

INCIDENT OBJECTIVES (ICS 202)

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|---|---|--------------------------|
| 1. Incident Name: Perquimans EOC COVID-19 Response | 2. Operational Period: Date From: 04/02/20 | Date To: 04/02/20 |
| | Time From: | Time To: |

3. Objective(s):

Overarching Objectives - ARHS

- Protect the Public's Health
- Protect the health of the most vulnerable populations identified during this response
- Minimize public disruption to the extent possible while also preventing future spread of COVID-19
- Continue to provide essential public health services
- Continue to provide essential governmental services

Perquimans EOC Objectives

- Limit social gathering of vulnerable populations
- Local State of Emergency Effective 3/18/2020
- Verify Nursing Home/Assisted Living/Group Home facilities & special needs list are taking action and have needed supplies
- Access to food and medications for vulnerable populations
- Educate & feed students while schools closed
- Improve County-Wide Internet Access for Learning
- Ensure Adequate Personal Protective Equipment for 1st Responders and Providers
- Begin COOP Planning
- Educate the Public

4. Operational Period Command Emphasis:

- 10am Public Assistance Briefing
- 11am Healthcare Partners Webinar
- 1pm APC Webinar
- 1:30pm EHPC Webinar
- County Manager to Distribute ICS 214 Forms to County Department Heads
- Receive Supplies Delivered by NC National Guard
- Community Request for PPE/Supplies
- Update "Offices Closed & Events Postponed/Cancelled in Perquimans County"
- Situation Report #17
- Situation Update email to Control Group
- Situation Update email to Support Group

General Situational Awareness

- See Daily Situation Report

5. Site Safety Plan Required? Yes No **Approved Site Safety Plan(s) Located at:**

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

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| ICS 203 | ICS 207 | Other Attachments: |
| ICS 204 | ICS 208 | *Daily Situation Report |
| ICS 205 | Map/Chart | |
| ICS 205A | Weather Forecast/Tides/Currents | |
| ICS 206 | | |

7. Prepared by: Name: Jonathan Nixon Position/Title: EOC Manager **Signature:**

8. Approved by EOC Manager: Name: Jonathan Nixon **Signature:**

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| ICS 202 | IAP Page ____ | Date/Time: 04/02/2020 |
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