| 1. Incident Name   Hurricane Florence | | 2. Operational Period (# 3 )  DATE: FROM: 9-12=2018 TO: 9-13-2018  TIME: FROM: 0800 hours TO: 0800 hours | | |
| --- | --- | --- | --- | --- |
| **3. Incident Objectives: Second Operational Period 24 Hours Pre-Storm Coordination** | | | | |
| 1. Statewide event TS Florence was created in VHASS at 10:41 am 9-9-18. As of 9-11-2018 at 2300 hours a Category 4 Hurricane.    2. An alerting message was forwarded to all central region facilities with information concerning the storm and most current information from NWS in Wakefield.  3. Central RHCC is ready with primary and alternate responders available via phone.  4. Central RHCC will continue to monitor event and participate in scheduled RHCC, VDEM, VDH, and NWS teleconferences and updates. All information will be shared with region recipients in a timely manner  5. Continue to monitor Situational Awareness and Communication Systems  i. VHASS Event Board  ii. Emails  iii. Text Messages  iv. Radio Systems being used by the RHCC  6. Begin to plan for the forth operational period with full RHCC activation and 24 hour staffing beginning 9-13-18 at 0800 hours.  7. The Central RHCC will conduct a daily conference call for Central Region Healthcare Partners (Hospitals, LTC, Dialysis and other MVP partners at 11:30 am each day.    Primary Contact for this Operational Period is Andrew Slater, Andrew.Slater@central-region.org 804-251-0429  Secondary Contact is Steve Parrott, Steve.Parrott@central-region.org 804-347-7852 | | | | |
| **6. Prepared by \_ Planning Section Chief** | PRINT NAME: Steve Parrott  DATE/TIME: 9-12-2018 0800 hours­ | | SIGNATURE: Steve Parrott  facility: Central RHCC |
| **7. Approved by \_ Incident Commander** | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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. |
| 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. |