

## Section 4: At-Risk and Vulnerable Populations Preparation

**“To be better prepared as a nation, we all must do our part to plan for emergencies. Individuals, with or without disabilities, can decrease the impact of an emergency by taking steps to prepare BEFORE an event occurs.” - National Organization on Disability (NOD)**

This section of the toolkit is designed to help your congregation understand the varying needs of individuals who may be at a greater risk of harm during an emergency event.

This section includes:

- Identifying & Reaching At-Risk and Vulnerable Populations
- Unique Needs of At-Risk and Vulnerable Populations:
  - Persons with Limited English Proficiency
  - Persons with Children and Single-Parent Households
  - Persons with Pets (to include Service Animals)
  - Elderly, Homebound, and Medically Fragile Persons
  - Persons with Disabilities
  - Persons with Mental Illness
  - Persons Living in Poverty
  - Persons who are Homeless, Marginally-Housed or Shelter-Dependent



Tools in this section:

- *Survey for Congregation Members with Special Needs*
- *PowerPoint Presentation, “Emergency Preparedness for At-Risk Populations”*
- *Emergency Preparedness: A Guide for People with Disabilities*
- *Pet Readiness Guide*
- *At-Risk and Vulnerable Populations Resource Guide*

## Identifying and Reaching At-Risk Populations

Some individuals may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency. They may have additional needs before, during, and after an incident in one or more of the following functional areas (C-MIST):

**Communication** – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

**Medical Care** – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require the support of trained medical professionals.

**Independence** – Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

**Supervision** – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's disease, or psychiatric conditions). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

**Transportation** – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

Faith-based groups may want to consider the following recommended preparedness activities:

- Conducting a survey of vulnerable members of your congregation and identifying their needs (see the *Survey for Congregation Members with Special Needs* tool on pg. 91).
- Maintaining a list of names, addresses and telephone numbers for vulnerable members and their caregivers.
- Educate and train your staff, leadership, and congregation members about the barriers that individuals with special needs face so they may help respond (see the *PowerPoint Presentation, "Emergency Preparedness for At-Risk Groups"* on pg. 92).
- Including vulnerable members on your telephone tree.
- Pairing vulnerable members with other congregational members or family for on-going communication and monitoring (see the *Connecting Members* tool on pg. 50).
- Assisting at-risk individuals in developing a communication and emergency plan (see the *Planning Guide for Individual and Family Readiness* tool on pg. 57).

## Unique Needs of At-Risk and Vulnerable Populations

### Persons with Limited English Proficiency

This may include those with immigrant or undocumented status. Undocumented populations may fear involvement with governmental agencies and choose to turn to faith-based communities for help.

- Stock emergency resource information in a variety of languages.
- Identify coaches or advocates to help non-English speaking persons express their needs in an emergency.

The Emergency and Community Health Outreach (ECHO) program was developed for persons with limited English proficiency. Through this outreach program, persons may receive life saving and safety information in their own languages. Emergency information is available as follows:

- ECHO-TV – Monthly broadcasts on Public Television on channels 2 and 17, in Spanish, Hmong, Somali, Lao, Khmer, and Vietnamese.
- ECHO-Phone – Toll free number 1-888-883-8831. Messages are available in Arabic, Oromo, Spanish, Hmong, Somali, Lao, Khmer, Vietnamese, Russian and English.
- ECHO website – [www.echominnesota.org](http://www.echominnesota.org). Printed materials are available from the website or by ordering via e-mail or telephone.
- ECHO-Email – Sign up for e-mails at [www.echominnesota.org](http://www.echominnesota.org)

### Persons with Children and Single-Parent Households

Consider the following with respect to a family's response to an emergency:

- Daycare support and family support services will need to be available.
- Parents may be separated from children when emergency strikes – reconnection will need to occur. (Think about how this would occur at your facility)
- Some children have special need considerations. (Is your organization aware of them? Can you plan for them in advance?)
- Transportation issues.

### Persons with Pets (see the *Pet Readiness Guide* tool on pg. 100)

- Have pet identification tags - Make sure tags are up to date and securely fastened to the pet's collar.
- Create an emergency Supply Kit for Pets containing:
  - Pet food and water (for at least three days for each pet)
  - Can opener and food dishes
  - Medications, veterinary records, information on medical conditions, and first aid kit
  - Cat litter and litter box
  - Sturdy leashes, harnesses and carriers to transport pets safely and to ensure pets can not escape
  - Blankets or towels for bedding and warmth
  - Current photos and descriptions of pets in case of separation
  - Pet beds and toys to reduce stress
  - Other useful items may include grooming items, trash bags, paper towels
- Evacuation - Pets should never be left behind and it is recommended to evacuate early.
- Identify appropriate shelters before emergency strikes. Many emergency shelters, hotels and motels cannot or do not accept pets.

### Elderly, Homebound, and Medically Fragile Persons

Special considerations must be made for this population:

- Those dependent on any medical device may require electricity or oxygen refills

- Some receive home healthcare services that may not continue during an emergency
- Assistance with evacuation
- Encouragement to have at least a two week supply of medications
- Encouragement to label mobility aids, have lists of medications and health care provider and or friends/family phone numbers who should be notified

### **Persons with Disabilities**

- **Mobility Disabilities** – People who use wheelchairs and other mobility aids will require special consideration:
  - Shelters must be physically accessible.
  - Evacuating a chair and/or other equipment. Equipment that is damaged may need immediate replacement and may be unavailable.
  - Accessible transportation in evacuation or to get to sites for emergency assistance.
- **Visual Disabilities**
  - Providing assistance (guides) to help with navigation at service locations.
  - Keeping service animals or guide dogs with the person at all times.
  - Finding shelter that will accommodate service animals or guide dogs.
- **Deaf and Hard of Hearing**
  - American Sign Language interpreters at emergency service locations.
  - TTY/TDD equipment with trained personnel at locations where emergency assistance is provided.
  - Assistive listening devices may need batteries and/or electricity.
  - If holding a worship service or communicating information, allow members of this population to sit up front, and try to have an interpreter present and at the front of a well-lit room.
  - Use hand gestures to communicate.
  - Have pre-made signs available - workers should have paper and pens on them at all times if allowed.
- **Environmental Illness or Multiple Chemical Sensitivities**
  - Alternative scent-free shelter environments and additive-free foods.

### **Persons with Mental Illness**

You may not be aware of those with mental health issues.

- If a person begins to exhibit unusual behavior, ask if they have any mental health issues you need to be aware of. However, be aware that they may not tell you.
- This population may become confused during an emergency.
- Know how to contact mental health and substance abuse support services.

### **Persons Living in Poverty**

- The population will experience long-term recovery needs that will increase over time due to the lack of personal resources and displacement.
- Help by finding post-disaster emergency, temporary, or subsidized housing.

### **Persons who are Homeless, Marginally-Housed or Shelter-Dependent**

This could include homeless individuals in or out of shelters, homeless families, and women in shelter programs for domestic abuse reasons.

- Know how to contact mental health and substance abuse support services.
- Runaway youth or women who are victims of abuse may be forced to find alternate community-based shelters if evacuation is necessary.
- Help by finding post-disaster emergency, temporary, or subsidized housing (see the *At-Risk and Vulnerable Populations Resource Guide* tool on pg. 102).



*Tool: Survey for Congregation Members with Special Needs*

**Member Information** (Please print)

\_\_\_\_\_  
Name (First & Last)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Cell Phone E-Mail

Do you live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If you live alone and are chronically home-bound, is there someone who checks in on you regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a chronic medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you need help getting around?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Can you cook for yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have an emergency plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a place to go in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have enough food, water, and prescription medication supplies at home to last you five days in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Would you like help from another congregation member in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have any other special needs? Please explain.			

**Emergency Contact Information**

\_\_\_\_\_  
Name (First & Last)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Cell Phone E-Mail



Tool: PowerPoint Presentation, "Emergency Preparedness for At-Risk Populations"

## At-Risk Populations in an Emergency

[Enter your Organization Name, Logo, and your name here]

## Potential At-Risk Populations

## Objectives

- Identify groups of individuals who are considered at-risk populations during an emergency
- Identify barriers and challenges for these groups during an emergency
- Identify communication methods with at-risk populations
- Identify ways you can help with preparedness activities for at-risk populations

## Potential At-Risk Population Groups

- › Elderly, frail
- › Children/Infants
- › Homeless
- › Limited English speakers
- › Poverty stricken
- › Pregnant women
- › Undocumented individuals
- › Intellectual disabilities
- › Deaf
- › Blind/Visual impairments
- › Non-English readers
- › Morbidly obese
- › Wheelchair bound/Limited mobility
- › Culturally isolated
- › Immunocompromised
- › Individuals w/o personal transportation

## \*Definition of At-Risk Populations

At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency.

Source: U.S. Department of Health and Human Services  
\*Note: This is one of many similar definitions of Special Populations

## Some Languages in the Twin Cities

- › Spanish
- › Vietnamese
- › Somali
- › Chinese
- › Cambodian
- › Russian
- › Creolized English
- › Laotian
- › Arabic
- › Hindi
- › Swahili
- › Hmong

Source: MN Department of Education, 2008-2009

**Scenario:  
Identify At-Risk Populations**

- ▶ A violent windstorm hits the east side of Bloomington, tearing a path through a ethnically diverse neighborhood.
- ▶ An assisted living center and senior apartment complex were damaged.
- ▶ School was still in session when the storm hit and there are reports of light to moderate damage to the school building.



**Ways to address and limit challenges**

- ▶ Prepare for emergencies by seeking out potential at-risk groups and encouraging their participation in drills (i.e. speak at cultural centers/senior center)
- ▶ When practicing our emergency plan, always consider if this plan will work for **ALL** groups of people
- ▶ Encourage members from different racial and ethnic groups to become involved with our Emergency Preparedness planning

**Challenges and Barriers for At-Risk Populations**



**Factors influencing reactions in at-risk populations**

- ▶ Low Income
- ▶ Customs
- ▶ Age
- ▶ Values and Norms
- ▶ Immigration Status – fear of deportation



**Challenges Affecting the Ability to Respond**

- ▶ **Language:** Over 50 different languages spoken in the homes of residents in the Twin Cities.
- ▶ **Mobility:** Some people have disabilities that limit their mobility. They may rely on wheelchairs, canes, walkers, or scooters.
- ▶ **Developmental:** Some people have disabilities which can hinder their ability to comprehend oral/written communication.

**Low income challenges**

- ▶ Limited or no transportation to evacuate and reach a shelter
- ▶ Limited or no means to stockpile food and water
- ▶ Limited or no means for purchasing medical supplies
- ▶ Limited time/access for involvement in preparedness planning



## How to Address these Factors

- ▶ Empower individuals from different backgrounds/ages/income levels by involving them in emergency preparedness planning
- ▶ Become involved with other local community organizations serving these populations to become more familiar with the factors which may hinder their response

13

## Considerations for specific disabilities and at-risk populations during an Emergency Response

14

## How to Address these Factors

- ▶ Engage the community and organizational leaders who may have great influence with at-risk populations
- ▶ Constant communication and involvement with at-risk populations will build trust and awareness

14

## General Recommendations

- ▶ Ask if they need help
- ▶ Ask how you can assist them best
- ▶ Listen to what they say to help them most efficiently and effectively



## Working with the community...

- Work with families to:
- ▶ develop personal emergency preparedness plans
  - ▶ introduce them to resources needed to learn more about personal emergency plans



15

## General recommendations continued..

- ▶ Always identify yourself and show identification
- ▶ Maintain eye contact
- ▶ Speak clearly and slowly, use gestures/other visual cues if needed
- ▶ Be patient and calm
- ▶ Unless time is a factor, give time to respond to questions and to move about
- ▶ Do not make assumptions about their ability to respond – ask how best to help

16

## Emergency Health Information Cards

- › Communicates to rescuers what they need to know about the person if that person is unable
- › May be located in purse or wallet, on the refrigerator, in an emergency kit, or on the person



Source: NC Office on Disability and Health, NC Division of Public Health

20

## Vision loss considerations

- › Announce your presence and identify yourself when approaching victim
- › Offer your arm for guidance if requested
- › Provide audio cues such as "turn right" and tell them the path you are taking
- › Do not leave them alone once reaching a safe area as the area may be unfamiliar or altered due to damage
- › Bring service animal with you (if present)

Source: NC Office on Disability and Health, NC Division of Public Health

22

## What is on a Health Information Card?

### Front:

- › Name
- › Address
- › Phone numbers
- › Birth date
- › Blood Type
- › Health insurance provider
- › Physicians

### Back:

- › Emergency contacts
- › Conditions, disabilities
- › Medications
- › Assistance needed
- › Allergies
- › Immunization dates
- › Communication / Equipment / Other needs

Source: NC Office on Disability and Health, NC Division of Public Health

20

## Hearing Loss Considerations

- › Flick lights when entering a room
- › Do not chew gum when talking and talk slowly
- › Keep face uncovered while talking
- › Use a flashlight if area is dark to light your face
- › Have a paper and pencil, if needed



Source: NC Office on Disability and Health, NC Division of Public Health

## Specific Disabilities and Needs Considerations

## Intellectual disability considerations

- › Cognitive abilities, processing of direction capabilities, language may be limited
- › Simplify directions, break into steps, use brief language, and hand signals
- › Be calm and patient
- › Treat adults as adults

Source: NC Office on Disability and Health, NC Division of Public Health





Tool: Minnesota State Council on Disabilities "Emergency Preparedness: A Guide for People with Disabilities"

## Everybody Needs a Plan – Be Prepared for Emergencies

According to the National Organization on Disability (NOD), "To be better prepared as a nation, we all must do our part to plan for emergencies. Individuals with or without disabilities can decrease the impact of an emergency by taking steps to prepare BEFORE an event occurs."

***"You are in the best position to know your abilities and needs before, during, and after an emergency."***

According to the National Fire Protection Association (NFPA) Emergency Evacuation Planning Guide for People with Disabilities, "All people, regardless of circumstances, have some obligation to be prepared to take action during an emergency and to assume responsibility for their own safety."

Practice and planning **do make a difference**. For example, during the 1993 bombing of the World Trade Center, a man with a mobility disability was working on the 69th floor. With no plan or device in place, it took over six hours for him to evacuate.

In the 2001 attack on the World Trade Center, the same man had prepared himself to leave the building using assistance from others and an evacuation chair he had acquired and had under his desk. It took less than 90 minutes for him to get out of the building the second time.

## Create a Home Plan

- You're on your own (YOYO)
- Meet with household members, neighbors or personal care assistant to discuss what would happen in an emergency
- Remember, when creating a plan for an emergency, close proximity is important
- Discuss different types of emergencies:
  - Tornado
  - Pandemic
  - Flood
  - Chemical spill
- Determine what you will need to do to respond to each type of emergency: Will you shelter-in-place or will you evacuate?
  - Shelter-in-place – do you have enough water, food, medical supplies, and PCA support?
  - Evacuation – do you have a transportation source, is the evacuation site accessible, do you have enough medical supplies, PCA support?

## Checklist

- Post emergency telephone numbers where you can find them, near the telephone or programmed into your cell phone.
- Teach children and others in the household what to do, who to call and when.
- Listen to a battery or crank-operated radio for emergency information.
- Know where the flashlights are located.
- Know where the First-Aid kit is located.
- Learn how to turn off the water, gas and electricity at main valves or switches.
- Arrange for a relative, friend or neighbor to check on you in an emergency.
- Teach those who may need to assist you in an emergency on what to do:

- the best way to notify you of an emergency if you are deaf or hard of hearing
- how to assist with a transfer
- how to do a blood pressure check
- how to assist with an insulin injection
- how to operate necessary equipment, etc.
- Keep family records, medical records or other important documents in watertight, fireproof containers.
- Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency.
- Consider getting a medical ID bracelet or medical dog tags that state your medical condition.
- Try to identify a second exit, in case the primary exit is blocked. At a minimum, have some ideas on how you would evacuate in this situation.

### **Consider your transportation options - do you have access to a vehicle?**

- Do you have a network of friends, family or neighbors that would be able to provide transportation in an emergency?
- Does your transportation provider have resources available during an emergency?
- Pick one out-of-state and one local friend or relative for family members to call if separated by emergency.
- Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency.
- Consider getting a medical ID bracelet or medical dog tags that state your disability.
- Pick two meeting places:
  - A place near your home in case of a fire.
  - A place outside your neighborhood in case you cannot return home after an emergency.
- Know how to connect or start a back-up power supply if needed.
- If you live in an apartment, ask the management to identify and mark accessible exits.
- PLAN AND PRACTICE HOW TO ESCAPE FROM YOUR HOME IN AN EMERGENCY.**

### **Learn your community's evacuation plan**

- Will your community have transportation options available?
- Are the shelters accessible?
- How will you secure a sign language interpreter?
- Will guides or assistants be available?
- Contact the emergency planner for your area and volunteer to serve on a committee that addresses disability issues.

### **Prepare an emergency supplies kit**

- Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffel bag. Include:
  - A battery or crank-operated radio, flashlight and plenty of extra batteries for them.
  - A first aid kit, extra pair of glasses.
- If you take medication or use supplies, make sure you have a week's worth, if not more, available and travel ready.
- A supply of water – store water in a sealed, unbreakable container. Identify the storage date and replace every six months.
- A supply of non-perishable food and a non-electric can opener, plus any special food you require.
- A sturdy whistle.
- Cash or travelers checks.
- Soap and sanitation products.

- A change of clothing, rain gear, and sturdy shoes.
- Blanket or sleeping bag.
- Important family & medical documents that include:
  - A list of family physicians and the relative or friend who should be notified if you are injured.
  - A list of the style and serial numbers of medical devices such as pacemaker.
  - Keep family records, medical records or other important documents in your emergency supply kit in watertight containers.
- An extra set of car keys.
- If you have a baby, include extra diapers and other infant care items.
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service animal, or other special equipment you might need.
- Plastic garbage bags.

**Store back-up equipment, such as a manual wheelchair, at a neighbor's home, school or workplace.**

### **Resources and References**

- [www.codeready.org](http://www.codeready.org)
- [www.disability.state.mn.us](http://www.disability.state.mn.us)
- [www.DisasterHelp.gov](http://www.DisasterHelp.gov)
- [www.fema.org](http://www.fema.org)
- [www.hsem.state.mn.us](http://www.hsem.state.mn.us)
- [www.noaa.gov](http://www.noaa.gov)
- [www.nod.org](http://www.nod.org)
- [www.PrepareNow.Org](http://www.PrepareNow.Org)
- [www.ready.gov](http://www.ready.gov)
- [www.redcross.org](http://www.redcross.org)



**When You Go – They Go  
Don't Leave Home Without Them!**

When a disaster or emergency occurs and you have to leave, **ALWAYS take your pets with you.**

People think they will be able to return shortly to care for their animals, but too often the situation worsens and people cannot make it back to rescue their pets. Do not put your pets' lives, your life, or other rescuers' lives at risk. **When You Go – They Go.**

If you go to a public emergency shelter, your pets may not be allowed inside. Think ahead. **Have a plan in place.**

- Where can you and your pet go for safety?
- A friend or family members' home?
- A pet friendly hotel?



Make a back-up emergency plan in case you can not care for your pets yourself.

- Develop a buddy system with neighbors, friends and relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so.
- Talk to your veterinarian.
- Get involved with your Local Government Emergency Planning Team.
- Become a Community Emergency Response Team (CERT) member.
- Help with the pet friendly sheltering plan in your community.
- Check with your Animal Control Officer or local town hall for ways that you can help.

## Pet Emergency Information

Pet's first and last name: \_\_\_\_\_

Breed and age: \_\_\_\_\_

General description: \_\_\_\_\_

Discrete physical traits: \_\_\_\_\_

Behavioral concerns: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address and telephone #: \_\_\_\_\_

Out of region emergency contact #: \_\_\_\_\_

Pet's medical condition: \_\_\_\_\_

Medication/ dosage: \_\_\_\_\_

Microchip ID #: \_\_\_\_\_

License/Rabies Tag #: \_\_\_\_\_

Tattoo location and #: \_\_\_\_\_

Vet's name and telephone #: \_\_\_\_\_

### Pet Kit Items

- Towel/blanket with your smell on it
- Basic pet first-aid kit
- Can opener
- Fresh water and canned food (or dry food)
- Any medication that you pet may need
- Current vaccination records
- Small garbage bags or other sanitary items
- Litter box and litter (as appropriate)



### Deafblind Resources

#### Deafblind Services Minnesota (DBSM)

1936 Lyndale Ave S, Minneapolis, MN 55403

Tel: 612-362-8454 (V), 612-362-8422 (TTY), 612-362-8433 (VP); Fax: 612-362-8437

Email: [info@dbsm.org](mailto:info@dbsm.org)

Website: [www.dbsm.org](http://www.dbsm.org)

#### Minnesota Deaf Blind Association

1821 University Ave W., #S-117, St. Paul, MN 55104

Tel: 651-647-6564 (V/TTY)

Email: [mdba@deafconnect.com](mailto:mdba@deafconnect.com)

Website: [www.deafnonprofit.net/mdba](http://www.deafnonprofit.net/mdba)

#### Minnesota Deaf-Blind Technical Assistance Project

4001 Stinson Boulevard, #210, Minneapolis, MN 55421

Tel: 612-638-1525 (V), 612-706-0808 (TTY)

Email: [mndb@skypoint.com](mailto:mndb@skypoint.com)

### Blind and Visually Impaired Resources

#### National Federation of The Blind of Minnesota

5132 Queen Ave S, Minneapolis, MN 55410

Tel: 612-920-0959 or 612-872-0100

Website: [www.blindinc.org](http://www.blindinc.org)

#### American Council of the Blind of Minnesota

6300 Shingle Creek Pkwy, Suite 105, Brooklyn Center, MN 55430

Website: [www.acb.org/minnesota](http://www.acb.org/minnesota)

#### Minnesota State Services for the Blind

2200 University Ave, Suite 240, St. Paul, MN 55114

Tel: 651-284-3300 or 1-800-652-9000

Website: [www.mnssb.org](http://www.mnssb.org)

#### Minnesota Resource Center

PO Box 308, Faribault, MN 55021-0308

Tel: (507) 332-5510; (800) 657-3859 (In MN)

E-mail: [Jean.Martin@state.mn.us](mailto:Jean.Martin@state.mn.us)

#### Sight & Hearing Association

1246 University Ave W, Suite 226, St. Paul, MN 55104

Tel: 1-800-992-0424 or 651-645-2546, Fax: 651-645-2742

E-mail: [mail@sightandhearing.org](mailto:mail@sightandhearing.org)

Website: [www.sightandhearing.org](http://www.sightandhearing.org)

#### Services for the Blind and Visually Handicapped (SSB)

2200 University Ave W, Suite 240, St. Paul MN 55114

Tel: 651-642-0500 (V) , 651-642-0506 (TTY), 1-800-652-9000 (Voice and TTY)

Email: [info@ngwmail.des.state.mn.us](mailto:info@ngwmail.des.state.mn.us)

Website: [www.mnssb.org](http://www.mnssb.org)

## **Deaf and Hard of Hearing Resources**

### **Minnesota Commission Serving Deaf and Hard of Hearing People (MCDHH)**

444 Lafayette Rd N, St. Paul, MN 55155  
Tel: 651-297-7305 (V) or 1-888-206-2001 (TTY)  
Email: [mncdhh.info@state.mn.us](mailto:mncdhh.info@state.mn.us)  
Website: [www.mncdhh.com](http://www.mncdhh.com)

### **Minnesota Association of Deaf Citizens, Inc. (MADC)**

532 Snelling Ave S, St. Paul, MN 55116  
Email: [president@minndeaf.org](mailto:president@minndeaf.org)  
Website: [www.minndeaf.org](http://www.minndeaf.org)

### **Communication Services for the Deaf of Minnesota**

2055 Rice Street, St. Paul, MN 55113  
Tel: 651-487-8865 (V/TTY), Fax: 651-487-8876  
Website: [www.c-s-d.org](http://www.c-s-d.org)

### **Minnesota Speech-Language-Hearing Association**

1821 University Ave W, Suite S256, St. Paul, MN 55104  
Tel: 651-999-5350, Fax: 651-917-1835  
Email: [office@msha.net](mailto:office@msha.net)  
Website: [www.msha.net](http://www.msha.net)

## **Housing Resources**

### **HUD**

International Centre, 920 Second Ave S, Suite 1300, Minneapolis, MN 55402  
Tel: 612-370-3000, 612-370-3186 (TTY); Fax: 612-370-3220  
Email: [Dexter\\_J.\\_Sidney@hud.gov](mailto:Dexter_J._Sidney@hud.gov)  
Website: [www.hud.gov](http://www.hud.gov)

### **Minnesota Fair Housing Center**

2469 University Ave, Lower Level, St. Paul, MN 55337  
Tel: 651-917-8869 or 651-917-8907

### **Minnesota Coalition for the Homeless**

2233 University Ave W, Suite 434, St. Paul, MN 55114  
Tel: 651-645-7332 or Fax: 651-645-7560  
Email: [info@mnhomelesscoalition.org](mailto:info@mnhomelesscoalition.org)  
Website: [www.mnhomelesscoalition.org](http://www.mnhomelesscoalition.org)

### **Elim Transitional Housing, Inc.**

3989 Central Ave NE Suite 565, Minneapolis, MN 55421  
Tel: 763-788-1546, 763-788-1546 (TDD); Fax: 763-788-1672  
Email: [elimth@qwest.net](mailto:elimth@qwest.net)  
Website: [www.elimtransitionalhousing.org](http://www.elimtransitionalhousing.org)

### **Churches United for the Homeless**

1901 1st Ave N, Moorhead, MN 56560  
Tel: 218-236-0372, Website: [www.churches-united.org](http://www.churches-united.org)

**Metro Interfaith Coalition for Affordable Housing**

122 W. Franklin Ave., Suite 310, Minneapolis, MN 55404  
Tel: 612-871-8980 or Fax: 612-870-2634  
Email: [info@micah.org](mailto:info@micah.org)  
Website: [www.micah.org](http://www.micah.org)

**Second Harvest Heartland**

1140 Gervais, St. Paul, MN 55109  
Tel: 651-484-5117, 1-888-339-3663; Fax: 651-484-1064  
Website: [www.2harvest.org](http://www.2harvest.org)

**Minnesota Housing Partnership**

2446 University Ave W, Suite 140, St. Paul, MN 55114  
Tel: 651-649-1710 or 1-800-728-8916; Fax: 651-649-1725  
Email: [info@mhponline.org](mailto:info@mhponline.org)  
Website: [www.mhponline.org](http://www.mhponline.org)

**Hastings Housing Coalition**

413 Vermillion St, Hastings, MN 55033  
Tel: 651-438-0089

**Partners For Affordable Housing**

512 E. Mulberry St., Mankato, MN 56001  
Tel: 507-387-2115; Fax: 507-387-1321  
Email: [pah@hickorytech.net](mailto:pah@hickorytech.net)  
Website: [www.mnsu.edu/univops/housing](http://www.mnsu.edu/univops/housing)

**People Serving People, Inc.**

614 S. Third St., Minneapolis, MN 55415  
Tel: 612-332-4500  
Website: [www.peopleservingpeople.org](http://www.peopleservingpeople.org)

**Alliance for Metropolitan Stability**

2525 Franklin Ave E, Suite 200, Minneapolis, MN 55406  
Tel: 612-332-4471 or 612-338-2194  
Email: [russ@metrostability.org](mailto:russ@metrostability.org)  
Website: [www.metrostability.org](http://www.metrostability.org)

**Dorothy Day House of Hospitality, Inc.**

714 8th Street South, Moorhead, MN 56560  
Tel: 218-233-5763; Fax: 218-227-0327  
Email: [fmddh@702com.net](mailto:fmddh@702com.net)  
Website: [www.fmddh.org](http://www.fmddh.org)

**St. Paul Area Coalition for the Homeless (SPACH)**

c/o Nelda Rhodes Clark, Emma Norton Residence  
670 N. Robert St, St. Paul, MN 55101  
Tel: 651-224-1329, Fax: 651-224-6520

## **Food Resources**

### **The Food Support Program**

Website:

[www.dhs.state.mn.us/main/groups/Economic\\_support/documents/pub/DHS\\_id\\_002555.hcsp](http://www.dhs.state.mn.us/main/groups/Economic_support/documents/pub/DHS_id_002555.hcsp)

### **Minnesota Food Assistance Program**

Website:

[www.dhs.state.mn.us/main/groups/Economic\\_support/documents/pub/DHS\\_id\\_017791.hcsp](http://www.dhs.state.mn.us/main/groups/Economic_support/documents/pub/DHS_id_017791.hcsp)

### **Minnesota Hunger Partner Agencies** - Hundreds of listings

Website: [www.mnhungerpartners.org/](http://www.mnhungerpartners.org/)

## **Aging Resources**

### **Services for the Aging**

Elmer Anderson Bldg, Third Fl., Cedar & 11th

PO Box 64976 St. Paul, MN 55164-0976

(651) 431-2600.

Website: [www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs\\_Aging.hcsp](http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs_Aging.hcsp)

### **Alzheimer's Association - Minnesota/ North Dakota Chapter**

4550 West 77th Street, Suite 200, Minneapolis, MN 55435

Tel: 952-830-0512; Fax: 952-830-0513

24/7 Information Helpline: 1-800-232-0851

Email: [lori.arena-voute@alz.org](mailto:lori.arena-voute@alz.org)

Website: [www.alz.org/mnnd](http://www.alz.org/mnnd)

## **General Disabilities Resources**

### **Minnesota State Council On Disability**

121 E. 7th Place, Suite 107, St. Paul, MN 55101

Tel: 651-361-7800 (V/TTY), 1-800-945-8913 (V/TTY); Fax: 651-296-5935

Email: [council.disability@state.mn.us](mailto:council.disability@state.mn.us)

Website: [www.state.mn.us/portal/mn/jsp/home.do?agency=MSCOD](http://www.state.mn.us/portal/mn/jsp/home.do?agency=MSCOD)

### **Minnesota On-Line Special Needs Directory**

Email: [coop0001@tc.umn.edu](mailto:coop0001@tc.umn.edu)

Website: [www.tc.umn.edu/~coop0001/](http://www.tc.umn.edu/~coop0001/)

### **Metro Transit**

Tel: 612-373-3333, 612-341-0140 (TTY)

Website: [www.metrotransit.org](http://www.metrotransit.org)

### **Great Lakes ADA & IT Center**

University of Illinois/Chicago

Department on Disability & Human Development

1640 West Roosevelt Road, Chicago, IL 60608

Tel: 312-413-1407 (V/TTY); Fax: 312-413-1856

Website: [www.adagreatlakes.org](http://www.adagreatlakes.org)

**Statewide Independent Living Council (SILC)**

First National Bank Building  
332 Minnesota St, Suite E200, St. Paul, MN 55101  
Tel: 651-296-5085; Fax: 651-296-5159  
Email: Brad.Westerlund@state.mn.us  
Website: www.mnsilc.org

**Minnesota Association of Centers for Independent Living**

519 2nd St. N., Saint Cloud, MN 56303  
Tel: 320-529-9000  
Email: CaraR@IndependentLifestyles.org  
Website: www.macil.org

**Mental Health Resources****Mental Health Association of Minnesota**

2021 E. Hennepin Avenue, Suite 412, Minneapolis, MN 55413  
Tel: 612-331-6840 or 1-800-862-1799  
E-mail: info@mentalhealthmn.org  
Website: www.mentalhealthmn.org/

**State of Minnesota- Department of Mental Health**

Tel: 651-431-2225  
Website: www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS\_id\_000085.hcsp

**NAMI-Minnesota (National Alliance for the Mentally Ill)**

800 Transfer Rd, Suite 31, St. Paul, MN 55114  
Tel: 651-645-2948; 1-888-473-0237  
E-mail: nami-mn@nami.org  
www.namihelps.org

**The Minnesota Association for Children's Mental Health**

165 Western Ave N, St. Paul, MN 55102  
Tel: 651-644-7333 or 1-800-528-4511  
Website: www.macmh.org

**Developmental & Learning Disabilities Resources****University Center for Excellence in Developmental Disabilities**

University of Minnesota  
102 Pattee Hall, 150 Pillsbury Dr SE, Minneapolis, MN 55455  
Tel: 612-624-6300  
Email: ici@umn.edu  
Website: ici.umn.edu

**Children with Disabilities**

Tel: 651-296-7675, 1-800-657-3739, 800-627-3529 (TTY)  
Website: www.dhs.state.mn.us/main/groups/healthcare/documents/pub/DHS\_id\_006251.hcsp

**Minnesota Governor's Council on Developmental Disabilities**

370 Centennial Office Building  
658 Cedar Street, St. Paul, MN 55155  
Tel: 651-296-4018, 1-877-348-0505; Fax: 651-297-7200  
E-mail: admin.dd@state.mn.us  
Website: www.mncdd.org

**Hennepin CTIC (Community Transition Interagency Committee)**

Tel: 952-944-7521 #55; 763-231-3570  
Email: colleen\_haggart@hopkins.k12.mn.us or hmaghan@kaposia.com  
Website: www.hennepinctic.com

**Jewish Community Inclusion Program for People with Disabilities**

13100 Wayzata Blvd, Suite 400, Minnetonka, MN 55305  
Tel: 952-546-0616, 952-591-0041 (TTY); Fax 952-593-1778  
Email: jfcs@jfcsmpls.org  
Website: www.jfcsmpls.org

**Goodwill/ Easter Seals**

553 Fairview Ave N, St. Paul, MN 55104  
Tel: 651-379-5800  
E-mail: mwirth-davis@goodwilleasterseals.org  
Website: www.goodwilleasterseals.org

**United Cerebral Palsy of Minnesota**

1821 University Ave W, Suite S-219, St. Paul, MN 55104  
Tel: 651-646-7588; 1-800-528-5678  
E-mail: ucpmnReferral@hotmail.com  
Website: www.ucp.org/ucp\_local.cfm/90

**Yellow pages for Kids with Disabilities - Minnesota**

Website: www.yellowpagesforkids.com/help/mn.htm

**Down Syndrome Association of Minnesota**

656 Transfer Rd, St. Paul MN 55114  
Tel: 651-603-0720; Fax: 651-603-0726, 1-800-511-3696  
Email: dsamn@dsamn.org  
Website: www.dsamn.org

**Down Syndrome Parents Network**

Buffalo ECFE Building, 301 Northeast 2nd Ave, Buffalo, MN, 55313  
Tel: 763-682-7468; Fax: 763-682-7701  
Email: sheri.jorgensen@co.wright.mn.us

**Learning Disabilities Association of Minnesota**

6100 Golden Valley Rd, Golden Valley, MN 55422  
Tel: 952-922-8374; Fax: 952-922-8102  
Email: info@ldaminnesota.org  
Website: www.ldaminnesota.org

**Upper Midwest Branch of the International Dyslexia Association**

5021 Vernon Ave, Minneapolis, MN 55436

Tel: 651-450-7589

Email: [info@umbida.org](mailto:info@umbida.org)

Website: [www.umbida.org](http://www.umbida.org)

**Dyslexia Institute of MN / The Reading Center**

847 5th St. NW, Rochester MN 55901

Tel: 507-288-5271; Fax: 507-288-6424

E-mail: [Read@TheReadingCenter.org](mailto:Read@TheReadingCenter.org)

Website: [www.TheReadingCenter.org](http://www.TheReadingCenter.org)

**Learning Disabilities Program**

Children's Home Society and Family Services

1605 Eustis St, St. Paul, MN 55108

Tel: 651-646-6393

E-mail: [fsl dp@compuserve.com](mailto:fsl dp@compuserve.com)

**Limited English Proficiency Resources****Emergency and Community Health Outreach (ECHO)**

- ECHO TV – Monthly broadcasts on Public Television on channels 2 and 17, in Spanish, Hmong, Somali, Lao, Khmer, and Vietnamese.
- ECHO Phone – Toll free number 1-888-883-8831. Messages available in Arabic, Oromo, Spanish, Hmong, Somali, Lao, Khmer, Vietnamese, Russian and English.
- ECHO Website – [www.echominnesota.org](http://www.echominnesota.org). Printed materials available from website or by ordering via email or telephone.
- ECHO Email – Sign up for e-mails at [www.echominnesota.org](http://www.echominnesota.org)

**Office of Minority and Multicultural Health**

Freeman Building 5C, 625 Robert St N, PO Box 64975, St. Paul, MN 55164

Tel: 651-201-5813

Email: [health.ommh@state.mn.us](mailto:health.ommh@state.mn.us)

Website: [www.health.state.mn.us/ommh](http://www.health.state.mn.us/ommh)

**Multicultural Services**

Dept of Civil Rights, City Hall, 350 S 5<sup>th</sup> St, Room 237, Minneapolis MN 55415

Tel: English 612-673-3737, Somali 612-673-3500, Spanish 612-673-2800, Hmong 612-673-3220, Sign Language 612-673-3220, TTY 612-673-2626

Email: [narin.sihavong@ci.minneapolis.mn.us](mailto:narin.sihavong@ci.minneapolis.mn.us)

Website: [www.ci.minneapolis.mn.us/civil-rights/multicultural-services.asp](http://www.ci.minneapolis.mn.us/civil-rights/multicultural-services.asp)

## Section 5: The All-Hazards Emergency Plan

Writing an All-Hazards Emergency Plan for your organization can feel like a huge undertaking and the amount of work you put into it can spiral out of control. However, you do not have to do everything at once. Your All-Hazards Emergency Plan can be as detailed or as simple as you choose to make it. Make sure it is user-friendly for you and your congregation. This section of the toolkit will help guide your organization in writing a plan for response in an emergency.

This section includes:

- Benefits of an All-Hazard Plan
- Services and Functions
- Continuity of Operations Plan (COOP)
- Communication Plan
- Surge Capacity Plan
- Evacuation Plan
- Shelter-in-Place Plan
- Pandemic Influenza Plan and Social Distancing
- Volunteers
- Plan Practice, Evaluation and Updates



Tools in this section:

- *All-Hazard Emergency Plan Template*
- *Sheltering-in-Place Preparedness Checklist*
- *Pandemic Flu Planning Checklist*
- *Pandemic Flu Planning Guidance and Template*
- *Supply and Equipment Checklist for Planning*
- *Volunteer Organizations*
- *Disaster Plan Review Schedule*



Activities in this section:

- *Exercise Scenarios and Guidelines*

## The Emergency Plan

There are four important things to remember when embarking on writing an All-Hazard Emergency plan:

- An emergency plan is a living and changing document, developed and revised over time.
- **There is no right or wrong way to format a plan.**
- Keep it simple, understandable, and practical.
- Spend the greatest amount of time on the All-Hazards Emergency Preparedness Plan and the subsets of Emergency Specific Preparedness Plans will flow naturally.

## Benefits of an All-Hazards Plan

Having one plan, an All-Hazards Plan, makes the assumption that the consequences of any emergency — whether natural or man-made — are the same. Along with your All-Hazards Plan you will need to have Emergency Specific Preparedness Plans which are subsets of the larger plan and are used for occasions such as Pandemic Flu or for sheltering instructions (see the *All-Hazard Emergency Plan Template* tool on pg. 116).

## Services and Functions

In an emergency situation, review all the services your organization regularly provides and determine the following:

- If providing more than one service, determine which critical services must be maintained and which less critical services can be temporarily suspended. Example: educational classes may be suspended but the meal program needs to stay functioning.
- Your ability to provide additional services to your members. Example: in addition to providing worship services, would you be able to provide a meal? Transportation? If not, do you know any resources in the community that can provide your members with these services?
- Your ability to take on new members/worship seekers. Example: If a similar organization will no longer be able to provide services, can you take on their members? What adjustments would need to be made?
- If you are not able to provide your most critical service, do you have agreements with similar organizations to provide back-up services to your members? Network and develop these relationships before an emergency situation arises and have agreements in place.

## Continuity of Operations Plan (COOP) (see *Preparing for Continuing Operations* on pg. 23)

Developing a Continuity of Operations Plan will ensure your faith-based organization can survive an emergency physically, operationally and fiscally. You will need to determine essential service and functions and set clear priorities. Knowing your priorities makes everything fall into place. In crisis or opportunity, if you are clear on your priorities you can make the best decisions for your organization.

- Conduct a risk assessment (what are the vulnerabilities?) (see the *Risk Assessment Form* on pg. 10).
- Plan for utility disruptions.
- List the primary services you will continue to provide following an emergency.
- List the critical material, staff and equipment necessary to maintain these operations.
- What neighboring agencies or businesses can you form connections with in order to share resources in an emergency, to maintain operations, or to assist others in their COOP? (see the *Sample Letter to Assist a Neighboring Community* tool on pg. 56).
- What are the predictable needs of the congregation in emergencies?

- Will the needs of the congregation require you to expand services in an emergency's aftermath?
- Will you need to consider providing new or different services?
- Identify programs and outreach ministries that can be utilized after emergencies.
- Take inventory of losses and damage post-emergency (see the *Facility Damage Survey* tool on pg. 171).
- Consider applying for post-emergency funds.

### **Communication Plan**

Make sure you can communicate with your staff, congregation, volunteers and the community. Communication will make or break an emergency response. Communication is the key to letting people make the right decisions. Mastering how to send and receive information will help your organization in both a crisis and opportunity.

#### ***WHAT should you communicate?***

- Agency Operational Status report
- Damage assessment
- Services offered or changes to them
- Funds or supplies needed
- Volunteers needed
- Other needs

#### ***TO WHOM are you communicating?***

- Emergency services partners (local government, faith-based organization partners)
- Staff and volunteers
- Organization members
- Media (check with your local government response first)
- General public

#### ***WHO should communicate the message?***

- Ensure they have the proper training
- Ensure they have the proper authority
- Ensure they share consistent message with local/state government

#### ***WHAT can you do or prepare for in advance?***

- Talking points/key messages
- Emergency-related funding/supply solicitation
- Email, phone, pager, cell phone, fax
- Take crisis/risk communication training

#### ***HOW should you communicate?***

- Electronic
- Paper
- Verbal Combination

## Emergency Communication Tools

There are many tools we do not normally consider that may become useful if an emergency cuts off your normal channels of communication.

- Bulletin board/white board
- Carbon paper
- CB radios
- Cell phones
- Drums
- Flag pole
- Ham radios
- Megaphone/bullhorns
- Pagers
- Palm Pilots/BlackBerries
- Public signage
- Runners
- Digital telephones
- Walkie-Talkies
- Whistles

## Community Outreach Options

There are different ways you can speak to your community. Different methods have different advantages, and may help you reach new people.

- American Sign Language interpreters
- Computers
- Door-to-door canvassing or home visits
- Email and listserves
- Fact Sheets or FAQ's
- Fax machines
- Information phone lines/hotlines
- Announcements during services
- In-person events, workshops, or classes
- Language translators
- Mailing lists: brochures, flyers
- Radio
- Television
- Video/CD-ROM/DVD
- Websites
- Bulletins

## Surge Capacity Plan

Having a solid surge capacity plan is the ability to manage a sudden, unexpected increase in volume of need that would otherwise severely challenge or exceed the current capacity of the facility and system. In the event of a widespread emergency, faith-based communities will not be the only groups experiencing this kind of surge. Hospitals, community-based organizations, fire, and police, to name a few, will also be affected.

## Some Surge Capacity Issues

- Physical space – Your facility could be needed as a meeting place for people to worship, seek help or for an emergency shelter or alternate care facility.
- Organizational structure could be strained due to increased demands on staff or how your staff is affected by the emergency. Staff may be stretched and/or unable to assist depending on the nature of the emergency (see *Individual Job Continuity Planning* activity on pg. 79.)
- Support – Increased numbers of the community will require mental health and outreach services. Plan and think about how prepared you will be to handle the volume.
- Supplies – How long will your supplies (office, medical, food, water) last and what will you most likely need more of in the event of an emergency? It may be a good idea to stockpile these items.

## Evacuation Plan (see the *All-Hazard Template* tool on pg. 116)

Predetermine two locations (one in and one out of your neighborhood) where everyone (staff and others in the building) can go in case an emergency requires evacuation during business hours. Take into account special needs and requirements of staff and others as well as transportation arrangements. Use organizational communication structures to convey evacuations (e.g. phone chain).

Once at the site, designate a leader to:

- Conduct attendance at site
- Bring emergency documents and phone lists
- Bring emergency kit

### **Shelter-in-Place Plan**

In certain situations, such as a tornado or chemical incident, it may be better to stay and shelter-in-place. The facility needs to plan for sheltering-in-place. In an emergency, your facility may be without telephone or other communications, electric power, or water and sewer service for several days. The facility must be able to exist on its own for at least 72 hours without outside assistance. Your plan should include provisions such as facility safety and security, food, water, medications, contact with first responders (fire, police, EMS), public health, transportation, staff, lighting, temperature control, waste disposal, and medical supplies (see the *Sheltering-in-Place Preparedness Checklist* tool on pg. 146).

### **Pandemic Influenza Plan**

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily person-to-person worldwide. Many scientists believe it is only a matter of time until the next influenza pandemic occurs. However, the timing and severity of the next pandemic cannot be predicted.

If pandemic influenza occurs:

- Vaccine may not be available for several months.
- Antivirals may be used to treat the ill.
- Society, including governmental functions, may be disrupted.

The collaboration of faith-based and community organizations with public health agencies will be essential in protecting the public's health and safety when an influenza pandemic occurs. You can find more information at [www.pandemicflu.gov](http://www.pandemicflu.gov) (see the *Pandemic Flu Planning Checklist* tool on pg. 147 and the *Pandemic Flu Planning Guidance and Template* tool on pg. 149).

### **Social Distancing**

Social distancing is the main defense to reduce the risk of pandemic influenza. Social distancing would be implemented during a health emergency when extraordinary measures are required to control the spread of disease or infection.

Social distancing is defined to include measures that increase the distance between individuals. These interventions can be applied to individuals, large groups or an entire community or region. They are designed to reduce personal interactions and thereby the risk of disease transmission. Some options include:

- Canceling events (worship services, weddings, etc.)
- Canceling school classes and events
- Canceling faith-based activities (festivals, meals, etc.)
- Shutting down or limiting transportation services
- Declaring "snow days", asking everyone to stay home and close the facility

### **Volunteers and Volunteer Organizations**

Volunteers are an important resource for individual congregations and the surrounding community. Volunteers are needed at the congregational level, city/county/state and national

levels. Faith-based organizations may be asked to provide volunteers for services such as mass immunizations, sheltering, transportation, and meals. The Emergency Preparedness Committee will need to determine what services can be provided by the organization. Opportunities to serve in some communities through the Community Emergency Response Teams (CERT), Medical Reserve Corp, denominational disaster relief programs, and the American Red Cross should be promoted to congregational members. An orderly process is recommended for identifying volunteers. Volunteers are advised to sign up for one type of volunteer program (see the *Volunteer Organizations* tool on pg. 158).

### Recruiting Volunteers

- Conduct a volunteer survey for emergency on an annual basis (see the *Survey of Members to Assist during an Emergency* tool on pg. 51 and *Connecting Members* tool on pg. 50).
- Maintain a database of volunteers.
- Provide training for organizational volunteers such as CPR, use of an Automated External Defibrillator (AED), first-aid, listening, shelter volunteering, and assisting at immunization clinics. You can receive training through:
  - Community Emergency Response Team (CERT)
  - Minnesota Medical Reserve Corps (MRC)
  - Neighborhood Watch Programs
  - American Red Cross
  - Local health departments
  - Local hospitals and clinics

### Plan Practice, Evaluation and Updates

Emergency preparedness plans should be practiced through exercises or tests in order to:

- Clarify roles and responsibilities.
- Reveal weaknesses in the plan.
- Improve coordination among the congregation and between the congregation and outside resources.
- Improve readiness for a real incident.

### Practicing the Plan

There are five types of exercises that may be conducted: (see the *Exercise Scenarios and Guidelines* tool on pg. 160)

1. **Orientation** – Instruction is provided about roles, relationships and responsibilities during an emergency (see the *PowerPoint Presentation, Emergency Preparedness for Leadership & Staff* on pg. 30).
2. **Drill** – Systems such as emergency notifications, communication procedures, evacuation procedures, or equipment are evaluated in order to identify problem areas.
3. **Tabletop Exercise** – A facilitated discussion of roles, responsibilities, and reactions to a given emergency scenario.
4. **Functional Exercises** – Members of the Emergency Preparedness Group and organizational staff actually perform their emergency response to a specific section(s) of the plans.
5. **Full-Scale Exercises** – A simulated real-life emergency situation is performed. This exercise involves the Emergency Preparedness Group, organizational staff, volunteers, and community response organizations.

It is recommended to start with basic orientation, then move through the exercises and drills as listed above. You should determine the frequency of these exercises or tests of your plans.

For more information on conducting tests and exercises, contact your city emergency manager or public health preparedness staff (see *Resources* on pg. 180). Additional information is available through FEMA online training: “An Orientation to Community Emergency Exercises – 120” at [www.training.fema.gov/EMLweb/IS/is120.asp](http://www.training.fema.gov/EMLweb/IS/is120.asp) (see also the *Core Preparedness Training Recommendations for Emergencies* tool on pg. 46).

### **Evaluating the Plan**

FEMA recommends that the written Emergency Preparedness Plan be evaluated after each training, exercise or test as follows:

- On an annual basis.
- After each emergency.
- When personnel or facility changes are made.
- When policies or procedures change.

After the critique of the exercise, you should develop a written plan to address noted deficiencies. Among the issues to consider are:

- Does the plan reflect lessons learned from an exercise or actual event?
- Do the Emergency Preparedness Group, congregational staff and members understand their roles?
- Does the plan reflect changes in the physical layout of the facility?
- Have the hazards in the facility changed?
- Are names, titles and telephone number current in the plan?
- Is the facility attaining its training goals?

### **Updating the Plan**

Procedures need to be developed and implemented for revising the plan (see the *Emergency Plan Review Schedule* tool on pg. 159). The following needs to be addressed:

1. Annual review of the existing Emergency Operations Plan. Include a policy for review and making necessary changes to this plan.
2. Annual review of telephone numbers of staff, emergency agencies, and contracted services such as sheltering facilities, transportation services, and EMS.
3. At least an annual update or renewal of transfer agreements and transportation, and other Memorandums of Understanding.
4. Distribution of the plan to appropriate staff.
5. Indicate where the Emergency Plan will be located for staff reference.



*Tool: All-Hazard Emergency Plan Template*

(This document has been adapted from the City of Minneapolis MN 2007 “Emergency Preparedness Template” and Shasta County CA 2007 “Emergency Planning Faith-based Organizations”.)

**[Organization Name] Emergency Operations Plan**

**Date Created:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Last Date Updated:** \_\_\_\_\_

**[Organization Logo or Motto]**

**Table of Contents**

Emergency Plan Basic Information	_____
Emergency Mission	_____
Building/Facility Information	_____
Emergency Team Leader Information	_____
Employee, Volunteer, & Emergency Team Member Information	_____
Communication Plan	_____
Continuing Services	_____
Key Contacts & Phone Numbers	_____
Evacuation Plan	_____
Shelter-in-Place Plan	_____
Emergency Supplies Kit	_____
Building Emergency Procedures	_____
Injury/Incident Report Form	_____
Drill/Exercise Evaluation Form	_____

## Emergency Preparedness Plan

---

*Organization Name*

---

*Address*

---

*City*

*State*

*Zip*

---

*Telephone Number*

---

*E-mail Address*

Date plan was  
created:

Plan approved by:

Plan Review:

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Emergency Mission**

---

Define the purpose of this plan and your organization in the event of an emergency. Examples include:

- Ensure the continuation or quick resumption of worship services.
- To provide care and support to disaster victims (congregants and community members).
- To provide services/resources to help in the community's recovery from emergency (consider what services/resources you plan to provide).

---

---

---

## Building Description

Provide some basic building data (information that may be helpful to emergency services personnel)

---

*Occupancy Type (Office Building, school, church, temple, mosque etc.)*

---

*Total Square Footage*

---

*Year Built  
Renovation*

*Date of Most Recent*

---

*Number of Stories*

*Is there a basement?*

---

*Type of Construction*

---

*Insurance Company*

---

*Describe any Unique features (inside or outside)*

---

---

---

**NOTE: Attach any floor plans of the facility at the end of the document.**

## Building Supplies and Safety

The following emergency supplies and equipment are located as follows:

1. Portable radios and extra batteries: \_\_\_\_\_
2. Emergency first-aid supplies: \_\_\_\_\_
3. Flashlights and extra batteries: \_\_\_\_\_
4. Stored drinking water: \_\_\_\_\_
5. Emergency (3-day) food supply: \_\_\_\_\_
6. Basic tool kit: \_\_\_\_\_
7. Fire alarm system:
  - Location of fire alarm: \_\_\_\_\_
  - Location of fire extinguishers: \_\_\_\_\_
  - If system monitored by outside agency, name and phone: \_\_\_\_\_
  - \_\_\_\_\_
  - Sprinkler system (water flow valves and standpipes, including tamper alarms):  
\_\_\_\_\_
8. Exits: Information on fire escapes (type & location): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Information on fire doors (if applicable): \_\_\_\_\_

The following utility shut-offs and tools are located as follows:

1. Main gas valve: \_\_\_\_\_
2. Crescent wrench or gas shut-off tools: \_\_\_\_\_
3. Main water valve: \_\_\_\_\_
4. Electrical fuse box / circuit breaker: \_\_\_\_\_
5. Emergency or portable generator (if applicable): \_\_\_\_\_

Inventory of neighborhood resources:

1. Where can you rent or borrow a generator from? \_\_\_\_\_
2. Where is the nearest medical treatment facility? (Attach driving and walking directions): \_\_\_\_\_  
\_\_\_\_\_
3. Where is the nearest fire station? \_\_\_\_\_  
\_\_\_\_\_
4. Where is the nearest police station? \_\_\_\_\_  
\_\_\_\_\_

5. Where can you go for additional water? \_\_\_\_\_
6. Where can you go for additional food supplies? \_\_\_\_\_
7. Where can you go for additional medical supplies, medicines, and special equipment? \_\_\_\_\_
- \_\_\_\_\_

### **Emergency Team Leader or Incident Commander**

1. The Incident Commander for our organization in an emergency is:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*                      *Alternate Number*

\_\_\_\_\_  
*Work E-mail Address*                      *Home E-Mail Address*

2. In the absence of the Incident Commander, the first alternate Incident Commander is:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*                      *Alternate Number*

\_\_\_\_\_  
*Work E-mail Address*                      *Home E-Mail Address*

3. In the absence of the first alternate Incident Commander, the second alternate Incident Commander is:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*                      *Alternate Number*

\_\_\_\_\_  
*Work E-mail Address*                      *Home E-Mail Address*

4. The authorized spokesperson (Public Information Officer) is:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*                      *Alternate Number*

\_\_\_\_\_  
*Work E-mail Address*                      *Home E-Mail Address*

## Employee Emergency Information

(Make copies for each employee)

---

*Name*

---

*Position*

---

*Key responsibilities*

---

*Home address*

*State*

*Zip*

---

*Home phone*

---

*Cell phone*

---

*Pager*

*Fax*

---

*Work e-mail address*

---

*Home e-mail address*

---

*Emergency contact*

*Relationship*

---

*Emergency contact phone number*

*Alternate number*

Do you and your family have an emergency preparedness plan?  Yes  No

Do you and your family have an emergency preparedness kit?  Yes  No

In an emergency situation would you continue to work assigned duties?  Yes  No

In an emergency situation would you be willing to work additional days or hours?  Yes  No

In an emergency situation would you be able to work from your home?  Yes  No

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?  Yes  No

Certifications:  LPN/RN  CPR  First-Aid  
 Emergency Medical Technician  Other

## Volunteer Emergency Information

(Make copies for each volunteer)

---

*Name*

---

*Position*

---

*Key responsibilities*

---

*Home address*

*State*

*Zip*

---

*Home phone*

---

*Cell phone*

---

*Pager*

*Fax*

---

*Work e-mail address*

---

*Home e-mail address*

---

*Emergency contact*

*Relationship*

---

*Emergency contact phone number*

*Alternate number*

Do you and your family have an emergency preparedness plan?     Yes     No

Do you and your family have an emergency preparedness kit?     Yes     No

In an emergency situation would you continue to work assigned duties?     Yes     No

In an emergency situation would you be willing to work additional days or hours?     Yes     No

In an emergency situation would you be able to work from your home?     Yes     No

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?     Yes     No

Certifications:     LPN/RN     CPR     First-Aid  
                           Emergency Medical Technician     Other

## Emergency Team Member Information

(Make copies for each member)

---

*Name*

---

*Position*

---

*Key responsibilities*

---

*Home address*

*State*

*Zip*

---

*Home phone*

---

*Cell phone*

---

*Pager*

*Fax*

---

*Work e-mail address*

---

*Home e-mail address*

---

*Emergency contact*

*Relationship*

---

*Emergency contact phone number*

*Alternate number*

Do you and your family have an emergency preparedness plan?     Yes     No

Do you and your family have an emergency preparedness kit?     Yes     No

In an emergency situation would you continue to work assigned duties?     Yes     No

In an emergency situation would you be willing to work additional days or hours?     Yes     No

In an emergency situation would you be able to work from your home?     Yes     No

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?     Yes     No

Certifications:     LPN/RN     CPR     First-Aid  
                           Emergency Medical Technician     Other

## Communication Plan

What Should You Communicate?	Who are you communicating the message to? (Ex: local government, congregation, staff)	Who should communicate the message? (Ex: emergency team leader, Pastor)	How should the message be communicated? (Ex: electronically, phone call tree, mail)	Preparatory Actions (Ex: talking points, key messages, training)
Organization's status				
Damage assessment				
Services offered or service changes				
Funds or supplies needed				
Volunteers needed				
Others needed				
Other:				
Other:				



Additional communication directions:

---

---

---

---

---

---

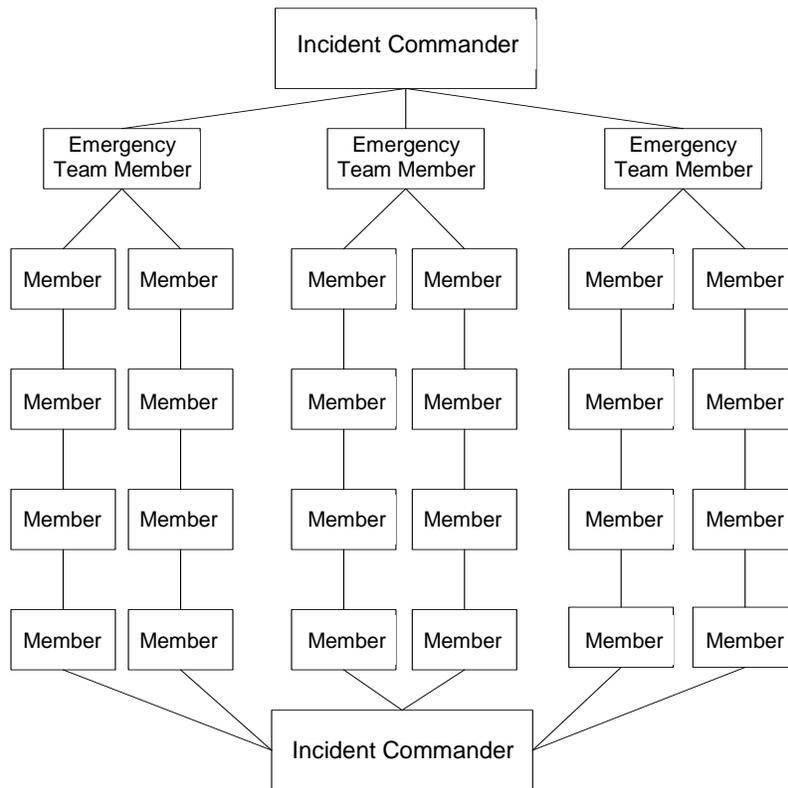
---

---

---

---

**Sample Calling Tree** (see also the *Phone Call Tree* on pg. 48)



**Continuing Services**

List each service and/or program your agency regularly provides. Consider what services or programs would need to be or could be suspended in an emergency. If it must be maintained, indicate in the far right column whether any adjustments or additional resources are needed.

Service or Program	Suspend (x)	Maintain (x)	Supplies/Resources Needed to Maintain Service/Program

List the supplies and resources needed to keep your faith-based community operating and alternative ways to obtain those items.

Supply or Resource Needed	Alternative Source for Obtaining Resource

Faith community's plan of succession (the list, by position or title, who determines which staff is next in line to assume overall authority).

1.

2.

3.

4.

List of signatories on bank accounts (in the event that the primary signatory is unavailable).

1.

2.

3.

4.

Specify area for involvement during an emergency (see *Continuing Operations* on pg. 23 or the *Letter of Intent with Local Government* tool on pg. 52 to help).

---

---

---

---

---

---

**Off-site Storage of Important Documents and Vital Records:**

*Organization name*

*Address*

*City*

*State*

*Zip*

*Telephone number*

Vital Records may include but are not limited to:

- articles of incorporation
- artwork (e.g. stationery, logo)
- blank checks and account information
- board minutes and rosters
- bylaws
- client records
- computer passwords
- contracts
- corporate seal
- diagram of building layout
- donor records
- emergency plan
- financial statements (bank accounts, credit cards)
- 501 (c) (3)
- insurance information
- inventory of organization equipment
- leases/deeds
- licenses
- mission statement
- personal records/payroll information
- photographs of the facility and key equipment
- tax exemption status certificate
- vendor records
- volunteer records

Other documents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Off-site Storage of Vital Electronic Records:**

Electronic records are backed up how often? \_\_\_\_\_

Backed up records are kept at: \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone number* \_\_\_\_\_

If accounting and payroll records are destroyed, continuity will be provided by the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Backed up electronic records include the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Neighboring Agencies Providing Additional/Backup Services**

Attach any Memorandums or Letters of Understanding to the back of the plan.

1. *Name of agency* \_\_\_\_\_ *Contact information* \_\_\_\_\_

*Service provided* \_\_\_\_\_

2. *Name of agency* \_\_\_\_\_ *Contact information* \_\_\_\_\_

*Service provided* \_\_\_\_\_

3. *Name of agency* \_\_\_\_\_ *Contact information* \_\_\_\_\_

*Service provided* \_\_\_\_\_

4. *Name of agency* \_\_\_\_\_ *Contact information* \_\_\_\_\_

*Service provided* \_\_\_\_\_

## Key Contacts

<i>Accountant</i>	<i>Telephone number</i>
<i>Attorney</i>	<i>Telephone number</i>
<i>Bank</i>	<i>Telephone number</i>
<i>Billing/Invoicing Service</i>	<i>Telephone number</i>
<i>Benefits Administrator</i>	<i>Telephone number</i>
<i>Building Manager/Owner</i>	<i>Telephone number</i>
<i>Building Security</i>	<i>Telephone number</i>
<i>Creditor</i>	<i>Telephone number</i>
<i>Electric Company</i>	<i>Telephone number</i>
<i>Electrician</i>	<i>Telephone number</i>
<i>E-mail/Internet Service Provider</i>	<i>Telephone number</i>
<i>Emergency Management Agency</i>	<i>Telephone number</i>
<i>Fire Department</i>	<i>Telephone number</i>
<i>Gas Company</i>	<i>Telephone number</i>
<i>Generator Rental</i>	<i>Telephone number</i>
<i>Grocery Store (nearest one)</i>	<i>Telephone number</i>

<i>Hardware Store (nearest one)</i>	<i>Telephone number</i>
<i>Hazardous Materials</i>	<i>Telephone number</i>
<i>Hospital (nearest one)</i>	<i>Telephone number</i>
<i>Insurance Agent/Claims Reporting</i>	<i>Telephone number</i>
<i>IT/Computer Service Provider</i>	<i>Telephone number</i>
<i>Local Newspaper</i>	<i>Telephone number</i>
<i>Mental Health/Social Services Agency</i>	<i>Telephone number</i>
<i>Payroll Processing</i>	<i>Telephone number</i>
<i>Pharmacy (nearest one)</i>	<i>Telephone number</i>
<i>Plumber</i>	<i>Telephone number</i>
<i>Poison Control Center</i>	<i>Telephone number</i>
<i>Police Department (non-emergency)</i>	<i>Telephone number</i>
<i>Public Works Department</i>	<i>Telephone number</i>
<i>Telephone Company</i>	<i>Telephone number</i>
<i>Web Site Provider</i>	<i>Telephone number</i>
<i>Other</i>	<i>Telephone number</i>

## Phone Numbers

Organization	Phone Number	Web Site
American Red Cross Twin Cities Chapter	612-871-7676	<a href="http://www.redcrossstc.org">www.redcrossstc.org</a>
Centers for Disease Control & Prevention	1-800-311-3435	<a href="http://www.cdc.gov">www.cdc.gov</a>
ECHO Emergency & Community Health Outreach	651-224-3344 1-888-883-8831	<a href="http://www.echominnesota.org">www.echominnesota.org</a>
Minnesota Department of Health	651-201-5000	<a href="http://www.health.state.mn.us">www.health.state.mn.us</a>
Minnesota Duty Officer	1-800-422-0798 651-649-5451	
MNVOAD (Minnesota Volunteers Responding to Emergency)	612-664-8589	<a href="http://www.mnvoad.org">www.mnvoad.org</a>
WCCO 830 AM (radio)	612-370-0611	<a href="http://www.wccoradio.com">www.wccoradio.com</a>
KSTP 1500 AM (radio)	651-647-1500	<a href="http://www.am1500.com">www.am1500.com</a>
WCCO Channel 4	612-339-4444	<a href="http://www.wcco.com">www.wcco.com</a>
KSTP Channel 5	651-646-5555	<a href="http://www.kstp.com">www.kstp.com</a>
KMSP Fox 9	952-944-9999	<a href="http://www.myfoxtwincities.com">www.myfoxtwincities.com</a>
KARE Channel 11	763-546-1111	<a href="http://www.kare11.com">www.kare11.com</a>
National Weather Service Chanhassen	952-361-6680	<a href="http://www.nws.noaa.gov">www.nws.noaa.gov</a>

## Evacuation Plan

During business hours, everyone in the building will go to:

---

*Name of site*

---

*Address*

---

*City*

---

*Name of site manager (if re-locating to another business)*

---

*Telephone number*

Directions to site:

---

---

---

---

Agency person in charge at evacuation site:

---

Responsibilities include:

- Conducting attendance at site
- Bringing emergency documents and phone lists
- Bringing emergency kit
- Other:

---

---

---

Are there people who will need assistance evacuating your facility? If so, what assistance is needed?

---

---

---

Who will be responsible for the care of these individuals at the alternate site?

---

---

---

---

What will your members/visitors need that may not be available at a temporary location?

---

---

---

---

Transportation for moving program individuals to a temporary location or to their homes will be provided by:

---

*Transportation company*

---

*Contact name* *Telephone number*

---

*Alternate company*

---

*Contact name* *Telephone number*

**If a building evacuation is initiated, important “dos” and “don’ts” are:**

- Remain calm.
- Follow the instructions of the incident coordinator or emergency response team, if applicable.
- If you occupy an enclosed office, close the door as you leave.
- Use stairwells (do not use elevator) for evacuation. Be alert for other staff, members, and emergency agency personnel who might also be using the stairwells.
- Do not return for coats, purses, briefcases, etc, after you have left the area.
- Do not smoke.
- Do not return to your area until the “all clear” signal is given.

## Extended Relocation

If your current location is not accessible for an extended period of time, operations will be moved to the following location: (Attach Memorandum or Letter of Understanding to the back of this document)

---

*Business name/owner*

---

*Address*

---

*City*

*State*

*Zip*

---

*Telephone number*

*Alternate number*

Directions to relocation site:

---

---

---

---

## **Shelter-in-Place**

If a “shelter-in-place” emergency is issued, we will move to the following room:

---

Ensure the following:

- All doors and windows are closed.
- Cracks around doors or windows are sealed with duct tape or plastic sheeting.
- All vents are closed and sealed.
- Any ventilation systems, motors, or fans are turned off.
- Emergency supply kit is available.
- Listen to radio/television and follow directions from authorities until they issue an “all-clear”.

## Emergency Supplies Kit/Go-Kit

Items in an emergency supply kit may include but are not limited to the following items. Adjust these items to meet the needs of your congregation.

- Batteries – extra ones for flashlights and radios
- Blankets/sleeping bags/Mylar “space blankets”
- Bottled water (1 gallon per person per day)
- Can opener (manual)
- Cash in small denominations (include correct change for pay phones)
- Duct tape
- Fire extinguisher
- First-aid kit (scissors, tweezers, band-aids, cotton balls, gauze pads/roller gauze and tape, anti-bacterial wipes, first aid ointment, vinyl gloves, non-aspirin pain reliever, safety pins, first-aid book)
- Flashlight/light sticks
- Food/snacks (ready to eat canned goods, raisins, granola bars, etc.)
- Gloves
- Hand sanitizer
- NOAA weather alert radio
- Office supplies (note pads, pens)
- Paper plates, cups, utensils
- Paper towels, wipes
- Personal hygiene items
- Plastic bags – all size re-sealable bags and garbage bags
- Plastic sheeting
- Radio – battery operated
- Rope
- Tool kit (pliers, screwdriver, hammer, nails, crow bar, adjustable wrench, etc.)
- Change of clothes
- Prayer book and/or other important faith-related items
- Whistle
- Other
- Other
- Other

## **BUILDING EMERGENCY PROCEDURES**

### **Leader Responsibilities**

In the event of an emergency, leader responsibilities may include the following:

- Knowing how to correctly respond to and summon help for a medical emergency.
- Knowing how to correctly report a fire or smoke emergency using the 911 emergency numbers.
- Knowing the locations of the manual fire alarm pull stations in their area.
- Knowing the locations of the fire extinguishers in their area and how to use them.
- Knowing how to correctly respond to a fire warning alarm.
- Knowing the facility's lock-down/shelter-in-place procedure.
- Knowing designated shelter areas and precautions to take in the event of a tornado emergency.
- Becoming familiar with exit routes and knowing alternate exits to correctly respond to a call for evacuation.
- Closing all opened doors as they evacuate an area.

### **Medical Emergency**

Call 911 or other appropriate emergency response activation number. Be prepared to give the following information:

- Name and extension
- Location
- Number of people involved
- Nature of injury or illness
- Remember to stay on the line until help arrives, if at all possible

While waiting for professional help, do not move the ill or injured person unless safety considerations necessitate movement or transportation to a safer location. When professional help arrives:

- Allow responding units to take control of situation.
- Emergency response team members will stand by to assist as needed

Regular CPR/first-aid training is recommended for all leaders, especially pre-school and school teachers.

Note: Treat minor injuries from supplies in the first-aid kits. The kits are located:

---

## Fire and Smoke Emergencies

If you detect smoke and/or fire:

- Activate the manual fire alarm.
- Initiate evacuation procedures for any occupants of the affected building(s).
- Call 911 (move to a safe area before making this call).
- Give your name, telephone number, and location.
- Describe the situation.
- If you know how to use a fire extinguisher and feel the best course of action is to attempt to extinguish the fire, locate an extinguisher and, without risking injury attempt to extinguish the fire.
- If the fire is beyond the point of a safe attempt to extinguish it, isolate the fire by closing doors in the area before evacuating.

If the fire alarm sounds:

- Do not use the elevator.
- Immediately initiate evacuation procedures.
- Assist disabled persons in your area.
- If you encounter smoke, take short breaths through your nose and crawl along the floor to the nearest exit.
- Feel all doors with your hand before opening. If the door is hot, do not open it. If the door is cool, open it slowly, keeping behind the door in case you have to quickly close it to protect yourself from oncoming smoke or fire.
- Proceed to the ground level and outdoors.
- Move **upwind** of the building at least 75 feet away from the building and beyond designated fire lanes. Go to your designated assembly area (if possible).
- Do not go to your automobile or attempt to move it from the parking lot. This could hinder access by emergency vehicles.
- Do not congregate near building exits, driveways, or roadways.
- Do not reenter the building until an “all clear” is issued by the incident coordinator. (Note: The “all clear” should be initially issued by the Fire Department.)

## **Tornado & Severe Weather Emergency**

The National Weather Service has developed a method of identifying storm conditions that foster the development of tornados. The classification and definitions of storm conditions are:

- Tornado watch
- Tornado warning

A “**tornado watch**” status indicates that weather conditions are favorable for the development of tornados. The “watch areas” are usually large geographic areas, covering many counties or even states that could be affected by severe weather conditions including tornados.

A “**tornado warning**” is an alert issued by the National Weather Service after a tornado has been detected by radar or sighted by weather watchers or by the public. The National Weather Service provides the approximate time of detection, the location of the storm and the direction of movement. A tornado can move from 25 to 40 miles per hour so prompt emergency action must be taken. During a tornado warning, a battery-powered radio should be used and tuned to the National Weather Service and local weather watchers radio frequency. Should a tornado develop which threatens your area, emergency response team members should initiate actions to notify and protect all staff, members, and visitors in the facility.

### **If a Tornado Warning is Announced**

When you hear the announcement for a tornado warning:

- Shelter-in-place by moving to a designated tornado shelter area immediately. Move quickly, but do not run.
- Do not use elevators.
- Assist disabled persons in your area.
- Shelter-in-place until you hear an announcement from a member of the safety response team and/or a hand-held radio system station (if applicable) that it is safe to return to your area.

### **Tornado Safety Basics**

Tornados and tornado-producing weather conditions are common in Minnesota. Familiarize yourself with the basics of protecting yourself wherever you may be.

If you are indoors, the general responses to a tornado warning are:

- Move away from windows. If you have time, close any window blinds or shades to help prevent flying glass and debris—the cause of most injuries in office buildings.
- Warn others. Encourage them to get to safety immediately.
- Move away from large expanses of unsupported ceilings.
- Move away from building perimeter area.
- Move to an interior room away from windows—to an enclosed room or conference room, a rest room, an interior stairwell.
- If in an interior hallway, away from windows, crouch down as low as possible.
- If you are in an elevator, stop and get off at the next floor and take cover in an interior hallway or interior room. Do not use elevators during tornado warnings.
- If moving to a safer location in the building is not possible, get under a desk or table in an interior office.
- Once you have gone to the safest place you can find, protect your face and head, and stay where you are until an “all clear” signal is given. (If circumstances change and new dangers are present, seek a different safe place.)
- In general, gymnasiums are not good “shelter-in-place” locations for severe weather.

If you are outdoors, the general responses to a tornado warning are:

- If at all possible, move indoors to an interior room.
- If moving indoors is not possible, take cover near objects that are low and securely anchored to the ground, such as culverts or low retaining walls.

### **Intruder/Active Shooter Emergency Action Plan**

When a hostile person(s) is actively causing deadly harm or the imminent threat of deadly harm or is barricaded within a building, the following procedures should be followed:

- Lock yourself in the room you are in at the time of the threatening activity.
- If communication is available, call **911** or other appropriate emergency numbers.
- Don't stay in open areas.
- Do not sound the fire alarm. A fire alarm would signal the occupants in the rooms to evacuate the building and thus place them in potential harm as they attempted to exit.
- Lock the window and close blinds or curtains.
- Stay away from windows.
- Turn all lights and audio equipment off.
- Try to stay calm and be as quiet as possible.
- If you are caught in an open area, such as a hallway or main congregation area, you must decide what action to take:
  1. You can try to hide, but make sure it is a well hidden space or you may be found as the intruder moves through the building.
  2. If you think you can safely make it out of the building by running, then do so. If you decide to run, do not run in a straight line. Keep any objects you can between you and the hostile person(s) while running. Use trees, vehicles or any other object to block you from view as you run. When away from the immediate area of danger, summon help any way you can and warn others.
  3. If the person(s) is causing death or serious physical injury to others and you are unable to run or hide, you may choose to play dead if other victims are around you.
  4. The last option you have, if caught in an open area, may be to fight back. This is dangerous, but depending on your situation, this could be an option.
  5. If you are caught by the intruder and are not going to fight back, follow their directions and do not look the intruder in the eyes.

Once law enforcement arrives, obey all commands. This may involve you being handcuffed or made to put your hands in the air. This is done for safety reasons, and once circumstances are evaluated by law enforcement, they will give you further directions to follow.

## INJURY/INCIDENT REPORT

*This sample form may be helpful should an injury occur during an evacuation or other emergency procedure. It is important to maintain accurate records of any injuries incurred during an emergency, in case of insurance or liability questions.*

Date: \_\_\_\_\_

Injured Person: \_\_\_\_\_

Completed by: \_\_\_\_\_

Where were you when injury occurred:

\_\_\_\_\_

Description of injury and how it occurred: (Use back if more space is needed)

---

---

---

---

---

---

---

---

---

---

Witnesses:

\_\_\_\_\_

Action taken/Medical treatment provided:

---

---

---

---

---

---







*Tool: Sheltering-in-Place Preparedness Checklist*

The items on this checklist are emergency-specific, so not all items will necessarily be applicable depending on the nature of the emergency.

Date Completed	Item
	Plan describing how three days of non-perishable meals are kept on hand for staff. The plan should include special diet requirements.
	Plan describing how 72 hours of portable water is stored and available.
	Plan identifying 72 hours of necessary medications that are stored at the facility and how necessary temperature control and security requirements will be met.
	Plan to identify staff that will work during the event, any transportation requirements that staff might need, and how the facility will meet those needs.
	Plan for an alternative power source to the facility such as an onsite generator and describe how 72 hours of fuel will be maintained and stored.
	Alternate power source plan provides for necessary testing of the generator.
	Plan describing how the facility will dispose of or store waste and biological waste until normal waste removal is restored.
	Emergency Communications Plan, such as for cell phones, hand held radios, pagers, Blackberries, satellite phones, laptop computers for instant messaging, HAM radios.
	Adequate planning considerations given to needs of staff.



*Tool: Pandemic Flu Planning Checklist*

The following checklist provides guidance for faith-based organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested can improve your organization's ability to protect your community during emergencies in general.

Date Completed	Item
	Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.
	Determine the potential impact of a pandemic on your organization's usual activities and services. Plan for situations likely to require increasing, decreasing, or altering the services your organization delivers.
	Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
	Outline the organizational structure during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, roles and responsibilities, and who is supposed to report to whom.
	Identify and train essential staff (including full-time, part-time, or volunteer staff) needed to carry on your organization's work during a pandemic. Include back-up plans. Cross train staff in other jobs so that if staff are unable to come into work, others are ready to take on their responsibilities.
	Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.
	Find up-to-date, reliable pandemic information. (Examples include <a href="http://www.cdc.gov">www.cdc.gov</a> , <a href="http://www.health.state.mn.us">www.health.state.mn.us</a> and local Public Health websites)
	Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.
	When appropriate, include basic information about pandemic influenza in public meetings.
	Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
	Develop tools to communicate information about pandemic status and your organization's actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.
	Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.
	Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities.
	Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.
	Plan for staff absences due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures.
	Work with local health authorities to encourage yearly influenza vaccination for staff, members, and in the communities that you serve.
	Evaluate access to mental health and social services during a pandemic for your staff, members, and communities that you serve; improve access to these services as needed.

	Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.
	Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.
	Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty.
	Set up policies for flexible work hours and working from home.
	Evaluate your organization's usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person).
	Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.
	Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly.
	Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.
	Consider focusing your organization's efforts during a pandemic to providing services that are most needed during the emergency.
	Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.
	Work with local public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide. Share your preparedness and response plan, what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.
	Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and communities that you serve.
	Share what you have learned from developing your preparedness and response plan with other faith-based organizations to improve community response efforts.
	Work together with other faith-based organizations in your local area and through networks (denominations, associations, etc) to help your communities prepare for pandemic influenza.



## **Background**

### **What is the flu and why do we need to plan for it?**

Influenza, or flu, in humans is a highly contagious disease that is usually spread through droplets of moisture caused by coughing or sneezing. Flu is caused by various forms of virus. As the virus attacks our bodies, it causes a variety of symptoms. The most common symptoms include: fever, headache, runny nose, body aches, cough, sore throat, extreme fatigue, and stomach and intestinal discomfort.

Flu season comes every year, usually in the winter. Normally, approximately 10% of the population is affected by flu symptoms. For most people, it is unpleasant, but not life-threatening. However, approximately 35,000 people die each year in the United States from symptoms or complications of the flu.

### **What makes the flu a pandemic flu?**

We speak of a pandemic flu when a brand new strain of flu virus appears for which there is low human immunity and high human-to-human contagiousness. Normally, forms of flu change only a little from year to year – minor mutations of the previous year’s variety of flu virus. Humans infected during a recent flu season retain immunity, because their immune systems “recognize” the slightly changed new flu strain and attack invading viruses, killing them.

Influenza Virus A sometimes recombines or mutates into a form that is a sudden, large change. If a human population has not recently experienced a similar form, its immune systems do not recognize the virus, do not attack and the virus enters the body successfully and begins to spread. When immunity is low within a population, the disease spreads rapidly. If it spreads over a wide portion of the globe, we call this episode of flu a “pandemic flu.”

In the last century, there have been notable pandemic flu episodes - in 1918, 1957, and 1968. The 1918 flu, “The Great Influenza” as a recent book titles it, erupted during the last year of World War I. It caused especially strong symptoms and extremely high mortality rates. It is estimated that the worldwide death toll was between 20 million and 50 million.

### **Purpose of Pandemic Flu Planning**

The World Health Organization (WHO) has identified six phases in a Pandemic Alert System. Phase Three, which we are generally in, means that humans have been infected by a new subtype virus that is spreading through an animal population (like the Avian or Bird flu), but that there is no (or only rare instances of) human-to-human spread.

During Phase three of a Pandemic Alert, it is important to:

- minimize transmission to humans
- establish early detection, notification and response systems
- contain and control possible human-to-human transmission within isolated communities

Our goal in pandemic influenza planning is two-fold: (1) To plan for and implement prevention practices – simple awareness and infection control practices and habits; (2) To prepare for possible onset of pandemic influenza and the need for immediate responses.

It is important to remember that pandemic influenza preparedness is a process, not an isolated event.

### What Planning Assumptions do we Make in Preparing?

The Centers for Disease Control and Prevention (CDC) makes the following assumptions and projections for pandemic flu planning:

- Typical incubation period of two days.
- Persons who become infected may transmit for a full day prior to the onset of symptoms.
- On average, two secondary infections occur as a result of transmission from someone who is ill.
- In a community, a pandemic “wave” will last approximately 6-8 weeks.
- Absenteeism from school and work may reach 40% at the peak of the pandemic wave.
- At least two pandemic waves are likely to occur.

Experience during the “Great Influenza” of 1918 demonstrates that it is possible during a pandemic that:

- The health care system will be swamped by sick people seeking assistance.
- The undertaking/funereal industry, too, can be overwhelmed.
- State and national emergency delivery systems may be overwhelmed and unable to address local needs in a timely manner.
- Fear may run rampant within a community under pandemic siege. Community assistance and neighborly support may break down nearly completely.

This pandemic plan recognizes these past experiences and future possibilities. Our assumptions, drawn from the above, include:

- Absenteeism of workers could be in the 30-40% range.
- Workers may not be absent due to family care needs. Workers may simply not report due to fear of becoming infected.
- We may experience the loss of suppliers (utilities, garbage removal, food, etc.)
- Government proclamations and fuel shortages may create travel restrictions.
- Businesses may close.
- Litigation may emerge from any number of the above circumstances.

<b>PREVENTION &amp; PREPAREDNESS ACTIVITIES</b>
<b>AWARENESS/EDUCATION</b>
Prepare Staff: Train staff as role models regarding infection prevention habits. (Identify trainers, complete training)
Teach infection control, present at meetings and events; send information regarding healthy infection prevention habits through email, phone, or mail. Plan and begin to publish articles on signs and symptoms of flu and infection control.
Post and distribute infection control and pandemic influenza basic information: <ul style="list-style-type: none"><li>• Acquire or prepare posters, flyers, and related materials defining healthy habits that support infection control.</li><li>• Post flyers and reminders of healthy habits including “cover your cough” and “stop the spread of germs”. Post in each office, meeting room and restroom, on website, and other appropriate building sites.</li><li>• Distribute Pandemic Flu information and “Getting Ready For Pandemic Flu Checklist (for Families)” to families, and staff.</li><li>• Publish articles in newsletters and on websites.</li></ul>

## **INFECTION CONTROL**

Promote sanitation procedures to help stop the spread of infection:

- Clean shared work areas at least daily
- Maintain good cleanliness and ventilation
- Make soap, paper towels and sinks, or hand sanitizer accessible
- Display hand washing and cough etiquette posters
- Maintain adequate extra supplies and develop system for dispersal
- Supply/provide disinfectant cleaning supplies

Personal Protective Measures:

- Surgical masks (to wear if you are sick to prevent others from getting sick)
- Gloves
- Stay home when sick
- Flu vaccine

## **HEALTH CONCERNS**

Promote preparation:

- Develop procedures to help at-risk children and adults
- Call and offer support to ill individuals who are in isolation
- Encourage sick individuals to stay home when they are sick
- Keep a list and assess needs (i.e. supplies and medications)
- Plan for children/youth to be at home without an adult that is well enough to care for them

## **COMMUNICATION/COLLABORATION**

Develop partnerships with other faith-based and community organizations. Develop a variety of communication channels including:

- Health Alert Network (HAN) with your local government
- Phone tree for all staff
- Alternate forms of communication: email; media; newsletters
- Determine who will keep track of updating communication lists
- Rumor control
- Keep messages simple and consistent with that of your local government
- May need to vary message for staff, children, and adults

## **CONTINUITY OF OPERATIONS**

Staff and Leadership Team Monitoring: Begin regular (or timely) staff briefings to monitor preparedness, identify lessons learned, and make necessary changes to the preparedness and response plan based on the pandemic.

Assess and prepare for identifiable staff risks and needs:

- Identify staff that, due to health condition or pregnancy, will not be able to be present at work after the flu has been identified.
- Review and update staff emergency contact lists.
- Assign staff to identify (and report) someone that can and will check on them in case of an illness.

Define critical functions that you will maintain, minimum staffing needs (numbers and skills), and plan possible re-assignments with staff.

Project and plan for financial impact.

Develop collaborative links with County Emergency Response Plan (Fire, EMS, Public Health):

- Be familiar with the NIMS model
- Provide copies of plan to these agencies for review
- Plan for multiple waves of illness (estimate 2-3 months/wave)
- Drills, tabletop exercises and other practice activities

Communication

- Provide information to members regarding plan
- Hold community-wide meetings to address concerns
- Plan for alternate means of communication (redundancy)
- Determine who will keep track of updating communication lists
- Plan for rumor control
- Anticipate simple, consistent messages needed, develop template letters in advance

## **RESPONSE – PANDEMIC FLU PRESENT**

### **AWARENESS/EDUCATION**

Send information to staff and members reviewing flu symptoms and indicators. If you plan on shutting down the facility to visitors/members send an alert letter to their home, call them, email them, etc.

Provide information to members on prevention procedures and what is going on in the community. Be as 'transparent' as possible.

### **INFECTION CONTROL**

Implement procedures for prevention of disease transmission

- Cancel non-essential gatherings
- Avoid crowded social environments
- Limit non-essential travel
- Maintain one yard spatial separation between individuals
- Clean inanimate objects well (phones, keyboards)

Promote voluntary quarantine with staff and members

- Stay home until fever and coughing have resolved
- Voluntary home quarantine if anyone ill in household

### **HEALTH CONCERNS**

Providing for mental health care

- Anticipate emotional trauma
- Be vigilant about ripple effects on members/family/staff
- Reinforce message about post-traumatic stress disorder (PTSD) including recognition and prevention
- Contact/coordinate delivery of grief counseling, emotional counseling support, as needed

### **CONTINUITY OF OPERATIONS**

Follow Incident Command emergency chain of command, including filling of administrative positions when absences are caused by illness.

Modify work roles and responsibilities or add volunteer or support staff, as needed.

Implement liberal leave policies for persons with sick family members.

<b>COMMUNICATION/COLLABORATION</b>
Implement the Emergency Response Plan. Maintain rumor control: <ul style="list-style-type: none"> <li>• Communication in absence of person-to-person contact</li> <li>• Prepare statement to be read by all answering calls</li> <li>• Timely, accurate, credible and consistent information tailored to specific audiences</li> <li>• Phone tree calls to all staff</li> <li>• Educational materials available how to support your members with recovery</li> </ul>

<b>RECOVERY</b>
<b>AWARENESS/EDUCATION</b>
Continue to post flyers and reminders of healthy habits.
Continue to publish articles on infection control in newsletters, on websites, and in the facility.
Provide information to members and staff on: <ul style="list-style-type: none"> <li>• extent of pandemic flu in the community</li> <li>• signs and symptoms of stress/emotional issues arising from impact of flu including loss and grief</li> <li>• Counseling services and activities to assist in coping with impact of the flu on family, friends, and community</li> </ul>
<b>SURVEILLANCE</b>
Identify individuals/families or staff who may need long-term physical and mental health support or intervention.
<b>CONTINUITY OF OPERATIONS</b>
Plan and implement activities to rebuild community including: <ul style="list-style-type: none"> <li>• Restoration and strengthening of community and social connections</li> <li>• Involvement of members and community in planning and rebuilding efforts</li> <li>• Strengthen support systems</li> <li>• Reach out to other faith-based communities who have dealt with similar crises</li> </ul>
Evaluate your Emergency Plan: What worked? What did not work? Revise and/or train as appropriate.
<b>COMMUNICATION/COLLABORATION</b>
Continue to develop community resources to provide needed physical and mental health support.
Communication <ul style="list-style-type: none"> <li>• Keep communication lines open among members, staff and community</li> <li>• Community-wide meetings to facilitate addressing how they will cope</li> </ul>

## Pandemic Flu Planning Template

NOTE: This is meant to be an appendix to your All-Hazard Plan. Pandemic flu will be a unique situation compared to natural or man-made emergencies because of its length of time and social disruption.

### [Organization Name]

Plan Developed by: \_\_\_\_\_

Date Developed: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Emergency Team Members involved in Planning for Pandemic Flu:

<i>Name</i>	<i>Phone</i>

Impact of a Pandemic Flu on your usual activities and services:

<b>Service or Program</b>	<b>Suspend (x)</b>	<b>Maintain (x)</b>	<b>Supplies/Resources Needed to Maintain the Service</b>

How will you give services without meeting people face-to-face?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you deliver normal services with social distancing?

---

---

---

---

---

Can your staff and leadership work from home?

---

---

---

---

---

What will happen if your organization has high levels of absenteeism among staff? Among members?

---

---

---

---

---

How will your organization fare with a decrease in financial resources? How will you pay staff?

---

---

---

---

---

Do you have mandatory sick-leave policies for staff and members who are ill? What about policies for flexible work hours and work locations for staff? If not, you should think about constructing such policies specifically for the Pandemic Flu.

---

---

---

---

---

Consider your organization's ability to address rumors, misinformation, fear, anxiety, etc. What can you do to help?

---

---

---

---

---

**Communication Plan for Pandemic Flu**

What Should You Communicate?	Who are you communicating to? (Ex: local government, congregation, staff only)	Who should communicate the message? (Ex: Emergency Team Leader, Pastor)	Where are you going to get reliable information from? (Ex: local government, MDH, CDC)	How should it be communicated? (Ex: electronically, phone call/tree, mail)	Preparatory Actions (Ex: talking points, key messages, training)
Services offered, or changes made to them					
Community updates related to the flu					
Funds or supplies needed					
Volunteers needed					
Others Needed					
Other:					



*Tool: Supply and Equipment Checklist for Planning*

The items on this checklist are not emergency-specific, so not all items will necessarily be applicable depending on the nature of the emergency.

Where are you going to store these items?

---

---

---

Check	Item
	Emergency placards
	Non-perishable food items
	Disposable plates, utensils, cups and straws
	Battery-operated weather radio and extra batteries
	Hand sanitizer
	Drinking water (one gallon per day per person)
	Ice
	Back-up generators
	Diesel fuel to supply generators for power and for cooling systems
	Backup supply of gasoline so staff can get to and from work
	Extra means for refrigeration
	<u>Medicines</u> – Specific lists could be made to indicate specific medications and needed quantity
	<u>Medical Supplies</u> - Specific lists could be made to indicate specific types of medical supplies needed.
	<u>Medical equipment</u> - Specific lists could be made to indicate specific type and quantity of medical equipment such as oxygen tanks
	Flashlights and extra batteries
	Toiletry items for staff (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Incontinence products
	Personal wipes
	Denture holders/cleansers
	Toilet paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaner
	Plastic sheeting for covering broken windows, etc.
	Duct tape
	Hammers
	Nails
	Coolers
	Lighters
	Extension Cords
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc. (office in a box)
	Laptop computer with charger; flash drives or CDs with medical records, portable printer if possible
	Prayer book or other faith-related items



Tool: Volunteer Organizations

<b>Program</b>	<b>Information Resource</b>	<b>Description</b>
<b>The Medical Reserve Corps (MRC) of Minnesota</b>	<a href="http://www.mnresponds.org">www.mnresponds.org</a>	The MRC is a countywide resource of health professionals and other volunteers who strengthen our community by preparing for and responding to local public health and medical emergencies and assisting with key ongoing public health initiatives. The MRC goal is to have pre-identified, trained and credentialed volunteers ready to assist medical response professionals during large-scale emergencies that threaten local public health including an outbreak of SARS or influenza, mass injuries from a chemical spill or a rapidly spreading, terrorist-launched illness. MRC volunteers also can elect to assist with key public health initiatives during non-emergency times.
<b>Community Emergency Response Teams (CERT)</b>	<a href="http://www.citizencorps.gov/cert">www.citizencorps.gov/cert</a>	The Community Emergency Response Team (CERT) Program educates people about emergency preparedness for hazards that may impact their area and trains them in basic emergency response skills, such as fire safety, light search and rescue, team organization, and emergency medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members are also encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects.
<b>American Red Cross – Twin Cities Community Response Team (formerly known as Emergency Response)</b>	Volunteer Resources Team at <a href="mailto:volunteer@redcrosstc.org">volunteer@redcrosstc.org</a> , (612) 872-3271 or <a href="http://www.redcrosstc.org">www.redcrosstc.org</a> .	ARC Twin Cities is a chapter-wide, staff and volunteer collaboration designed to utilize every one of our resources to help prepare our community and respond with compassion to their needs. To make the best use of resources, the team creates more unified operations and a better way to integrate volunteers and staff members that have tended to function separately.



*Tool: Emergency Plan Review Schedule*

The emergency plan will be reviewed and updated annually by the following staff:

<b>Emergency Plan Review Schedule</b>	
<b>Date</b>	<b>Responsible Personnel</b>



## Pandemic Flu Scenario

Date: \_\_\_\_\_

Participant Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### a. Agenda:

- Introductions and Overview
- Situation Progression and Responses (guided with questions)
- Break
- Debriefing and Evaluation

**b. Tabletop exercise goal:** To focus and build upon the relationship between [your organization] and [who are you exercising with? Or are you just building your own capacity].

### c. Expectations:

- No congregation is ever fully prepared for this type of public health emergency.
- Open and honest dialogue and feedback are encouraged throughout the exercise.
- Participants should feel free to ask questions of another and challenge each other's assumptions.
- No one will be singled out or punished for what they say during the exercise.
- You will act on what you learn today.

**d. Unfolding the Situation:** Decisions and Response. The following commentary will show a developing influenza pandemic that requires decisions to be made by the participants in their capacity as members of a key decision making body. The role of the facilitator in this step is to provide participants with an overview of the situation and to focus the discussion on the key decisions that need to be reached by the group. A series of probes is provided to assist the facilitator in leading the discussion. It is not necessary that the facilitator read through every probe with the group. Review the scenario and then highlight the collective decisions that they will be required to make for each discussion point. The note taker should record the decisions the participants make.

**e. Early Situation:** The regular flu season has begun and the numbers of flu cases are mild to average (just like other years). All of the sudden there seems to be a major outbreak of a novel flu virus, like H1N1, in an Asian country. But, the world is taking notice because of how fast it seems to be spreading and how severe the illness is for humans. Now, about a month later it is spreading rapidly across all Asian countries. Young adults appear to be the most severely affected. The average attack rate in the Asian countries is 25% and the average fatality is 5% (it is behaving like the Pandemic Flu of 1918). The World Health Organization (WHO) has officially declared it a "Pandemic Level 5".

**f. Progressing situation:** The window of time before this virus reaches the United States will be short because of (1) international travel and (2) the virus transmits rapidly. Vaccine manufacturers are predicting it will take 6 to 8 months to begin producing a safe vaccine. Local

governments and hospitals are beginning to set up surveillance systems for this pandemic flu virus.

**Questions:** What actions could be taken to engage your members with your current level of knowledge? What specific key tasks should you engage in to prepare for the outbreak before it reaches? What expectations do you have regarding your public health department (will they contact you)? Will you communicate information? Who will communicate it? Who is responsible for activating the Incident Command System (ICS)? Who is in charge of the ICS? Is there a defined trigger for when it is appropriate to establish a formal ICS?

**g. Further Developments:** The virus has made its way into our hospital and clinic systems. Your local public health department is sending you alerts about its prevalence in the Twin Cities. So far, it is mild. The media is reporting that “the pandemic flu virus is ripping through the cities and that there is no vaccine available” which is making people nervous. However, the regular flu season is still in full swing too, so it could be a mix of both viruses getting people sick.

**Questions:** What could you do to help slow the spread of the virus? What sort of information will you put out to your congregation? Where will that information come from? Who is responsible for getting the information out? How do you plan on working with your local public health department? What are you going to do as an organization if it is recommended that you stop meeting in larger groups? Smaller groups? At all? What will your organization do if the schools decide to close? Will staff be unable to come to work?

**h. Further Developments:** A global pandemic is confirmed by the World Health Organization. The outbreak has spread rapidly in the Twin Cities and there are estimates that approximately 25% of the population is sick with this flu and approximately 5% are dying as a result. Hospitals and clinics have reached capacity and are starting to turn individuals away. The Twin Cities population has approximately three million people – that means when the Pandemic is completely over, 750,000 will have been sick and 37,500 people will have died. Everyone (public health, government, pharmacies, worksites, etc) is reporting staffing shortages.

**Questions:** How are you going to manage staffing shortages? What staff plans are in place to rotate critical staff to avoid complete exhaustion? What essential functions will stay in place? What could you do to help your congregation members? Will you use volunteers? In what way would they be utilized? Who is in charge of managing them? Would you help isolated people receive necessary food and medical supplies? How? Individuals will turn to you with the loss of loved ones - how will you handle this? What services will you offer? How do you plan on working with your local public health department? What are you going to do as an organization if it is recommended that you stop meeting in larger groups? Smaller groups? At all? What is your organization going to do if the schools decide to close? Will staff be unable to come to work? Where are you in your ICS structure? Who is in charge? What if they become ill?

**i. Finishing Up and Evaluation:** The pandemic is over. It has been a long, hard year and a half with many losses. But, you pulled through. It is time to evaluate your response and your plan.

**Questions:** What are the biggest gaps or challenges in preparedness that you see resulting from this exercise? Which problem areas should be deemed highest priority? Identify three important gaps that could help you respond more appropriately. Outline a plan for how you might begin to make improvements to your response. What initial steps can you take?

## Tornado Scenario

Date: \_\_\_\_\_

Participant Names:

---

---

---

---

### a. Agenda:

- Introductions & Overview
- Situation and Responses (guided with questions)
- Break
- Debriefing & Evaluation

**b. Tabletop exercise goal:** To focus and build upon the relationship between [your organization] and [who are you exercising with? Or are you just building your own capacity].

### c. Expectations:

- No congregation is ever fully prepared for this type of public health emergency.
- Open and honest dialogue and feedback are encouraged throughout the exercise.
- Participants should feel free to ask questions of another and challenge each others' assumptions.
- No one will be singled out or punished for what they say during the exercise.
- You will act on what you learn today.

### d. The Scenario:

On the morning of [insert date], a series of severe thunderstorms and tornados move through the Twin Cities. The most destructive of these storms strikes [insert your city]. At approximately 8am, a large violent tornado touched down in the southwestern portion of [insert your city]. The tornado, up to a half-mile at points, moved northeast remaining on the ground continuously for more than 30 miles before finally dissipating in northeastern [insert your county or city].

In roughly 40 minutes, six people were killed and approximately 32 others were injured.

The tornado damaged or destroyed at least 50 homes. In addition, one apartment complex, one nursing home, 19 commercial buildings, and 2,200 acres of woodland were destroyed. Because major transmission power was destroyed, much of the county is without electrical power. Your facility is still standing and operable.

### Questions:

What is your first step? Do you set up your Incident Command Structure? Who is in charge?

How do you contact your Emergency Team members? (Remember there is no electricity)

How will you work with your local government? What services are you going to offer immediately? What do you need to offer these services? (Remember the community will be grieving the loss of family members and dealing with injured family members)

What services are you going to offer long term? What do you need to offer these services?

What are you going to communicate to your members? How are you going to communicate?

#### **e. Scenario Change:**

Let's change the scenario and consider that the tornado ripped through our part of town at 2:30 pm in the afternoon. Everything else is the same.

#### **Questions:**

What is your first step? Do you set up your Incident Command Structure? Who is in charge?

How do you contact your Emergency Team members? (Remember there is no electricity)

How will you work with your local government? What services are you going to offer immediately? What do you need to offer these services? What services are you going to offer long term? What do you need to offer these services? What are you going to communicate to your members? How are you going to communicate? What happens to kids that were in school? What about their parents?

What safety precautions would you take at your own facility? What do you have available if your leadership and staff are unable to leave for several hours? Are you prepared? What would you need to be prepared? What if someone got hurt (not badly, but they are bleeding)?

#### **f. Finishing Up and Evaluation**

What are the biggest gaps or challenges in preparedness that you see resulting from this exercise?

Which problem areas should be deemed highest priority? Identify three important gaps that could help you respond more appropriately. Outline a plan for how you might begin to make improvements to your response. What initial steps can you take?

## Power Outage Scenario

Date: \_\_\_\_\_

Participant Names:

---

---

---

---

---

### a. Agenda:

- Introductions & Overview
- Situation and Responses (guided with questions)
- Break
- Debriefing & Evaluation

**b. Tabletop exercise goal:** To focus and build upon the relationship between [your organization] and [who are you exercising with? Or are you just building your own capacity].

### c. Expectations:

- No congregation is ever fully prepared for this type of public health emergency.
- Open and honest dialogue and feedback are encouraged throughout the exercise.
- Participants should feel free to ask questions of another and challenge each others assumptions.
- No one will be singled out or punished for what they say during the exercise.
- You will act on what you learn today.

### d. The Scenario:

On the morning of [insert date], while religious services were going on, [insert your city or county] experienced a wide-spread power outage due to extreme hot weather. Your facility is packed and there had been plans for smaller group meetings and a community lunch following services. As of now, no one is hurt.

### Questions:

What is your first step? Do you set up your Incident Command Structure? Who is in charge?  
How do you contact your Emergency Team members? (Remember there is no electricity)  
Will you work with your local government? What are you going to do about the rest of the day?  
What are you going to communicate to your members? How are you going to communicate?  
Do you have a radio to receive information? Or the phone number to the electric company?

### e. Further Developments:

It has more than 24 hours later and you still do not have power and the heat is sweltering. You have been told that [insert your city or county] will not likely have power again for four to nine days.

**Questions:**

Now what do you do? Do you set up your Incident Command Structure? Who is in charge? How do you contact your Emergency Team members? (Remember there is no electricity) How will you work with your local government? What services are you going to offer? What do you need to offer these services? What are you going to communicate to your members? How are you going to communicate? What happens to kids that are school-aged? What about their parents?

What safety precautions would you take at your own facility? Who do you check on to make sure they are safe at home? Will you manage volunteers? Who will be responsible for them? What would they do? What if someone got hurt (not badly, but they are bleeding)?

**f. Finishing Up and Evaluation**

What are the biggest gaps or challenges in preparedness that you see resulting from this exercise?

Which problem areas should be deemed highest priority? Identify three important gaps that could help you respond more appropriately. Outline a plan for how you might begin to make improvements to your response. What initial steps can you take?

