

### Step 4 — Assign Incident Response Roles

- Assign staff to key functions (Operations, Logistics, Communications)
- Ensure staff understand their immediate responsibilities
- Provide Job Action Sheets if available

### Step 5 — Communicate with Staff and Patients

- Notify staff of operational status
- Communicate any schedule or appointment changes
- Ensure front desk staff understand messaging for patients

### Step 6 — Assess Operational Status

- Evaluate facility systems (power, IT, utilities)
- Assess patient care operations
- Identify resource or support needs

### Step 7 — Begin Documentation

- Initiate an ICS 214 Activity Log
- Document key decisions and actions taken
- Track operational impacts and resource needs

## Step 8 — Develop Initial Incident Objectives

- Identify the most critical operational priorities
- Determine immediate response actions
- Document priorities in a Quick Incident Action Plan if appropriate

After completing these initial steps, the Incident Lead should continue managing the response using the simplified incident response structure and Job Action Sheets provided in this toolkit.