

SAMPLE LOCAL INCIDENT OBJECTIVES

This document provides sample incident objectives for local public health and medical leadership to use as a starting point when developing their local objectives for a hurricane. The objectives are time phased. All objectives may not apply to every hurricane incident.

PRE-EVENT OBJECTIVES: 96-72 HOURS PRE-LANDFALL

1. Identify the CMS tracking system for all patients should plan execution be required.
2. Identify the APD tracking system for all clients should plan execution be required.
3. CHD has established a e-mail Distribution list and phone contact for healthcare facilities in their community, dividing the system into hospitals and healthcare faculties (Nursing homes)
4. CHD/ESF-8 looks at storm factors (heavy rain, wind, both) and begins identifying potential flood zone issues for clients and facilities.
5. CHD/ESF-8 identifies all dialysis centers for potential patient transfer from neighboring or own county affected by potential flood/surge.
6. CHD/ESF-8 looks at potential pharmaceutical issues related to mail disruption.
7. CHD/ESF-8 aware of any disease conditions in community that may impact sheltering or facilities due to personnel loss.

PRE-EVENT OBJECTIVES: INITIATION: 48-72 HOURS PRE-LANDFALL

FACILITIES.

1. ESF-8 notifies impacted CHD's of ESS activation within one hour of initiation of ESS. Confirmation required from the CHD/ESF8 desk within 3 hours of notification
2. ESF-8 sets reporting timeframes to local ESF-8 units for subsequent Situation Reports
3. Each CHD/ESF-8 establishes an ESS Tracking Unit Leader by county and by Division where applicable within four hours of notification of ESS initiation
4. ESF-8 notifies local CHD/ESF-8 of those licensed facilities not on ESS for tracking using standard reporting template within four hours of activation.
5. All AHCA regulated facilities have reported to the local CHD/ESF-8 status of intentions (staying on place, evacuating to larger facility, evacuating to outside the impact area) within the first reporting period.
6. For those facilities evacuating either to a larger facility or to outside the area, establish the time of initiation of evacuation and anticipated time of completion of evacuation.

7. All non- ESS facilities evacuation status reports are documented by the local CHD/ESF-8 by the end of the second reporting period.
8. Local CHD will have the response plan for each APD facility within impact area within first operational cycle.
9. Fuel status of each hospital facility has been reported to local CHD/ESF-8 within six hours of activation initiation through ESS.
10. Tier 1 dialysis center fuel status is reported to the local CHD/ESF-8
11. Local CHD/ESF-8 has updated "County Profile" within the first operation cycle

VULNERABLE POPULATIONS

Individual patients have five options: 1) shelter in place; 2) go to family caregiver;3) go to Special Needs Shelter;4) admitted by their private MD to hospital;5) evacuate the area

1. ESF-8 Situation Status has provided local EOC status data for vulnerable population within the first reporting period
2. All CMS patients have been contacted as to their evacuation status plan. Line list has been sent to local CHD/ESF-8 within 4 hours of activation. Plans reported within the first reporting period.
3. All brain and spinal cord patients have been contacted by CHD/ESF-8 as to their evacuation status plan within the first reporting period
4. Local CHD to send SpNS census to ESF-8 Situation Status Unit on reporting schedule established by state ESF-8. Objective is sequenced throughout the event.
5. CHD/ESF-8 sends their personnel status report to Situation Status Unit within one hour of activation
6. Local CHD/ESF-8 identifies disease control update of potential disease threats in the first operational period.

PRE-EVENT OBJECTIVES: 48-24 HOURS

1. Establish a communications link (e-mail, phone, radio) with the HEICS structure within each hospital
2. Establish a communications link (e-mail, phone) with each LTC facility
3. Report census of Special Needs shelters every four hours
4. Each SpNS has an alternate power supply onsite (either permanent or temporary) and fuel consistent with event run time.
5. Each SpNS has an ALS unit available and onsite.
6. ESS tracking is fully operational and reports are generated every 4 hours in the planning cycle to the CHD/ESF-8
7. Non-ESS facilities have a reporting schedule of every four hours to tracking unit at CHD/ESF-8

8. CHD/ESF-8 is monitoring citizen calls to EOC for potential transport issues prior to shutdown.
9. Establish rally point for CHD staff to perform post-storm assessment roles
10. Begin monitoring rumor control.

LANDFALL OBJECTIVES

1. CHD/ESF-8 notified by each facility when they commenced generator power and estimated fuel consumption need.
2. Damage calls by facilities noted and contingency plan prepared for removal post-storm (if applicable)
3. Log maintained of citizen calls as to medical need. Prioritization set for post-impact assistance.

POST-LANDFALL OBJECTIVES: 0-24 hours

1. Obtain power outage estimates for priority grid and overall status.
2. Obtain facility assessment of all hospitals within first operational period
3. Obtain patient health and facility status of every inhabited Nursing Home and ALF's within the first operational period.
4. APD initiates assessment plan of every inhabited Group Home within the first operational period.
5. If power has been off to public utilities, CHD/ESF-8 issues boil water notice.
6. Conduct needs assessment of all shelters as to medical needs and potential sanitation requirements.
7. Perform assessments of emergency calls received during the event
8. Perform assessment of dialysis centers, from Tier 1 (first) to Tier 3. If centers are damaged/offline, imitate dialysis transport plan.
9. Receive overall preliminary damage assessment from Emergency Management
10. CMS begins assessment of all CMS patients that sheltered in place within the first operational period.
11. Prepare transportation and shelter housing plan for CMS and APD clients that need sheltering
12. Establish status of oxygen suppliers for area.

POST-LANDFALL OBJECTIVES: 24-48 HOURS

1. Install epidemiological surveillance tool in all health and medical facilities including all shelters. Initiate tracking by reporting period.
2. Perform facility assessments on all uninhabited nursing homes for potential re-entry

3. Perform facility assessments on all uninhabited ALF's for potential re-entry
4. Obtain damage repair estimates for public water systems. Assist in sampling plan for use when complete as needed.
5. Provide road closure and re-opening data to all occupied healthcare facilities (ongoing).
6. Prepare dialysis plan for all SpNS patients. Establish availability of dialysis for patients not in shelters and broadcast. If operational centers are out of county, broadcast transportation pick-up point for patients.
7. Create primary care sites f(if needed) or patients throughout impacted area.
8. Create pharmaceutical replacement plan in community (if applicable)