

WESTERN IOWA SYNOD OF THE ELCA CRISIS & DISASTER RESPONSE PLAN

MISSION STATEMENT: Grounded in faith, the Western Iowa Synod Disaster Response Team seeks to be proactively prepared to respond to disaster/crises and to bring help and hope as we address the spiritual, basic physical, emotional, relational, and intellectual needs of individuals and communities whose lives have been affected by a disaster/crisis.

VISION STATEMENT: Called and empowered by God to be a blessing to one another, the Western Iowa Synod Disaster Response Team will work through various expressions of the church to prepare for and respond to the needs of those affected by disaster/crisis.

WHAT IS A DISASTER? A disaster is an event beyond the control of those affected, which event causes great harm, suffering, and damage and for which those who are affected need outside assistance in order to sustain and rebuild their lives.

Disasters include those events caused by forces of nature or creation, such as hurricanes, windstorms, fire, earthquake and epidemic as well as those events caused by humans such as an explosion, release of hazardous material, and acts of terror. Disasters cause damage which exceeds an individual or community's ability to respond.

WHAT IS A CRISIS? Disasters and crises have long term effects, response and recovery are complicated by interrelated social conditions such as pre-existing poverty and prejudice, poor civic organization or transportation, etc, and there are no simple or short term solutions. However, not all crises are disasters.

WHAT IS INCLUDED IN PREPARATION FOR A DISASTER? Preparation for a disaster includes identifying potential dangers and developing clear procedures for effective and efficient response which can be adapted to the unique features of a specific disaster. Preparation includes identifying and encouraging the use of preventative measures, identifying potential resources, networking, and increasing knowledge and skills, as well as practicing and updating the protocol for response.

Different types and different levels of disasters call for a variety of responses. The levels and protocols suggested in the following pages attempt to provide broad guidance for disasters which:

- I. affect an individual, family or small group;
- II. affect a congregation;
- III. affect a community or local area;
- IV. affect a great number of people, cover an extensive area, are uniquely traumatic, or have been declared a disaster by the President of the United States.
- V. affect those outside the geographical confines of the Western Iowa Synod

TERMS WHICH ARE USED IN THIS DISASTER RESPONSE PLAN:

CRITICAL INCIDENT DEBRIEFING: a structured group discussion and educational presentation led by a trained facilitator shortly after a traumatic event for persons impacted by or exposed to the stress of a tragedy. The debriefing is designed to ease the long term impact of the event and give participants tools and resources to deal with their stress reactions.

LDR Lutheran Disaster Response: a cooperative effort between the Lutheran Church Missouri Synod (Missouri Synod) and the Evangelical Lutheran Church in America (ELCA) whose mission is to promote health, healing and wholeness for disaster survivors. LDR seeks to serve survivors in a timely, compassionate and competent manner through a coordinated, community-based system involving all Lutheran entities. www.LDR.org

LTRC Long Term Recovery Committee: Committee formed to oversee the recovery of people and areas over a long period of time, frequently over several years. This committee is frequently made up of representatives of a variety of organizations and governmental agencies such as communities of faith, emergency management organizations, the Red Cross, Salvation Army. Iowa LDR coordinator, Michael Stadie, 563.320.7419 will assist in formation of LTRC.

MITIGATION - To *mitigate* is to make less severe, intense or painful; to moderate. In disaster work *mitigation* often refers to steps taken to prevent or lessen the impact of a potentially destructive event. For example, in areas subject to flooding, such steps might include elevating a house or at least locating the electrical panel, heater, furnace on the first floor instead of the basement. *Mitigation* can also refer to activity taken by recovery workers to help victims of a disaster acquire the needed goods and services for relief and recovery.

PHASES OR STAGES OF DISASTER:

RESCUE occurs immediately after a disaster and can last minutes, hours or days. This stage includes search and rescue, emergency shelters and feeding programs, grief counseling and pastoral care, volunteer services, and reestablishing contact with family and friends.

RELIEF starts 12 to 72 hours after a disaster. This stage is characterized by: debris removal and clean up, damage assessments, temporary repairs, applications for assistance, community needs assessment, decisions and organization for recovery.

RECOVERY is a long term effort starting 3-5 days after a disaster and can last months to years. This stage is characterized by permanent repairs and rebuilding, bureaucratic complications, volunteer projects, agency coordination and operation.

TEAMSystem: A database used by LDR to track human and material resources using Global Positioning System (GPS).

TRAUMA: the effect of a sudden, unexpected crisis event. Trauma involves significant personal loss and often leaves the individual feeling vulnerable, devastated and, at times, out of control.

Voluntary Organizations Active in Disaster (VOAD): A coalition of voluntary agencies, and many faith groups, that encourages coordination, collaboration, cooperation and communication among member organizations around disaster mitigation, preparedness, response and recovery. VOADS may be organized on the community, county, regional, state and national levels. In Iowa the State VOAD is the Iowa Disaster Human Resource Council. www.iowahomelandsecurity.org

LEVELS AND FLOW CHART FOR DISASTER RESPONSE PLAN

I. A DISASTER WHICH AFFECTS AN INDIVIDUAL, FAMILY OR SMALL GROUP (e.g., fire, flood, traumatic injury or death)

The situation comes to the attention of a local congregation
The local congregation decides whether and how to respond.
If the local congregation needs assistance, it can contact such resources as:

- Synod
e.g. for pastoral support, liturgical resources
- Conference
- Community organizations such as the Red Cross, Salvation Army

During any response the local congregation evaluates the effectiveness of the response and adjusts its response plan.

Actions to take before disaster occurs:

- The congregation can urge parishioners to have individual preparedness/response plans and can provide them with samples.
- The congregation can develop contacts and networks with other churches and organizations in the area.
- The Synod can develop and regularly update resources for liturgical and pastoral assistance.

II. A DISASTER WHICH AFFECTS A CONGREGATION OR OTHER MINISTRIES

Note: "other ministries" includes such entities as social ministry organizations, Lutheran schools, synod office, etc.

Type A. Affects the congregational community more than its property
e.g. boundary violation, death of a serving pastor, major crime, major accident on the premises which harms people, etc.

Type B. Has a major impact on the property
e.g. fire, flood, major crime on premises, etc damages or destroys church property

In A: The congregation or ministry should notify the Dean or Chaplain of the Conference and contact the synod office.
The Dean or Chaplain may notify other congregations within the conference.
The synod office may assist with:
Pastoral care,
Congregational leadership
Legal issues
Coordination/Solicitation/Receipt of Funds\
Etc.

If needed, the Synod office or the congregation can contact: LDR affiliate LSI.
for assistance with emotional care/relationship and mental health services

In B: The congregation can contact the synod office
The synod office then shall notify LDR coordinator.
The congregation can ask for assistance from the Conference, local ministerium or ecumenical group.

Actions to take before disaster occurs:

- The congregation or ministry should draw up a Congregational/Organizational Preparedness/Response Plan, which includes a relationship with local emergency management. For assistance in preparing a plan, contact LDR coordinator.
- The synod office, conferences and congregations may
Communicate the synod's preparedness/response plan to congregations, organizations, and leaders;
Develop models for congregational/organizational preparedness plans, and encourages and trains leaders in how to create such plans;
Obtain, track and update information about local resources (TEAMSsystem).

III. A DISASTER WITHIN COMMUNITY OR LOCAL AREA

e.g. block fire, explosion, mining accident, nuclear accident, chemical spill, school shooting, act of violence or terrorism, local flooding, tornado, or ice storm – which is beyond the resources of the local congregations and local response organizations.

The event may or may not have immediately affected members of Lutheran congregations.

Response Protocol

- The congregation, local contact, local emergency management, or synod office notifies LDR Coordinator
Or
LDR Coordinator hears about the event on the media or from another source.
- LDR Coordinator contacts local congregation(s), contact person(s) in the affected area and/or emergency management personnel for an initial assessment.
- LDR Coordinator contacts LDR and the synod office with a Disaster Flash Assessment (the initial information from 2). LDR Coordinator and synod office consider together their appropriate initial response.
- LDR Coordinator communicates the Disaster Initial Report to LDR and the same report as well as its decision for involvement to the synod office.
- If LDR Coordinator is activated
 - a. LDR Coordinator confers with LDR and the synod office regarding assistance needed.
 - b. The Disaster Recovery Coordinator activates an appropriate level of response as outlined under IV.
- If LDR Coordinator is not activated, referrals as indicated in Level I and II will be made.

Actions to take before disaster occurs:

- regularly practice and update the disaster preparedness/response plan outlined under II;
- communicate the synod's preparedness/response plan to congregations, organizations, and leaders;
- develop and continuously update communication network;
- recruit, designate and train persons to fill specific roles identified in the disaster preparedness and response plan;
- encourage development of and deployment of local congregational work teams;

**IV. A DISASTER OCCURS ON WESTERN IOWA SYNOD TERRITORY, AND:
AFFECTS A GREAT NUMBER OF PEOPLE,
COVERS AN EXTENSIVE AREA,
IS UNIQUELY TRAUMATIC,
OR HAS BEEN DECLARED A DISASTER BY THE GOVERNOR OF IOWA
OR THE PRESIDENT OF THE UNITED STATES.**

(e.g., Missouri Valley flooding, Stratford Tornado, etc.)

A. Information comes to LDR Coordinator via media, local congregation, local contact person, synod office, emergency personnel, VOAD, etc.

Actions to take before disaster occurs:

- regularly practice and update the disaster preparedness/response plan outlined under II;
- communicate the synod's preparedness plan to congregations, ministries, and leaders;
- develop recruitment strategies and training procedures for volunteers;
- identify space and equipment that will be needed and how they will be acquired;
- collect educational and spiritual care material and distribute materials that may be helpful for others to use in their own preparation for response;
- encourage development of and deployment of local congregational work teams;
- continues to explore means for obtaining funds to support disaster relief.

V. A DISASTER OCCURS OUTSIDE OF THE GEOGRAPHICAL DOMAIN OF THE WESTERN IOWA SYNOD, WHICH:

AFFECTS A GREAT NUMBER OF PEOPLE

COVERS AN EXTENSIVE AREA

IS UNIQUELY TRAUMATIC

HAS BEEN DELCARED A DISASTER BY THE IOWA GOVERNOR OR BY THE PRESIDENT OF THE UNITED STATES OF AMERICA.

(e.g., Hurricane Katrina, Oklahoma City bombing, etc.)

- A. Information comes to LDR Coordinator via media, local congregation, local contact person, synod office, emergency personnel, VOAD, etc.
- B. Monitor media reports for the area and assess needs.
- C. Seek ways to offer service and relief.

Actions to take before disaster occurs:

- regularly practice and update the disaster preparedness/response plan outlined under II;
- communicate the synod's preparedness/response plan to congregations, ministries, and leaders;
- develop recruitment strategies and training procedures for volunteers;
- identify space and equipment that will be needed and how they will be acquired;
- collect educational and spiritual care material and distribute materials that may be helpful for others to use in their own preparation for response;
- encourage development of and deployment of local congregational work teams;
- continues to explore means for obtaining funds to support disaster relief.

Appendix Pandemic Response

Background

In recent months, the United States Government and private organizations have been making preparations for the possibility of a worldwide influenza pandemic. While such an eventuality is not certain, the planning for such a possibility by all institutions, including Churches, is prudent.

A pandemic, or a global epidemic, can occur when a new strain of virus emerges, either through mutation or genetic re-assortment, to which most or all of the world's human population has had no previous exposure and thus has no immunity. The emergence and recent spread of the highly pathogenic avian influenza strain H5N1 in bird populations throughout many parts of the world is of great concern. The potential for the emergence of a new variant strain of this virus which could be easily transmitted person to person triggered the World Health Organization to urgently prompt organizations worldwide to initiate preparedness planning efforts should a pandemic occur.

Influenza is a highly contagious viral disease spread through direct contact or the inhalation of the virus in dispersed droplets from the coughing and sneezing of an infected individual. Signs and symptoms of uncomplicated influenza illness include fever, muscle aches, headache, malaise, nonproductive cough, sore throat, and runny nose. Children often exhibit ear infections, nausea, and vomiting as well. Illness typically resolves after several days. Illness will usually begin very suddenly one to five days after exposure and commonly lasts for two to seven days. One in four children may have nausea, diarrhea, or vomiting in addition to the respiratory symptoms. Children with influenza will not have nausea, diarrhea, or vomiting without respiratory symptoms.

The incubation period, the time from exposure to onset of symptoms, is one to four days, with an average of two days. Adults are typically infectious from the day before symptoms begin until five days after onset of illness. Children and immunocompromised persons are infectious for longer periods. Influenza can heighten underlying medical conditions, particularly pulmonary or cardiac disease, and can lead to secondary bacterial or viral pneumonia. The risk for complications, hospitalization, and deaths from influenza is higher among older adults (65 years and older), young children, and those persons with certain underlying health conditions.

Avian influenza (bird flu) refers to the influenza A viruses that circulate among birds. Wild birds, in particular certain species of waterfowl and shorebirds, are considered the natural reservoir for influenza A. Usually, avian influenza viruses exist in birds without causing significant illness or disease. These viruses can infect many different animals, and they typically do not cause illness in humans. However, there have been documented cases where viruses do cross over from birds, particularly domesticated poultry, and infect humans. There is concern that through a process of re-assortment, avian viruses can mix with human influenza viruses and result in a new, or novel, virus strain.

Avian viruses played a role in the last three influenza pandemics, and it is now known the virus responsible for the 1918 pandemic originated in birds. In 1997, the H5N1 influenza virus emerged in chickens in Hong Kong and has shown the ability to infect multiple species, including long-range migratory birds, chickens, pigs, cats, and humans. Most of these cases are believed to be caused by exposure to infected poultry flocks. There has been, to date, no sustained human-to-human transmission.

The Centers for Disease Control and Prevention (CDC) materials predict that in any infected community, a pandemic outbreak will most likely last between six and eight weeks. Multiple waves (periods during which community outbreaks occur across the country) of illness could also occur, with each wave lasting from two to three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

General Information/Precautions

The Iowa Department of Public Health, Center for Acute Disease Epidemiology has provided the following information.

The CDC recommends certain people get the influenza vaccine. These people are at risk for having medical complications due to influenza or may often be around people who are ill with influenza. However, it is wise for everyone who is able to get an influenza vaccination every year.

The following are the groups of people who are recommended to receive the influenza vaccine.

Persons at high risk for influenza-related complications and severe disease, including:

- Children aged 6-59 months.
- Pregnant women.
- Persons over 50 years of age.
- Persons of any age with certain chronic medical conditions.

Persons who live with or care for persons at high risk, including:

- Household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk.
- Health care workers.

Any otherwise healthy non-pregnant person aged 5-49 is eligible for the influenza nasal vaccine (FluMist®).

How is influenza spread?

Influenza is spread from an ill person to other people by coughing and sneezing. Transmission may also occur through direct contact or indirect contact with respiratory secretions, such as

touching surfaces contaminated with influenza virus and then touching the eyes, nose, or mouth.

What things can I do to prevent or reduce the spread of influenza in my office?

- Annual influenza vaccination is the best way to prevent influenza.
- Stay home when sick. Employees with symptoms of influenza should not come to work. Excluding ill employees from the work place can help reduce the spread of the illness to other employees.
- Wash hands often. People often catch influenza and other viruses by picking up the virus on their hands and then touching their nose, eyes, or mouth. Wash hands several times a day, using soap and warm water for 15-20 seconds. Dry hands with paper towels or automatic hand dryers. Restrooms should be checked regularly to ensure that soap and paper towels are available for employee use.
- Cover your coughs and sneezes. Influenza is often spread by coughs and sneezes. Make sure disposable tissues are available in work areas for runny noses and sneezing. Individuals should always cover their mouth with their upper arm or a tissue when coughing and use a tissue when sneezing or blowing their nose. Tissues should be thrown away immediately, and then hands should be washed.
- Use hand sanitizer. Encourage the use of alcohol-based hand sanitizer at employee desks. Hand sanitizer is effective in killing germs on hands when they are not visibly soiled. Appropriate times to use hand sanitizer are after coughing, sneezing, or contact with infected surfaces (e.g., contact with a keyboard).
- Contact your health care provider. Employees should contact their physician when they become ill during influenza season. Antiviral drugs may reduce the severity and length of illness when they are taken early in the illness. Antivirals need to be started within 48 hours of becoming ill to be effective.
- Avoid close contact. Employees should avoid sharing of saliva by not sharing glasses, forks, spoons, etc.
- Clean surfaces often. Common use surfaces, such as water fountains, door handles, handrails, eating surfaces, desks, etc., should be cleaned frequently with disinfectants. Commercial disinfectants or bleach solutions are appropriate. (Mixing 1/4 cup bleach with 1 gallon of water makes bleach solution. This should be mixed fresh daily.)

Pandemic Response

Synod Office

Prevention is the first course of action. All employees are encouraged to get a flu vaccination. Employees are encouraged to exercise, eat properly, and get adequate rest. Employees are encouraged to practice good hygiene as noted in the precautions from the Iowa Department of Health.

When experiencing symptoms of illness, employees should stay home. To permit the Western Iowa Synod administration to monitor the level of flu-related illness, sick employees are requested to inform the Administrator for the Bishop's Office if the illness is flu related.

When employees observe fellow employees with symptoms of being ill, they are encouraged to recommend that an employee go home.

If an employee is ill, he/she should consult the WIS Employee Handbook regarding use of sick days.

In the event that someone becomes ill at work to the point of vomiting, clean-up shall be conducted by the building manager, currently the Administrator for the Bishop's Office. There is a MANDATORY use of rubber gloves for this type of cleanup. If the building manager is absent, any employee or janitorial staff may perform the task.

If the office is shut down due to illness concerns, no employees are permitted to be at the synod office unless designated by the Bishop. Departments where someone may be designated include Finance, Maintenance, and MIS. The telephone system may or may not be operative; if not, a message on the system will provide callers with instructions for assistance.

Congregations/Schools

All sites are encouraged to practice preventative measures as described above. All sites are encouraged to cooperate with and assist local health care system partners, response agencies, elected leaders, the business community, and community-based organizations with pandemic preparedness planning aimed at maintaining the provision of health care services, sustaining critical community services, and limiting the spread of disease throughout the duration of a pandemic.

All sites should follow local requirements mandated by the Health Department or local governing agency, including the closing of facilities.

Pastors/principals are encouraged to provide parish facilities for vaccinations or in more drastic circumstances, for health care.

Inasmuch as possible, sites are encouraged to provide basic services to individuals or families who are subject to isolation or quarantine and who do not have access to other resources either due to personal circumstance or interruption of normal operations or infrastructure during an influenza pandemic.

Sites should identify lines of succession for conducting activity in case of outbreak.

All parishioners/staff/students should be encouraged to remain home at the first sign of illness out of respect for their brothers and sisters.

During the time of the pandemic, even if schools and public institutions are not closed, parishioners/staff/students should be reminded of the importance of basic health measures. Hand washing is a necessary and effective means of preventing the delivery of infectious material (e.g., nasal secretions, saliva, or other body fluids that may contain viruses) from soiled hands to the mouth, nose, or eyes, where it can enter the body. Cleaning one's hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating, or touching one's face, and after handling soiled material (e.g., used tissues, lavatory surfaces, and door knobs), shaking hands, coughing, or sneezing, and using the toilet. Waterless, alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.

If Sunday worship is not a possibility due to personal illness or closure of facilities, parishioners are encouraged to read the readings for Sunday and pray over them (these are available in many publications and online at http://www.elca.org/worship/church_year/year_c.html). Information should be provided locally on times of broadcast worship, other liturgical rites, and prayers for those unable to go to church.

The exchange of the sign of peace at worship or other prayer services should be suspended in the event of a pandemic.

If the pastor becomes sick, lay licensures can be requested at the synod office in the absence of a pastor. Congregants should be requested to keep reasonable distances.

Here, as always, one of the most important practices is careful and frequent hand washing. Cleaning hands with soap and water removes potentially infectious material from one's skin. Waterless, alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled. Pastors should follow precautions established by local healthcare facilities.

During the time of a suspected pandemic, the celebration of baptisms, confirmations, and marriages, if quarantine has not been put in place, should be done in small groups. Friends and family members should not attend if they feel they have been exposed to the flu. As always, basic hand washing should be practiced by all.

In the event of a pandemic, confirmations should be postponed; marriages and baptisms might take place in individual celebrations. In the event of a pandemic, funeral services should be suspended. Graveside services with immediate family and friends should be held.

Resources

www.pandemicflu.gov

www.LDR.org

www.elca.org/disaster

www.cwserp.org/congregations/index.php