HICS 258 - HOSPITAL RESOURCE DIRECTORY

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Contact Information

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Agency for Toxic Substances and Disease Registry (ATSDR)						
Air transport: helicopter or fixed wing						
Ambulance, hospital-based						
Ambulance, private						
Ambulance, public safety						
American Red Cross						
Automated Teller Machine (ATM) (Onsite)						
Biohazard/Waste company						
Buses						
Cab (Taxi)						
Centers for Disease Control and Prevention (CDC)						
Clinics						
Coroner/Medical Examiner						
Dispatcher, 911						
Emergency Management Agency						
EMS Agency/Authority						
Emergency Operations Center (EOC), Local						
Emergency Operations Center (EOC), State						

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Engineers: HVAC						
Engineers: mechanical						
Engineers: seismic						
Engineers: structural						
Environmental Protection Agency (EPA)						
Epidemiologist						
Federal Bureau of Investigation (FBI)						
Fire Department						
Food service (Note if vendor, onsite, or emergency)						
Fuel distributor						
Fuel trucks						
Funeral homes/mortuary services						
Generators						
HazMat Team						
Health department, local						
Health department, state						
Heavy equipment (e.g., backhoes, snow plow, etc.)						
Home health service						
Home repair/construction supplies						
1.						
2.						

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HOSPITAL INCIDENT COMMAND SYSTEM

HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Hospice						
Hospitals						
1.						
2.						
3.						
4.						
Hotel/motel						
Housing, temporary						
Ice, commercial						
Laboratory Response Network						
Laundry/linen service						
Law Enforcement						
Lighting						
Long term care facilities						
1.						
2.						
3.						
Media: print						
Media: print						
Media: radio						
Media: radio						

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Media: TV						
Media: TV						
Media: TV						
Medical gases						
Medical supply						
1.						
2.						
Medication, distributor						
1.						
2.						
Pharmacy, commercial						
1.						
2.						
3.						
Poison Control Center						
Portable toilets						
Radios: amateur radio						
Radios: satellite						
Radios: handheld or 2-way						
Regional Medical Health Coordinator						

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Repair Services						
Beds						
Biomedical devices						
Elevators						
Gardeners/landscapers						
Glass						
Medical equipment						
Oxygen devices						
Radios						
Roadways/sidewalks						
Salvation Army						
Shelter Sites						
Surge Facilities						
Traffic Control/Department of Transportation						
Trucks						
Refrigeration						
Towing						
Moving						
Utilities						
Gas						

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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HICS 258 - HOSPITAL RESOURCE DIRECTORY

COMPANY / AGENCY	COMPANY / AGENCY / NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	EMAIL	FAX	RADIO
Utilities						
Gas/Electricity						
Sewage						
Telephone						
Water, municipal						
Vending Machines						
Ventilators						
Water: non-potable						
Water: potable						
Other						
Other						
Other						
Other						

4. Date Last Updated

5. Prepared by

PRINT NAME: _____   SIGNATURE: _____

DATE/TIME: _____   FACILITY: _____

Purpose: List resources to contact during an Incident
Origination: Resource Unit Leader
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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HOSPITAL INCIDENT COMMAND SYSTEM

HICS 258 - HOSPITAL RESOURCE DIRECTORY

PURPOSE: The HICS 258 - Hospital Resource Directory lists all methods of contact for hospital resources for an incident.

ORIGINATION: Completed by the Planning Section Resources Unit Leader **prior** to an incident (when possible) or at the incident onset, and continually updated throughout an incident.

COPIES TO: Distributed to the Command and General staff including the Documentation Unit Leader, and posted as necessary.

NOTES: If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank HICS 258 and repaginate as needed. Additions and deletions 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	**Contact Information**	
	Company / Agency	Type of company or agency.
	Company / Agency / Name	List the name of the company/agency. List the name of the point of contact if available.
	Telephone	Enter the telephone number.
	Alternate Telephone	Enter the alternate telephone number.
	Email	Enter the email, if available.
	Fax	Enter the fax number.
	Radio	Enter the radio frequency if appropriate.
4	**Date Last Updated**	If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually.
5	**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.