

HICS 202 - INCIDENT OBJECTIVES

1. Incident Name St Elsewhere Loss of Water	2. Operational Period (# 1) DATE: FROM: 19-Dec-2019 TO: 19-Dec-2019 TIME: FROM: 0800 TO:1200
3. Incident Objectives <input type="checkbox"/> Identify extent of loss of water and consider evacuation <input type="checkbox"/> Maintain patient care capabilities <input type="checkbox"/> Minimize impact on hospital operations and clinical services <input type="checkbox"/> Communicate the situation status to patients, staff, Medical and Health Operational Area Coordinator (MHOAC) and the public	
4. Factors to Consider Considerations in relationship to the objectives and priorities, including weather and situational awareness. Weather 78 degrees, and light winds	
5. HICS 215A - Incident Action Safety Analysis and / or Site Safety Plan? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Approved Site Safety Plan Locations: Hospital Command Center	
6. Prepared by Planning Section Chief	PRINT NAME: Janis Joplin DATE/TIME: 19-DEC-2019 0830 SIGNATURE: <i>Janis Joplin</i> FACILITY: St Elsewhere
7. Approved by Incident Commander	PRINT NAME: Janis Joplin DATE/TIME: 19-DEC-2019 SIGNATURE: <i>Janis Joplin</i> FACILITY: St Elsewhere Hospital



HICS 202 - INCIDENT OBJECTIVES

- 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.