| 1. Incident Name  St Elsewhere COVID-19 | | 2. Operational Period (# 1 )  DATE: FROM: 19-AUG-2020 TO: 19-AUG-2020  TIME: FROM: 0800 TO:0800 | | |
| --- | --- | --- | --- | --- |
| **3. Incident Objectives** | | | | |
| **(THESE ARE TAKEN FROM THE HICS INFECTIOUS DISEASE INCIDENT RESPONSE GUIDE AVAILABLE AT:** <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/>)   |  | | --- | | * Identify, triage, isolate, and treat infectious patients | | * Protect patients and staff from exposure and injury | | * Assure safety and security for patients, staff, visitors, and the hospital * Admit a large number of infectious patients while protecting other (uninfected) patients | | | | | |
| 4. Factors to Consider Considerations in relationship to the objectives and priorities, including weather and situational awareness.  Weather 78 degrees, and light winds. (YOU CAN CUT AND PASTE FROM A WEATHER APP, OR JUST WRITE IN) | | | | |
| 5. HICS 215A - Incident Action Safety Analysis and / or Site Safety Plan? ❑ Yes ❑ No    Approved Site Safety Plan Locations: Hospital Command Center | | | | |
| **6. Prepared by \_ Planning Section Chief** | PRINT NAME: Janis Joplin  DATE/TIME: 19-AUG-2020 0830­ | | SIGNATURE: \_Janis Joplin  facility: St Elsewhere |
| **7. Approved by \_ Incident Commander** | PRINT NAME: Janis Joplin  DATE/TIME: 19-AUG-2020 | | SIGNATURE: Janis Joplin  facility: St Elsewhere Hospital | |

THIS PAGE THAT YOU WILL FIND ON EVERY HICS FORMS GIVES ASSISTANCE IN FILLING OUT EACH FORM

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.

| 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 | 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 or not 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. |