Minnesota Healthcare Coalition Collaborative

All – Hazards

Concept of Operations (CONOPS)

Guideline



August 2021

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# Introduction

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR developed the Health Care Preparedness and Response Capabilities guidance to describe what the health care delivery system, including Health Care Coalitions (HCCs), hospitals, and emergency medical services (EMS) as well as States do to effectively prepare for and respond to emergencies that impact the public’s health. The State of Minnesota has eight (8) health care Coalitions that work independently as well as collaboratively based upon need. This group is the Minnesota Healthcare Coalition Collaborative (MNHCC). This collaborative can work together on non-emergent projects as well as during a response.

In an emergent situation the National Incident Management System (NIMS) is utilized to respond to the incident. Incidents are initially handled at the local level. When the situation requires further assistance the request can go up the chain:

Healthcare Coalitions work during all phases of comprehensive emergency management, but the primary mission is to help members prepare for disaster through providing tools, training, and collaboration opportunities as well as supporting healthcare organizations during emergency response and recovery.

## Purpose

The MNHCC All-Hazards CONOPS provides, to all stakeholders, a description of the organization and outlines the functions, roles and responsibilities of the MNHCC under normal and disaster situations.

## Scope

The MNHCC will help with healthcare coordination and information sharing related to and/or impacting Coalition members.

The CONOPS is intended to be flexible and used as a guideline for project planning and decision making. It is written in common-user language, without requiring the provision of quantified, testable specifications. It does not have any authority to bind its members to any action.

# Normal Operations.

The MNHCC operates on the voluntary endorsement and support of its stakeholder organizations, the MN Healthcare coalitions. It is primarily responsive to the needs of the Healthcare Coalitions members and represents these needs when working with other agencies.

The MNHCC may convene representatives from its member organizations and other pertinent partners to discuss issues. Decisions made by the MNHCC are made on a consensus basis or are recommendations only. The MNHCC runs under a non-binding charter agreement that guides its routine operations. (See attachment 1.)

The MNHCC will create work groups to address current taskings and other actions the coalitions would like to address as a group. Work groups can be established or inactivated as needed. Below is an example of the types of work groups that could be established to create/review MNHCC documents/templates, to coordinate use of resources/tools and discuss ideas to improve preparedness.

*Sample Chart*

# Disaster Operations

Response/recovery organization will be determined based on the needs of the incident. It can work independently as a stand alone organization or in conjunction with the activation of the Minnesota Department of Health Department Operations Center (DOC) or the State of Minnesota State Emergency Operations Center (SEOC).

The Statewide Healthcare Coordination Center (SHCC) can be activated when an incident or event occurs in one or more regions that requires collaboration/assistance/support/assets beyond what can be accomplished by routine operations. When activated, the response arm of the MNHCC, the SHCC, will represent all members of the eight Minnesota regional Coalitions and will facilitate coordination among the Coalitions and other responding Coalition partner agencies (e.g. EMS, PH, EM, LTC) to enhance healthcare response/recovery.

During a response, the SHCC does not serve a command and control function, but rather a coordination/liaison function. All Coalitions are treated equally and are provided with a common operating picture of the incident. This promotes consistency in decision-making across the Coalitions. The primary response functions include:

* Providing an information “clearing house” to promote enhanced situational awareness.
* Monitoring bed and resource availability as needed.
* Support incident management priorities, guidelines and policies as identified by the SHCC Incident Action plan.
* Collaborate with local, State and federal partners to ensure effective, consistent and efficient response coordination
* Advocate for equity and equality for all coalitions in the response.

Each response should be guided by [Incident Action Plans](#_Annex_A_–) (IAPs) which will identify incident specific roles/responsibilities, goals/objectives, resources and needs. If the SHCC is part of another response organization, the SHCC should still have its own organizational chart, objectives, and communication plan.

## Partner Agencies

The MNHCC/SHCC partners may include but are not limited to:

* + State and Private Sector Partners
    - MDH Center for Emergency Preparedness and Response (CEPR)
    - SEOC
    - State Medical Advisor
    - Minnesota Emergency Medical Services Regulatory Board (EMSRB)
    - MDH Infectious Disease, Epidemiology, Prevention and Control (IDEPC)
    - MDH Health Regulation Division (HRD)
    - MDH Local Public Health
    - Healthcare Associations
      * Minnesota Hospital Association (MHA)
      * Care Providers of Minnesota
      * Leading Age
      * Others as appropriate
  + Regional Partners
    - EMS Regional Director
    - EMSRB Regional staff
    - HSEM Regional Program Coordinator
    - MDH Regional Public Health Preparedness Consultant
    - Public Health Nurse Consultant
    - Regional Epidemiologist
    - Local Government Officials
    - Emergency Management
    - Local/Tribal Public Health
    - Emergency Medical Services
    - Hospitals, Skilled Nursing Facilities, Assisted Living
    - Other Healthcare agencies/organizations
    - Volunteer Organizations Active in Disaster (VOADs)

## Assumptions

The disaster response is based on the following assumptions:

* Coalitions are authorized by, and operate in support of, their member organizations and relevant jurisdictional agencies.
* Coalitions and their participating organizations maintain their respective decision-making sovereignty during incident response, except in unusual circumstances that warrant the implementation of local or state health authorities, e.g. enactment of isolation or quarantine.
* Coalitions and their participating organizations determine how they will respond to an incident and whether they will activate any emergency response procedures.
* Communications and information technology should be available 24/7.
* The response will operate virtually to the greatest extent possible.

## Initial Response

If members of a coalition need assistance they can reach out to the coalition for assistance. This may be as far as the request needs to go if the coalition or its members can provide the assistance needed. When an incident or event occurs within a region that requires a larger response, a coalition can reach out to neighboring coalitions for assistance. There may be instances where all the coalitions need to work together such as a pandemic. The below chart gives an overview of the process.



## SHCC Operations

### SHCC Response Activation Triggers

The SHCC may be activated for a natural or man-made disaster or large-scale event requiring support that exceeds the ability of the Coalition(s). A request from State, Federal and/or Private Sector(s) Partners may also lead to an activation. Examples of incidents that may need SHCC support include, but are not limited to:

* A coalition is impacted where response/recovery is expected to be greater than 12 hours.
* Resource bottlenecks/shortage might negatively impact delivery of patient care.
* Confirmed impaired support infrastructure (such as phones, information technology, power)
* Communication outside normal pathways is needed for effective response.
* Any substantive community incident that might impact operations such as:
  + A natural disaster (e.g. widespread tornados or flooding)
  + A biological disease outbreak/attack (e.g. pandemic influenza/anthrax dispersion)
  + A chemical spill (e.g. train derailment) or attack

### Activation

When a request is received from any coalition or partner, the Regional Healthcare Preparedness Coordinator (RHPC) for that Coalition will immediately request a meeting with all MNHCC members to discuss next steps. When agreed by consensus, the Statewide Healthcare Coordination Center (SHCC) will be activated. MNHCCwill also appoint, at a minimum, a SHCC Manager and set the initial incident objectives. See [Annex B](#_Annex_B_–) for the Job Action Sheet (JAS). The Manager will review the needs of the incident, identify what organizational structure is needed, develop the Incident Action Plan. The Manager may request additional support from the coalitions.

### Activities

When the SHCC is activated, an Incident Action Plan will be developed to identify the incident objectives. The SHCC may conduct a variety of activites based upon the needs of the objectives – these activies include but are not limited to the following:

* Provide a mechanism to rapidly disseminate information to, from, and through Coalitions to effectively and safely help coordinate emergency response
* Provide personnel, from Coalitions, at the request of response authorities to discuss strategic issues or make policy recommendations related to the incident/event
* Provide Coalitions with State and Federal level incident-related information
* Support Coalitions by matching resource needs to assisting organizations or agencies
* Facilitate the coordination of response actions among Coalitions when requested by the Coalitions responding members and/or by jurisdictional authorities
* Gather Coalition feedback on SEOC/DOC decision options and activities that impact Coalitions
* Ensure SHCC operations to remain within the defined scope of the MNHCC and its stakeholder organizations
* Collaborate with and provide representation to Health Care Associations including but not limited to MHA, Leading Age/Care Providers of MN, and MN Home Care
* Facilitate sharing lessons learned/best practices among the Coalitions
* Track objectives, tasks, information requests, goals and outcomes
* Manage data collection and analysis related to healthcare response/recovery efforts
* Leverage response/recovery efforts to align with grant deliverables whenever possible
* Develop best practices and lessons learned to improve future response
* Assess future response/recovery needs and develop plans (forward-thinking)

### Composition of the SHCC

The SHCC is composed of representatives from the eight Healthcare Coalitions. Additional partners will be brought in as necessary dependent upon the needs of the incident/event. Those additional partners are outlined in the Partners Section.

### Staffing

The staffing arrangement for the SHCC will vary based the needs of a specific incident and available personnel. The SHCC Manager will determine the roles and the staffing that is needed for each activation. Personnel staffing the SHCC are still employed by their home organization and often are responsible for some element of their home organization’s response.

Staffing must be as lean and efficient as possible to ensure the sending organizations maintain local response capacity. In some organizations, this may mean enabling staff to conduct response tasks remotely rather than from one centralized location. In addition, personnel from the most affected areas should be able to rapidly transition duties to other qualified personnel.

As organizations are impacted by a hazard, candidates for the SHCC should be identified from as many organizations as possible and focus should be on streamlining the staffing of the SHCC during emergency response and recovery. The SHCC Manager will determine the minimum time commitment for staff that join the SHCC.

If at any time, the MNHCC no longer has confidence in the ability of the SHCC Manager to continue in that role, they can choose a new SHCC Manager.

### Incident Action Plan

After obtaining situational awareness the SHCC Manager will identify the incident objectives, the needed response structure and the tasking for all roles withing the response structure. This as well as the other details of the Incident Action Plan will be presented to all the coalitions for their endorsement.

Please see [Annex A](#_Annex_A_–) for Incident Action Plan Template.

### Communications

Communications in response is essential. Knowing who to communicate with and when to communicate will go a long way towards a successful response. The SHCC Manager will oversee the development of a [communications plan](#_Annex_C_–). The SHCC Manager in coordination with the MNHCC will determine the appropriate cadence for updates to all MNHCC members. The updates may be in the form of email, meetings or other agreed to method such as posting to a web-based chat room. When initial activation occurs and the IAP is developed, this information shall be shared with the MNHCC members as soon as possible.

# Revisions and Approvals

## Revisions

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version** | **Description** | **Author** |
| August 2021 | 1 | Creation of conops | Listed in 4.3 |
|  |  |  |  |
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## Approvals

Each Coalition is required to vote on the approval of the MNHCC CONOPS. Any additions and changes/revisions noted in Section B.1 Revision History will require a consensus vote. Record of approval process will be maintained in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Vote | Description of change | Votes of approval/ Coalition names | Votes of denial/ Coalition names | Date Finalized |
| 08/23/21 | Voted to approve Conops | All approved | No denials | 08/23/21 |
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## CONOPS Development Team

* John Maatz, RHPC  
  Southwest Regional Healthcare Preparedness Coalition
* Lavida Gingrich, RHPC  
  Southcentral Regional Healthcare Coalition
* Eric Weller, RHPC  
  Southcentral Regional Healthcare Coalition
* Geri Maki/Deb Teske, RHPC  
  Southeast MN Heathcare Coalition
* Amy Card/Kali Tougas, RHPC   
  Northwest Health Services Coalition
* Don Sheldrew, RHPC  
  Central MN Healthcare Preparedness Coalition
* Shawn Stoen, RHPC  
  West Central MN Healthcare Preparedness Coalition

# Annex A – Incident Action Plan Template

* 1. Incident Action Plan Template

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Incident Name:** | | 1. **Operational Period:**   Date: From:\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_ | |
| 1. **Situational Update:** | | | |
| 1. **Response Management Team:** | | | |
| 1. **Response objectives:** | | | |
| 5a: Objectives | 5b: Tactics | 5c: Resource required | 5d: Assigned to: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **SHCC Position Hand off:** | | | |
| 7a: Position | 7b: Name | 7c: Date/Time | 7d: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Next operational period: | | Date/Time: |  |

* 1. Incident Response

|  |  |  |  |
| --- | --- | --- | --- |
| List of Incident/Events Response in Annex | | | |
| *Date: Initial Activation* | **Name of Incident/Event** | **Description of incident/event** | **Date: End of Activation** |
|  |  |  |  |
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# Annex B – Job Action Sheets

**SHCC Manager**

**Mission:** Organize and direct the Statewide Healthcare Coordination Center (SHCC). Give overall strategic direction for statewide coalition incident management and support activities, including response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

|  |  |
| --- | --- |
| Reports to: **MNHCC** SHCC Location (should be virtual when practical): | |
| Contact Information: Phone: | Alternate Phone: |
| Email: | Alternate Email: |

|  |  |  |
| --- | --- | --- |
| **Initial Response** | **Time** | **Initial** |
| **Receive appointment**   * Assume the role of SHCC Manager. * Review this Job Action Sheet. * Notify your usual supervisor of the incident and your assignment. * Gather intelligence, information and likely impact from the sources providing incident notification. |  |  |
| **Assess the operational situation**   * Activate the MNHCC ConOps and applicable Incident Specific Plans or Annexes. * Determine the impact of the incident on affected coalitions and coalition members and gather additional information from the coalitions, as needed. * Identify other positions that will be needed for this response and identify individuals to fill these roles.   + Ensure that there is at least one person who can fill this position as backup.   + Ensure Job Action Sheets (JAS) are created/updated for any positions that are established. |  |  |

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| **Each Operational Period** |  |  |
| **Determine objectives, tactics, and assignments**   * Determine the length of the operational period. * Determine incident objectives for the operational period. * Ensure an Incident Action Plan (IAP) is developed/revised or the SHCC input to an overarching IAP if the SHCC if part of another incident response structure. * Brief SHCC Staff on objectives and issues, including:   + Size and complexity of the incident   + Expectations   + Involvement of outside agencies, Partners, and organizations   + Incident activities, and any special concerns * Conduct a briefing with SHCC staff to receive status reports to determine appropriate response and recovery levels. * Make assignments based on tactics for implementing the objectives. * Approve the Communication Plan developed by the Communication Coordinator. * Ensure MNHCC is provided a copy of the organizational structure, Communication plan, new JASs and any additional documents created. * Provide to all MNHCC members copies of briefing notes. * Identify any planned staff shift changes. * Set the time for the next briefing. |  |  |
| **Activities**   * Ensure all activated positions and objectives are documented in the IAP. * Determine the data and information needs of the Coalitions and the frequency of that need. Determine the source of this information. * Advocate for equity and equality for all coalitions in the response. * Assess other ongoing operational response and work to establish liaisons to any response/recovery group that are dealing with issues related to healthcare. * Enhance relationships across state agencies and health care associations.   + Advocate for SHCC input in decisions at the state-level that result in operational impacts to Coalitions.   + Connect coalitions with other state agencies involved in the response.   + Ensure Coalition representation in response meetings and workgroups.   + Connect with leadership in other state and federal agencies as needed or appropriate. * Ensure connection to public and private partnerships and resources. * Facilitate the review of healthcare-related response products by the coalitions prior to being made public or widely shared with response agencies. * Approve the SHCC portion of the Incident Action Plan (IAP) for each operational period.   + Make IAP available to all SHCC staff.   + Ensure this is forwarded to MNHCC membership. * Assess any new potential issues or any new tasks that affect coalitions. If new organizational positions are needed to manage those issues, add new positions, and identify the position’s mission and tasks. |  |  |

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| **Extended Response** | **Time** | **Initial** |
| **Activities (in addition to those listed above)**   * Transfer the SHCC Manager role, if appropriate (if approved by the MNHCC).   + Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the SHCC.   + Address any health, medical, or safety concerns.   + Address political sensitivities, when appropriate. * Maintain a listing of all staff that served in the SHCC and their contact information. * Schedule regular briefings with SHCC staff to:   + Review current response and identify opportunities for improvement.   + Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary.   + Assess the mental health of staff and the need for respite or stress debriefing. |  |  |

|  |  |  |
| --- | --- | --- |
| **Documentation**   * Document all key activities, actions, and decisions in an Activity Log on a continual basis. * Maintain a staff listing and contact information. * IAP for each operational period. |  |  |
| **Communication**  *There will be a SHCC Communication Plan developed to coordinate SHCC information sharing with all MNHCC members and partners.* |  |  |
| **Safety and security**   * Observe all staff and volunteers for signs of stress and inappropriate. * Provide for personnel rest periods and relief. * Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. |  |  |

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| --- | --- | --- | --- |
| **Demobilization/System Recovery** | **Time** | **Initial** | |
| **Activities**   * Transfer the SHCC Manager role, if appropriate (if approved by the MNHCC).   + Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the SHCC.   + Address any health, medical, or safety concerns.   + Address political sensitivities, when appropriate.   + Complete the appropriate documentation and ensure that appropriate personnel are briefed on recovery issues and objectives. * Identify what activities are still needed and who will assume those actions once the SHCC is deactivated. * Oversee the development of a plan for the gradual demobilization of the SHCC according to the progression of the incident.   + Identify which roles will deactivate and the timing for that deactivation. The SHCC Manager will be the last role deactivated. * Request permission from the MNHCC of deactivation.   + Send of a listing of all SHCC staff that were activated throughout the response/recovery to the MNHCC so that they can conduct an After-Action Review. * Approve notification of demobilization to:   + SHCC staff   + Other response agencies still activated of the SHCC deactivation * Participate in post-incident discussion and after-action activities. * Ensure implementation of stress management activities and services for staff. * Ensure that staff debriefings are scheduled to identify accomplishments, response, and improvement issues. |  |  | |
| **Documents and Tools** | | |
| **Documentation**   * Incident Action Plan (IAP) * Assignment List * Communications List * Organizational Chart * MNHCC Concept of Operations (ConOps) * Incident Specific Plans or Annexes * Document all key activities, actions, and decisions including but not limited to:   + all communications   + incident briefing minutes   + created plans, guidelines, templates etc. * Resource Directory | | |

**Communication Coordinator**

**Mission:** Serve as the conduit for information to internal and external partners as approved by the SHCC Manager.

|  |  |
| --- | --- |
| Reports to: **SHCC Manager** SHCC Location (should be virtual when practical): | |
| Contact Information: Phone: | Alternate Phone: |
| Email: | Alternate Email: |

|  |  |  |
| --- | --- | --- |
| **Initial Response** | **Time** | **Initial** |
| **Receive appointment**   * Obtain briefing from the SHCC Manager on:   + Size and complexity of incident   + Expectations of the SHCC Manager   + Incident objectives   + Involvement of outside agencies, partners, and organizations   + The situation, incident activities, and any special concerns * Review this Job Action Sheet. * Notify your usual supervisor of your assignment. |  |  |
| **Activities**   * Establish a communication plan. This plan should include the frequency and type of information that is shared with MNHCC members as well as other partners. * In collaboration with the SHCC Manager, connect with any established Joint Information Center(s)(JIC), if activated. * Monitor, or assign personnel to monitor and report to you, incident and response information from sources. |  |  |

| **Each Operational Period** | **Time** | **Initial** |
| --- | --- | --- |
| **Activities**   * Attend all briefings and Incident Action Plan (IAP) meetings to gather and share incident information. * Implement and update the Communication Plan. * Develop regular information and status update messages to keep MNHCC and partners informed of incident status and actions taken by the SHCC. * Maintain contact lists for MNHCC and partners. |  |  |

| **Extended Response** | **Time** | **Initial** |
| --- | --- | --- |
| **Activities**   * Transfer the Communication Coordinator role, if appropriate. * Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the MNHCC. * Address any health, medical, and safety concerns. * Address political sensitivities, when appropriate. * Instruct your replacement on the Communication Plan Continue to receive regular progress reports from the SHCC Manager, Section Chiefs, and others, as appropriate. * Ensure ongoing information coordination with other agencies, Emergency Operations Centers and JICs. |  |  |

|  |  |  |
| --- | --- | --- |
| **Demobilization/System Recovery** | **Time** | **Initial** |
| **Activities**   * Transfer the Communication Coordinator role, if appropriate * Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the MNHCC * Address any health, medical, and safety concerns * Address political sensitivities, when appropriate * Instruct your replacement on the Communication Plan Continue to receive regular progress reports from the SHCC Manager, Section Chiefs, and others, as appropriate. * Brief the SHCC Manager on current problems, outstanding issues, and follow up requirements * Submit comments to the SHCC Manager for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include:   + Review of pertinent position activities and operational checklists   + Recommendations for procedure changes   + Accomplishments and issues   + Participate in stress management and after action debriefings   + Participate in other briefings and meetings as required   + Coordinate the release of the closure of the SHCC messaging for release by the SHCC Manager. |  |  |

**Documentation**

* Document all key activities, actions, and decisions including but not limited to:
* all communications
* incident briefing minutes
* Maintain a staff listing and contact information
* Create an IAP for each operational period
* Maintain a Communication Plan
* Maintain an Assignment List

**Safety and security**

* Observe all staff and volunteers for signs of stress and inappropriate
* Provide for personnel rest periods and relief
* Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques

**Documents**

* Incident Response Plan (IAP)Template
* Communications List
* Organizational Chart
* Job Action Sheets
* MNHCC Concept of Operations (ConOps)
* Incident Specific Plans or Annexes
  + created plans, guidelines, templates etc.
* Resource Directory

**Planning**

**Mission:** Oversee all incident related data gathering and analysis regarding incident operations and resource management; develop alternatives for tactical operations; initiate long range planning; conduct planning meetings; and prepare the Incident Action Plan (IAP) for each operational period.

|  |  |
| --- | --- |
| Reports to: **SHCC Manager** SHCC Location (should be virtual when practical): | |
| Contact Information: Phone: | Alternate Phone: |
| Email: | Alternate Email: |

|  |  |  |
| --- | --- | --- |
| **Initial Response** | **Time** | **Initial** |
| **Receive appointment**   * Obtain briefing from the SHCC Manager on: * Size and complexity of the incident * Expectations of the SHCC Manager * Incident objectives * Involvement of outside agencies, partners, and organizations * The situation, incident activities, and any special concerns * Assume the role of Planning. * Review this Job Action Sheet. * Notify your usual supervisor of your assignment. |  |  |
| **Determine the incident objectives, tactics, and assignments**   * Work with SHCC Manager to develop incident objectives. * Coordinate with other SHCC staff to determine strategies and how the tactics will be accomplished. |  |  |
| **Activities**   * Ensure requested situation and status reports are prepared for the SHCC Manager. * Prepare and conduct a planning meeting to develop and validate the incident objectives for the next operational period. * Coordinate the preparation, documentation, and approval of the Incident Action Plan (IAP) and distribute copies to the SHCC Manager and staff. * Develop the Incident Action Plan for SHCC Manager approval. |  |  |

| **Each Operational Period** | **Time** | **Initial** |
| --- | --- | --- |
| **Activities**   * Ensure the following are being addressed: * Section personnel health and safety * Update the Incident Action Plan (IAP) with each operational period * Short and long term planning * Ensure that the Planning Section is adequately staffed and supplied. * Work with the SHCC Manager and other Sections to identify short and long term issues; establish needed guidelines and procedures. * Designate a time for briefing to update the IAP. |  |  |

| **Extended Response** | **Time** | **Initial** |
| --- | --- | --- |
| **Activities**   * Transfer the Planning Section Chief role, if appropriate. * Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the SHCC. * Address any health, medical, and safety concerns. * Address political sensitivities, when appropriate. * Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives. * Continue to monitor the ability of Planning Section personnel to meet workload demands, personnel health and safety, resource needs, and documentation practices. * Continue to receive projected activity reports from SHCC staff to prepare status reports and update the Incident Action Plan (IAP). * Assesses the ability to deactivate positions, as appropriate, in collaboration the SHCC Manager and develops and implements a Demobilization Plan. |  |  |

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| --- | --- | --- |
| **Demobilization/System Recovery** | **Time** | **Initial** |
| **Activities**   * Transfer the Planning role, if appropriate * Conduct a transition meeting to brief your replacement on the current situation, demobilization actions, available resources, and the role of external agencies in support of the SHCC * Address any health, medical, and safety concerns. * Address political sensitivities, when appropriate. * Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives. * As objectives are met and needs decrease, return Planning Section personnel to their usual jobs and combine or deactivate positions in a phased manner, coordinated with the SHCC Manager. * Debrief section personnel on lessons learned and procedural or equipment changes needed * Participate in other briefings and meetings as required * Begin the development of the After Action Report and Corrective Action and Improvement Plan and assign staff to complete sections of the report. * Participate in stress management and after-action debriefings |  |  |

**Documentation**

* Document all key activities, actions, and decisions including but not limited to:
* all communications
* incident briefing minutes
* Maintain a staff listing and contact information
* Create an IAP for each operational period
* Maintain a Communication Plan
* Maintain an Assignment List

**Safety and security**

* Observe all staff and volunteers for signs of stress and inappropriate
* Provide for personnel rest periods and relief
* Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques

**Documents**

* Incident Response Plan (IAP)Template
* Communications List
* Organizational Chart
* Job Action Sheets
* MNHCC Concept of Operations (ConOps)
* Incident Specific Plans or Annexes
* Resource Directory

# Annex C – Communication Plan Template

Crisis Communications Plan

When an emergency occurs, the need to communicate is immediate. A communication plan ensures that the right information is shared with the right agencies at the right time through the right method to maximize information sharing and a common operating picture.

Audience

The first task for developing a communication plan is to identify who needs to be communicated with and where information can be gathered from.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member/Partner** | **Info Needed** | **Source of Data** | **How often?** | **Method of Distribution** |
|  |  |  |  |  |
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|  |  |  |  |  |

Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member/Partner** | **Primary Contact Name** | **Primary Contact Info** | **Secondary Contact Name** | **Primary Contact Info** |
|  |  |  |  |  |
|  |  |  |  |  |
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Resources for Crisis Communications

* Telephone
* Electronic mail (with access to “info@” inbox and ability to send messages)
* Fax machine (one for receiving and one for sending)
* State and Coalition websites
* Social media accounts
* MNTrac
* MS Teams
* SharePoint