

**EPISCOPAL CHURCH OF THE RESURRECTION
1433 NW R.D. MIZE RD
BLUE SPRINGS, MO. 64015**



Preparedness Plan

(Rev. 2/2019 a work in progress)

Promulgation Document

Letter of Intent

We created this Preparedness Plan because the possibilities for medical emergencies, fire, natural disasters and security incidents exist in our community. A comprehensive Preparedness Plan and management system is the first step toward a successful outcome should an incident occur at Church of the Resurrection. Having the knowledge and training ahead of an event prepares us to address it and abate the effects on our congregation and community. Preparedness refers to the action taken to plan, organize, equip, train and exercise to build and sustain the capabilities necessary to:

- Prevent
- Protect against
- Mitigate the effects of
- Respond to and,
- Recover from those threats that pose the greatest risk

We are grateful to the Emergency Planning Committee for their commitment to the safety and well-being of our parishioners who embrace the mission of Resurrection Church “to proclaim and celebrate Good News of God’s grace and life-changing love for all” in every aspect of our life together, including how we minister to people in need.

The Vestry will ask all members of our congregation (as appropriate) to accept the responsibility, planning and training necessary to implement this plan.

This Preparedness Plan is hereby approved by the Vestry and distributed as necessary.

The Rev. David R. Lynch
Rector

Mr. John Biggs
Sr. Warden

Date

Approval and Implementation

This Preparedness Plan is designed to assist the members of our congregation in preparing for a possible medical, fire, security, or weather related emergency at Resurrection Episcopal Church. It is applicable to anyone who is in the church building or on the church grounds, whether they are members of Resurrection or not. This plan supersedes all previous plans that address possible emergencies occurring at Resurrection. The plan is divided into three sections: The Basic Plan, Functional Annexes, and Hazard or Threat Specific Annexes. The Basic Plan provides an overview of our church's approach to operations before, during, and after an incident. It addresses the overarching activities our church will undertake regardless of the function, hazard, or threat. The Functional Annexes focus on critical operational functions and courses of action developed to carry them out. These functions could be applicable to many different incidents and may occur consecutively or concurrently with those incidents. The Threat and Hazard Specific Annexes describe the courses of action unique to a particular incident created by a threat or hazard. Courses of action already outlined in a functional annex will not be repeated in a Threat or Hazard Specific Annex. These annexes are based on a prioritized list of threats or hazards determined by a risk assessment process described later in this plan. Appendices at the end of the plan contain additional information, graphics, and charts pertinent to the entire plan.

This plan should be reviewed annually and updated as necessary. At a minimum, the plan will be reviewed after actual emergencies; changes in policy, personnel, organizational structures, processes, facilities, equipment, or membership size; formal updates of planning guidance or standards; formal exercises; after changes to threats or hazards or new threats or hazards emerge; and any changes in the church's demographics or site assessment. Maintaining and updating the plan is the responsibility of Resurrection Preparedness Committee. The plan has been developed by the Preparedness Committee and approved by the Rector, Senior Warden, and the Vestry of Resurrection Episcopal Church.

Any changes, additions or deletions to the substantive content of this plan must be approved by the Rector, Senior Warden, and the Preparedness Committee. Annexes to this plan will be developed as needed and shall be incorporated into the plan by reference to the function or the threat/hazard being addressed.

Our goal is to have a church prepared with coordinated capabilities to prevent, protect against, respond to, and recover from any hazards in a way that balances risk with resources and need.

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1.1. Purpose and Situation Overview

Purpose:

The purpose of the Resurrection I Preparedness Plan is to provide general guidelines and principles for preventing, preparing for, mitigation of, responding to, and recovering from an incident or emergency at Resurrection Church. It is designed to address a range of threats or hazards that could affect the people or property of Resurrection Episcopal Church.

Situation:

Resurrection Episcopal Church is in a residential area of Blue Springs, MO. Planning scenarios have been identified for situations that could occur at Resurrection Church. The emergency situations mostly likely to occur can be consolidated into four major areas:

- Medical emergencies
- Fire emergencies
- Security incidents
- Weather hazards

Medical emergencies are the most probable and include heart attacks, strokes, fainting, seizures, concussions, broken bones, burns, bites, and abnormal pain.

Fire emergencies include fires or explosions within the building or on the grounds of the church.

Security incidences include a suspicious or violent intruder within the church or grounds, a bomb threat, and any adult misconduct or abuse of children or other adults.

Weather hazards include the possibility of tornadoes, blizzards, ice hazards, high winds, hail and severe thunderstorms.

The congregation is made up of approximately 130 members. On any given Sunday, there are approximately 70-90 people in attendance.

In addition to the Sunday services, members of the church as well as non-member organizations use Resurrection Church for various meetings and events on a regular basis. Some of these events can bring as many as 200 people into the church.

Assumptions:

For most emergencies, the Blue Springs Police Department and the Central Jackson County Fire Protection District will be available to respond within a short time frame.

There will be members of the congregation who are trained and will be willing to help with certain situations that arise.

1.2. Concept of Operations

If an emergency occurs on Church grounds, immediate response will be required. Having personnel who are familiar with these plans and procedures will help to make the response more successful. This plan will be used to:

- Familiarize personnel with emergencies procedures
- Identify necessary training
- Coordinate with others to ensure an appropriate response

The intended audience for this plan includes all members of the congregation who have an interest in the preparedness planning process of Resurrection, those who have volunteered to assist during an incident or emergency, outside users of the building and the first responders who may have a role in a response.

The primary purpose of actions taken before an incident is to prevent, protect from, and mitigate the impact on life and property. The primary purpose of actions taken during an incident is to respond effectively to the incident and minimize its impact on life and property. The primary purpose of actions taken after an incident is to recover as rapidly as possible from its impact on life and property.

Church staff and preparedness volunteers have a responsibility to provide for the safety of the congregation and visitors to the church. Having parishioners who are familiar with the plans and procedures will help provide a safer environment for our congregation. All members of Resurrection who volunteer to be responsible for implementing this plan and/or acting when incidents occur will be included in the Emergency Preparedness subcommittee. This plan may be activated by the Rector, Senior Warden, Vestry Member, or by anyone delegated by the preceding authorities for a specific event.

As a general rule, the Rector of Resurrection will be responsible for decisions made during an emergency or incident, to include directing others to take action. In almost all cases, a call to 911 will be the first action taken to notify local authorities of an emergency occurring at the church. The Preparedness Committee will coordinate with Blue Springs PD or CJCFPD for any special events (training, exercises, assessments, etc.) that might need first responder support.

Members of the congregation who are Church Safety Ministry volunteers and who have been trained in specific areas such as CPR, first aid, and fire suppression may be available to assist during emergencies. These members will be part of a cadre who will receive training and will also participate in emergency drills meant to validate their knowledge on specific emergency procedures. Refer to the training and exercise section for detailed information on this program. The Rector will be given a list of all members of the congregation who have received training and who have volunteered to assist when needed. This will enable the Rector to identify those members present who may be able to assist during an incident.

This Resurrection Preparedness Plan is in alignment with and subordinate to the city of Blue Springs, Missouri Emergency Operations Plan.

1.3. Organization and Assignment of Responsibilities

The following is an overview of the responsibilities of those who may have a role in the response to an incident.

Church employees/staff/Lay Leaders:

- Become familiar with this Preparedness Plan
- Know the location of emergency equipment and supplies (first aid kit, fire extinguishers, and AED - Automated External Defibrillator)
- Know the evacuation routes and the safe shelter rooms within the church
- Attend required training sessions

Vestry:

- Become familiar with this Preparedness Plan
- Know the location of emergency equipment and supplies (first aid kit, fire extinguishers, and AED)
- Attend suggested training sessions
- Give final Approval of the plan
- Authorize the use of church resources in the implementation of the plan

Church Safety Ministry Volunteers:

- Become familiar with this Preparedness Plan
- Know the location of emergency equipment and supplies (first aid kit, fire extinguishers, and AED)
- Know the evacuation routes and the safe shelter rooms within the church
- Attend required training sessions

Outside users:

- Become familiar with this Preparedness Plan
- Know the location of emergency equipment and supplies (first aid kit, fire extinguishers, and AED)
- In the absence of church staff at their event, accept responsibility for the implementation of this plan

Preparedness Committee and Warden:

- Conduct annual review of the plan
- Conduct exercises as necessary
- Coordinate required training
- Ensure required safety equipment and materials are updated and serviceable
- Recommend communications systems to the Vestry that are needed for any emergency

Sunday School and Nursery Ministers:

- Become familiar with this Preparedness Plan
- Know the location of emergency equipment and supplies (first aid kit, fire extinguishers, and AED)
- Attend recommended and required training sessions
- Know safe shelter rooms and evacuation procedures and conduct drills as required
- Know procedures for accounting for children

1.4. Direction, Control, and Coordination

The Chain of Command for purposes of the National Incident Management System (NIMS) is as follows:

Rector / Diocesan Bishop
Senior Warden
Junior Warden
Member of the Vestry
Parish Administrator
Rector delegated authority

In any case of an incident that is a major emergency event, the local governmental jurisdiction of Blue Springs and Jackson County Emergency Operations Plan will take priority. In accordance with the Incident Command System (ICS), Law Enforcement and Fire/Medical Command systems will take charge of the incident and may direct members of Resurrection Episcopal Church to assist the Incident Commander in completing his or her responsibilities as required.

The Preparedness Committee has control of equipment and supplies needed to support this plan. The Rector and Vestry will approve the resources as necessary through the church budget to implement this plan.

With Rector approval, Resurrection can be used as an emergency shelter in coordination with the City of Blue Springs, Jackson County and the American Red Cross if necessary during a community disaster.

***For any significant church related incident involving response from local first responders that involve, serious building damage, threats of violence, multiple injuries and situations deemed disastrous or catastrophic the Diocese of West Missouri should be contacted. This includes the Bishop's office and the director of Communications for the diocese:**

- **Bishop's office: (816) 471-6161**
- **Communications Director: (417) 522-5151**

1.5. Information Collection, Analysis, and Dissemination

Television, radio and internet notification systems are excellent sources of information for weather related or other emergency conditions. They require that you be tuned to the broadcast stations or be signed in to the internet to work. Local television stations and local radio stations can assist with emergency alerts. Jackson County also has a system of tornado sirens used for severe weather alerts that should be able to be heard in our neighborhood. The following alert notification sources are also helpful in the successful implementation of actions that are necessary before and during an incident.

Weather Alerts:

There are two weather radios located within the church; one of the main floor on the table next to the office and the second in the kitchen on the counter next to the stoves.

Personal communication devices (iPhones and Droids) have apps to receive weather alerts and can be programmed to receive weather alerts for the area of the church and vicinity.

1.6. Training and Exercises

For an emergency plan to serve its intended purpose, it needs to become part of the culture, not just a document sitting on a shelf. Training and exercising of the plan are important components of the planning process and help to validate its contents.

Training:

Training is essential to ensure that everyone knows what to do when an emergency occurs at Resurrection Church, to include being familiar with the protective actions necessary for life safety (e.g., evacuation and CPR). The level of training needed will depend on whether the person is expected to have a role in the response.

Resurrection Church will establish a cadre of trained personnel who will receive training in specific areas such as CPR, first aid, and fire suppression. Training will also be provided on general emergency procedures such as knowing the location of the gas shutoff and how to perform that task.

A **Preparedness Coordinator** position will be created and will be responsible for:

- conducting a training needs assessment
- making recommendations for specific trainings and identifying who should receive the training
- locating instructors
- scheduling classes and ensuring the congregation is made aware of them

Two types of training will be offered to the congregation. ***Awareness Training*** will be provided to all members and will include an overview of the preparedness plan and information regarding emergency procedures such as the location of emergency supplies and evacuation procedures.

Specific Response Related Training will be made available to those interested in having an active role in the response to an emergency such as CPR and fire suppression training.

The following is a list of suggested trainings developed with the help of police, fire and emergency management personnel. All members of the congregation will be invited / encouraged to attend trainings, dependent upon class size and cost restrictions.

Recommended trainings to be offered:

Awareness Training – offered to all members of the congregation.

- An overview of the Preparedness Plan
- review of emergency supply/equipment locations, including location of first aid kits, fire extinguishers, and AED
- review of emergency procedures including the safe shelter locations and evacuation procedures

Additionally, a presentation of the Awareness Training will be developed and provided to anyone not able to attend in person.

Specific Response Related Training– offered to all who volunteer to be responsible for responding to an incident, but specifically recommended to the personnel listed below.

- CPR / AED (staff, ushers, youth and child leaders, all church members)
- Basic First Aid (staff, ushers, youth and child leaders)
- Fire suppression (selected lay people)
- Gas shutoff procedures (selected lay people and ushers)
- HVAC shutoff procedures (selected lay people and ushers)

A record of personnel and the training they have received will be maintained to help track our preparedness efforts. A sample of a recommended training record is included below.

Training Record and Date Received				
Name	CPR/ AED	First aid	Fire	
John Doe	6/5/2013		7/1/2013	

Exercises:

Exercising the emergency plan provides an opportunity to:

- validate the plan, procedures and training
- clarify roles and responsibilities
- identify gaps, strengths and areas for improvement

The two types of exercises most likely to be conducted at Church of the Resurrection are tabletop exercises and drills.

A **tabletop** exercise is intended to generate discussion regarding a hypothetical simulated emergency. Tabletops are often used to identify organizational shortfalls and build confidence in the understanding of roles and responsibilities.

Drills are used to demonstrate, or validate a specific function or capability. Drills are commonly used to provide training or practice a skill. For example, a drill may be appropriate for practicing evacuation procedures in case of fire.

After-Action Review and Improvement Planning

To gain the benefit of each exercise, the planning team should conduct an after-action review and incorporate information from the following:

- Conduct a post-exercise evaluation immediately after the exercise. (Called a “Hotwash”)
- Include everyone who participated in the exercise.
- Assess whether the exercise objectives were achieved.
- Discuss the positive and negative outcomes.
- Allow time for participants to discuss their observations.
- Create an after-action report and include recommendations for improvement.

Exercise schedule

An exercise schedule will be established annually by the Preparedness Committee with the goal of reminding congregants of the roles, responsibilities, and expectations for all emergency response activities. A sample of a record of an exercise is included below:

Exercise	Objective	Date	Participants
Fire drill	Test evacuation procedures		
Shelter in place drill	Test sheltering procedures		
Tabletop			

Sample

1.7. Administration, Finance, and Logistics

Continuity of Operations

In case of an incident occurring at Resurrection Church, normal administrative, financial, or logistical services might not be available. In this case, the Rector and Vestry will determine what administrative services can be maintained at the church and which services will be provided from an alternate facility, such as a private home. Volunteers will be solicited to accomplish certain tasks that would be necessary to continue worship services and other ministries. All serious and significant events that affect buildings, grounds and operations are to be communicated to the Episcopal Diocesan Office of West Missouri. Requests for disaster assistance should also be made through Diocesan Office. The Rector or those appointed to act in absence of the Rector should communicate immediately (at the time of and within 24 hours of the incident)

The primary objective of continuity planning is to ensure church services and activities can continue following a disaster or other debilitating event. There are three important factors to consider when planning for the continuity of church operations:

Facility relocation:

There may be times when Resurrection Church facilities may become unusable, such as in the case of fire damage or prolonged utility disruption. In these instances, it is important to have an agreement with a pre-identified neighboring church or other nearby facility to hold services. This helps to ensure normal functions are maintained.

Preservation of essential records:

Protection of essential records is vital if the church is to resume functioning after a major incident. Vital records should be duplicated and kept in a safe location. These records include insurance documents, christening records, and financial records. Current practice is to place church register and other vital documents in the fire-proof credenza located in the Daughters of the King room on the basement floor. This room is the first room from the parking lot entrance the north side of the building.

Administrative Controls and requirements pertaining to resource and expenditure accountability:

During and after an incident, it is imperative that accurate records are kept determining what resources are acquired or expended during the incident. If any expenditure is required before, during, or after an incident, the Rector or Senior Warden will authorize any purchase order or cash purchase in advance. An activities log will be kept by the parish treasurer of these activities and expenditures and will be reconciled in the next budget report to the Vestry.

Inventory of valuables:

An accurate inventory of items of value along with the replacement cost or value of the items should be maintained. Valuables include art, silver, furniture, appliances, and other objects considered essential to Church of the Resurrection ministries. A log with photos of all of these items will be maintained in the parish office as well as in a secure location such as a cloud storage system like Google Drive. The Junior Warden is responsible for developing and maintaining this list of valuables.

Acquisition, inventory, and maintenance of all safety equipment:

The Junior Warden will create a schedule of safety equipment inspections to determine if they are serviceable or in need of replacement. The location of all of these safety resources is included in Appendix E. The Junior Warden will forward any requests for funds to the Preparedness Committee for inclusion in budget requests. In addition, also included in Appendix A is a telephone listing of various vendors utilized by Resurrection Church.

1.8. Plan Development and Maintenance

The following persons were involved in the planning process and the creation of this plan.

Preparedness Planning Committee:

Mr. Rich Conn	Chair
Rev. David Lynch	Rector
Mr. John Biggs	Senior Warden
Mrs. Jim Whitaker	Liaison to the Vestry
Mr. William Carle	Former Sr. Warden
Mrs. Meg Swant	

In addition to the Preparedness Planning Committee, the following organizations and personnel were consulted and provided their expertise in the creation of this plan:

Chief Officer	City of Blue Springs Police Department
Chief Officer	Central Jackson County Fire Protection District

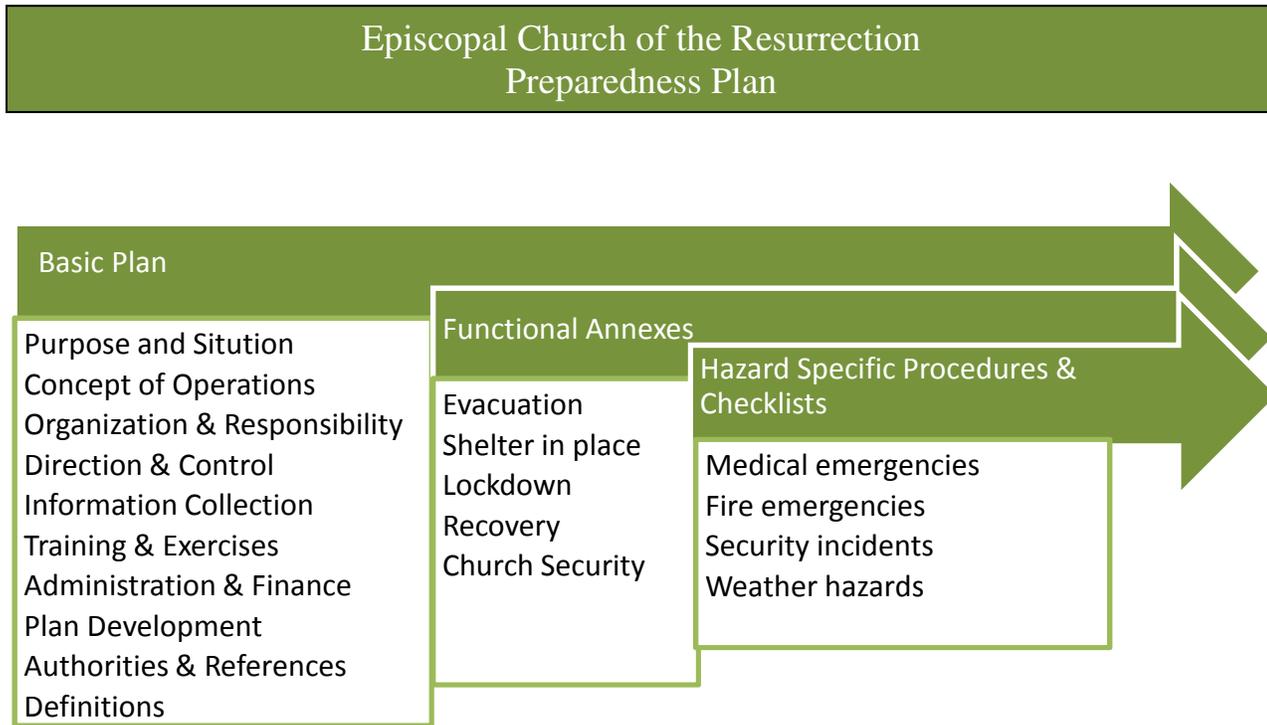
The Preparedness Committee created the following process to assist in determining where to focus its planning efforts.

4 Step Preparedness Planning Process:

- Develop Planning Scenarios
 - ♦ What could happen at Church of the Resurrection that could jeopardize the health or welfare of the congregation and/or the church property?
- Evaluate Risk
 - ♦ How probable are the scenarios and what are the consequences?
- Determine Required Capabilities
 - ♦ What plans, organizational structure, equipment, training, and exercises (POETEs) are needed?
- Publish Action Checklists
 - ♦ Guidelines that will enable responsible people to accomplish the tasks or steps necessary to respond to each scenario.

The plan is divided into three main sections as described below and depicted in the following graphic:

- The first section includes the base plan.
- The second section includes the functional annexes.
- The third section includes the hazard specific procedures and checklists.
- Appendices are added at the end of the document for any informational areas required.



Assessment Tool:

In addition to the process described above, the following tool was used in determining the risk associated with each hazard scenario. The examples below represent a small sample of the scenarios investigated. Highest threats for Resurrection Church included in graphic in the orange boxes. A comprehensive risk assessment is included in Appendix G.

Risk Level

- Extreme
- High
- Moderate
- Low

		Scenario Probability				
		Frequent	Likely	Occasional	Seldom	Unlikely
Consequence	Catastrophic	Extreme	Extreme	High Gas Leak	High Tornado	Moderate Active Shooter
	Extensive	Extreme	High Heart Attack/ Stroke	High	Moderate Fire or Explosion	Low
	Serious	High	Moderate	Moderate Ice Hazard	Low Medical Emergency	Low
	Minor	Moderate	Low	Low	Low	Low

1.9. Authorities and References

The development of this plan meets the requirements for local emergency planning established under the State of Missouri and the requirements of other State and Federal guidelines for local emergency management plans and programs. This plan aligns with the Federal Emergency Management Agency houses of worship emergency operations plan recommendations. The contents of these guidelines are intended to provide a basis for the coordinated planning and management of the types of emergencies and disaster events most likely to occur in the City of Blue Springs and surrounding communities. It also provides the basic framework for the management of unforeseen events. Specific references include:

Missouri Good Samaritan Law, Sections 537.037, RSMo, (1988) of the Missouri Statutes is commonly referred to as the “Good Samaritan Law.”

This legislation applies to physicians, surgeons, registered professional nurses, licensed practical nurses, and licensed mobile emergency medical technicians in situations when aid is given in an emergency or accident and occur outside of a health care setting.

When any of the above health care providers render, in good faith, emergency care or assistance at the scene of an emergency or accident, no liability may be imposed for any civil damages arising from acts or omissions in rendering such emergency care. There is no protection, however, for gross negligence or willful or wanton acts or omissions. Thus, it should be noted that this legislation is only applicable if the care is rendered without compensation.

This law further protects the rendering of emergency care or assistance to any minor involved in any accident, injured in competitive sports, or affected by any other emergency at the scene of an accident without first obtaining the consent of a parent or guardian. Again, there is no protection from civil liability for gross negligence or willful or wanton acts or omissions.

Reference

Sheryl Feutz-Harter. (1993). *Missouri Statutes Affecting Nursing Practice*. Professional Education Systems, Inc.

1. Church of the Resurrection Bylaws
2. Insurance documents
3. Episcopal Church Canons
4. City of Blue Springs Operations Plan
5. Missouri State Fire Code

The following line of succession will be recognized in the event of a planned or unplanned temporary or short-term absence of the Rector:

1. Senior Warden
2. Junior Warden
3. Parish Treasurer
4. Member of the Vestry

1.10. Definitions of Terms

Accident: An unexpected or undesirable event, especially one causing injury to a small number of individuals and/or modest damage to physical structures.

Activation: The implementation of business continuity capabilities, procedures, activities, and plans in response to an emergency or disaster declaration

Active Shooter: An individual actively engaged in killing or attempting to kill people in a confined and populated area.

AED: Automated External Defibrillator. A portable electronic device that automatically diagnoses the life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia (pulseless or rapid heartbeat)) in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

After Action Reports: Reports that summarize and analyze performance in both exercises and actual events.

Alert: Advisory that a hazard is approaching but is less imminent than implied by a warning message.

Alternate Site: An alternate operating location to be used by church functions when the primary facilities are inaccessible.

American Red Cross: The American Red Cross serves as the primary support agency to DHS for coordinating mass care support with other non-government organizations during disaster relief and CM operations. Support may include shelter, feeding, emergency first aid, disaster welfare information, bulk distribution, supportive counseling, blood, and blood products.

Assembly Area: The designated area at which church members and visitors assemble when evacuated from their building/site.

Authority: A right or obligation to act on behalf of an organization.

Blizzard: Violent winter storm, lasting at least 3 hours, which combines below freezing temperatures and very strong wind laden with blowing snow that reduces visibility to less than 1 km.

Capabilities: Capabilities are defined as providing the means to accomplish a mission or function and achieve desired outcomes by performing critical tasks.

Continuity of Operations: An uninterrupted ability to provide services and support, while maintaining organizational viability, before, during, and after an event.

Crisis: Short period of extreme danger, acute emergency.

Critical Records: Records or documents that, if damaged or destroyed, would cause considerable inconvenience and/or require replacement or recreation at considerable expense.

Disaster: Catastrophic events that (a) interfere severely with everyday life, disrupt communities, and often cause extensive loss of life and property, (b) overtax local resources, and (c) create problems that continue far longer than those that arise from the normal vicissitudes of life.

Drill: A standardized technique or procedure that prepares individuals to execute critical collective tasks.

Emergency: An unexpected event which places life and/or property in danger.

Evacuation: The movement of people from a site and/or building to a safe place (assembly area).

Exercise: A planned, staged implementation of the critical incident plan to evaluate processes that work and identify those needing improvement.

FEMA: Federal Emergency Management Agency.

First Aid: The immediate but temporary care given on site to the victims of an accident or sudden illness until competent services or a physician can be obtained.

First Responder: Local police, fire, and emergency medical personnel who first arrive on the scene of an incident and take action to save lives, protect property, and meet basic human needs.

Good Samaritan Laws: These statutes enacted by many state legislatures generally hold that when a passer-by renders emergency aid to a person in distress, the helper is immune from suit for any reasonable actions she or he takes in good faith that might have inadvertently resulted in further harm to the victim.

Hazard: A natural, technological or social phenomenon that poses a threat to people and their surroundings (in terms of both the natural and the built environment).

Hazardous Material: A substance (gas, liquid, or solid) capable of creating harm to people, the environment, and property.

Hot Wash: Informal debriefing held immediately after an exercise. It is an opportunity for important evaluative and procedural (i.e., safety-related) issues to be recorded while they are fresh in the participants' minds.

ICS: Incident Command System. A standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of an emergency.

Incident: An occurrence, either human-caused or by natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Commander: Public sector official (usually fire or police) in charge of coordinating resources and developing strategies to resolve the critical incident.

Inherent Risk: A risk that is impossible to be managed or transferred away.

Mitigate: Any action to contain, reduce, or eliminate vulnerabilities to a hazard.

Preparedness: Activities necessary to build, sustain, and improve readiness capabilities to prevent, protect against, respond to, and recover from natural or man-made incidents.

Prevent: Actions taken to avoid an incident or to intervene or stop an incident from occurring.

Probability: The likelihood that an event will occur.

Protect: Actions or measures taken to cover or shield from exposure, injury, or destruction.

Public Awareness: The process of informing the community as to the nature of the hazard and actions needed to save lives and property prior to and in the event of disaster.

Recovery: The implementation of prioritized actions required to return an organization's processes and support functions to operational stability following an interruption or disaster and assist individuals in returning to a stable mental health condition.

Resilience: The ability of social units (e.g., organizations, communities) to mitigate hazards, contain the effects of disasters when they occur, and carry out recovery activities in ways that minimize disruption of services and mitigate the effects of future disasters.

Respond: Response operations are those taken in advance of and upon the onset of an incident to save lives, protect property, and meet basic human needs.

Risk: A measure of the probability of damage to life, property, and/or the environment, which could occur if a hazard manifests itself, including the anticipated severity of consequences to people. It is a combination of credible threat, vulnerability, and consequence.

Risk Management: The process of identifying, assessing, and controlling risks arising from probable hazards and making decisions that balance risk cost with individual liberties.

Safety: The control of recognized hazards to achieve an acceptable level of risk.

Security: Act of monitoring and reducing the risk of human induced events that adversely affect people or property (intrusion of unauthorized personnel, theft, sabotage, assault, etc.), to some acceptable level.

Shelter-in-Place: Taking emergency refuge within the nearest designated safe area until notification or determination that the situation has been resolved.

Situation Awareness: The process of evaluating the severity and consequences of an incident and communicating the results.

Tabletop Exercise (TTX): An activity that involves key personnel discussing simulated scenarios in an informal setting.

Terrorism: Premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents.

Threat: The presence of a hazard and an exposure pathway. It may be natural or man-made.

Vulnerability: 1) undefended against, open to attack, disease and hazards 2) degree of potential loss of people and goods from a damaging phenomenon.

Warning: A warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent. People should take immediate safety action.

Watch: A watch is issued by the National Weather Service to let people know that conditions are right for a potential disaster to occur. It does not mean that an event will necessarily occur.

2.0 FUNCTIONAL ANNEXES

This section of the plan includes the support functions that may be needed during an incident or emergency. A support function is an action or activity that may be performed in response to any hazards identified in the plan. As an example, the “shelter in place” annex could be utilized for a hazmat accident down the street, or for a weather related event. Rather than repeat the shelter in place instructions for each hazard/emergency section of the plan, we can just refer to the appropriate annex.

The Functional Annexes included in this plan are:

- 2.1. Shelter in Place
- 2.2. Evacuation
- 2.3. Lockdown
- 2.4. Church Security
- 2.5. Recovery

2.1. Shelter in Place

The purpose of this Annex is to provide guidance during a crisis or emergency that requires the occupants to stay within the building. At the time of the writing of this plan, it was determined that the choir room on the lower level would serve as the best location for sheltering in place in case of a tornado warning, hazardous materials spill, or similar event.

Planning activities (to be completed *before* an emergency)

- Pre-select an interior room(s) with the fewest windows or vents
- Room(s) should have adequate space for everyone to be able to sit down
- Consider assembling a Shelter-in-Place kit containing the following:
 - A battery-operated/hand cranked AM/FM radio and batteries
 - Plastic sheeting (preferably, pre-cut to size to cover any windows & doors)
 - Duct tape for sealing cracks around doors and windows
 - Alternate lighting in the event of a power outage such as a flashlight(s) or light-sticks
 - Towels to block the bottoms of each door in the room
 - First-aid kit
- Create a Shelter-in-Place announcement for occupants of the building asking them to stay and not leave.
- Conduct occasional Shelter-in-Place drills.
- Check the supplies of the Shelter-in-Place regularly.

Response activities (*during* shelter-in-place emergency)

- Announce to all occupants that there is a Shelter-in-Place emergency.
- Request all occupants to stay and not leave.
- Instruct everyone outside to come inside immediately.
- Close all doors, windows and any openings to the outside.
- Direct staff and all visitors to the designated Shelter-in-Place Room(s).
- Monitor media for updates (e.g. radio, cell phones, etc.)
- Account for all building occupants.
- Remain in the room(s) until an ALL Clear is given by emergency officials.

In the case of an outside chemical release:

- Shut down HVAC system.
- Seal any doors, windows, vents with plastic sheeting and tape.
- Place wet towels at base of door(s).

A floor map that shows location for sheltering and HVAC shutoff location is in Appendix E.

2.2. Evacuation

When conditions inside the church make it unsafe to remain, it may become necessary to move people to a safe location outside the building. Evacuation of the building may be needed in situations including fire, gas leak or a structural collapse.

Planning activities (*before* an evacuation emergency)

- Pre-identify an assembly area outside the building (minimum 500 feet for a fire)
- Consider alternate assembly sites in case of inclement weather
- Identify multiple evacuation routes
- Determine how you will communicate the need to evacuate
- Establish a system for accounting for all occupants
- Conduct regular drills

Response activities (*during* an evacuation emergency)

- Determine the need to evacuate
- Communicate the need to evacuate
- Call 9-1-1 immediately when an evacuation occurs
- Exit the building and go to the predetermined assembly area
- Stay with children at all times
- Account for all occupants
- Check for injuries
- Report any missing people to arriving first responders

The evacuation routes and the location of assembly areas are included in Appendix E and Appendix F.

2.3 Lockdown

The purpose of this Annex is to provide guidance during a crisis or emergency involving a hostile person that requires the occupants to stay within the building.

Planning activities (to be completed *before* an incident)

- Create a Lockdown announcement for occupants of the building informing them of possible impending danger using a preplanned code that is easily understood.
- Conduct occasional lockdown drills.

Response activities (*during* an incident requiring Lockdown)

- **Lock and barricade** the room you are in at the time of the threatening activity.
- Stay out of bathrooms as they don't normally have locks or barricade materials.
- Stay away from windows and doors.
- Call 9-1-1. Do not hang up.
- Turn off lights and computer monitors.
- Stay calm and quiet.
- **DONOT** stay in the open hall and **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.
- No person is to enter or exit the locked room except a police/fire officer. Be aware that an intruder may say he is a police officer to gain entry to the room. Visually check, if possible, before unlocking door or removing barricade.
- Remain in secure room and wait for "ALL CLEAR" instructions from Emergency Responders.
- Once the police arrive, obey all commands. This may involve being made to put your hands in the air. This is done for safety reasons and once circumstances are evaluated by the police, they will give you further directions to follow.

2.4.Church Security - Emergency Procedures

Building security:

To protect the church from fire, entry of unauthorized persons, etc., please use the checklist provided in Appendix B to secure the building after hours.

Utility outages:

A power outage can occur any time of the year. During winter storms, a power outage may be caused by heavy and blowing snow, or a traffic accident involving a power pole. Summer time heat can put a demand on the electrical grid causing an outage.

Preparedness activities (*before* an incident)

- Know the phone numbers for the local gas and electric providers
- Have a plan for using a neighboring facility in the case of prolonged outages
- Keep a Flashlight handy (Do not use candles during a power outage due to the risk of fire.)
- Have a battery-powered or hand-crank radio NOAA Weather Radio, if possible
- Extra batteries

Response activities(*during* an incident)

- Call 9-1-1 for emergencies such as downed power lines or a natural gas leak
- Be aware of eating food from a refrigerator that had lost power. An unopened refrigerator will keep foods cold for about 4 hours.
- Consider that drinking water may be under a “boil” order.
- Turn off and unplug all unnecessary electrical equipment, including sensitive electronics.
- Turn off or disconnect any appliances (like stoves), equipment or electronics you were using when the power went out. When power comes back on, surges or spikes can damage equipment.
- Leave one light turned on so you’ll know when the power comes back on.

Emergency gas shut off:

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that there are members of the congregation who are familiar with how to safely shut off natural gas.

Preparedness activities (*before* an incident)

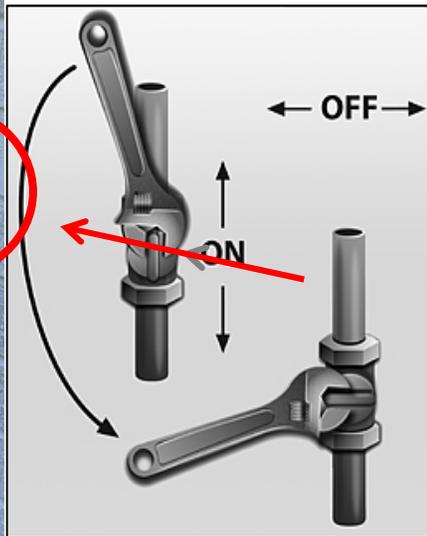
- Know the phone numbers for the local natural gas providers (located in Appendix A)
- Take pictures of the appropriate valves, switches and equipment to help the user locate and perform necessary actions.
- If showing others, the procedure, **be sure not to actually turn off the gas.**

Response activities (*during* an incident)

- If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas, using the outside main valve if you can, (see diagram below) and call the gas company from a different location.

Caution: Gas should only be turned back on by a qualified professional. NEVER attempt to turn the gas back on yourself.

Specific training sessions will include location of the church gas main and gas shutoff procedures. An example of how to shutoff a gas main is included below. A non-sparking tool should be used to accomplish this. Tools are located in a labeled drawer in the kitchen on the west side.



Gas main located by the west entryway door.

HVAC shut off procedures:

There are three HVAC (Heating, Ventilation, and Air Conditioning) systems located in the church. Two are located in the lower level of the church and one is located next to the bathrooms at the northwest entrance to the sanctuary (Narthex). The exact locations are included in Appendix E. Positioning the electrical switch for each HVAC module to the off position can shut down the systems.

Preparedness activities (*before* an incident)

- Know the phone numbers for the local electric providers (can be found in Appendix A)
- Take pictures of the appropriate valves, switches and equipment to help the user locate and perform necessary actions.

Response activities (*during* an incident)

- DO NOT take any unnecessary risks when shutting down utilities or mechanical equipment.
- DO NOT stand in water when shutting down utilities or mechanical equipment.

A map showing the location of utilities equipment can be found in Appendix E.

2.5. Recovery

Recovery from a disaster or emergency involves actions and the implementation of programs, needed to help individuals and the church return to normal. Recovery programs are designed to assist victims and their families, restore the church to sustain growth and confidence, rebuild destroyed property, and reconstitute church operations and services. Recovery actions often extend long after the incident itself. Recovery programs should include mitigation components designed to avoid damage from future incidents. Typical recovery actions may include:

- Securing temporary facilities for the operations and services of the church
- Crisis counseling and mental health services for those affected by the incident

Children and Disaster Recovery:

Disasters can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma, has merely seen the event on television, or has heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur. Children may respond to disaster by demonstrating fears, sadness, or behavioral problems. For many children, reactions to disasters are brief and represent normal reactions to "abnormal events." A smaller number of children can be at risk for more enduring psychological distress.

A child's method for coping with disaster or emergencies is often tied to the way parents cope. They can detect adults' fears and sadness. Parents and adults can make disasters less traumatic for children by taking steps to manage their own feelings and plans for coping. One way to establish a sense of control and to build confidence in children before a disaster is to engage and involve them in preparing a family disaster plan. After a disaster, children can contribute to a family recovery plan.

Helpful information for use after an emergency:

After an incident occurs, there might be a need for counseling for those who were affected by the emergency or a need for some other kind of assistance to help those recover from the consequences of an emergency. Resurrection Church has several qualified counselors who can provide that service almost immediately. Additional resources can be found in Appendix C.

3.0. HAZARD SPECIFIC ANNEXES

This section of the Preparedness Plan includes guidance, procedures and checklists for the specific hazards that Resurrection is most vulnerable. This section is divided into four (4) hazard types:

- Medical emergencies
- Fire and hazardous materials incidents
- Weather hazards
- Human caused threats

Within each of these sections, there are subsections which include the specific procedures and checklists for specific threats. Risk assessments for each specific threat were conducted by the Preparedness Committee and are included in Appendix G.

3.1. Medical Emergencies and First Aid Treatment

ORGANIZATION:

Since there are two morning services at Resurrection, two teams of three to four first responders should be created so that each service can be covered by at least one, if not more, of them. These team members should be comfortable with giving care to others, familiar with the use of the AED, current on CPR and Heimlich maneuver certification, trained in some first aid procedures (if training is available), and familiar with the church's first aid kit. Two rooms in the church should be identified as potential treatment rooms – the Office meeting room on the main floor and the Outreach room on the basement level.

FIRST AID KIT/AED:

The first aid kit should be in an accessible place and checked on a monthly basis. The first responder teams should determine any medications. There is presently one first aid kit located in the cabinet over the stove in the kitchen. One AED is located on the main floor between the bathrooms, across from the office and above the drinking fountain.

MEDICAL EMERGENCY ACTION STEPS:

CHECK THE SITUATION: Is it an emergent situation? What has happened (according to the person or the bystanders) and is the scene safe?

What is wrong? Is the ill or injured person able to tell you or does he or she appear to be unconscious? Tap an adult on the shoulder and speak loudly. "Are you OK?"

- (A) If the person is conscious, physically assess that there is no serious bleeding or breathing problem. Determine a history of events. Ask the person and those around them to explain what happened, Use your basic emergency care knowledge and call for assistance. Any treatment on your part must be initiated by obtaining consent from the person first before doing so. Note that any injury victim may experience shock marked by the following: restlessness or irritability; altered level of consciousness; nausea & vomiting; pale, ashen or grayish, cool, moist skin; or excessive thirst. If **ANY** potential life threatening issues are assessed call 911 immediately
- (B) If the person has an altered state of consciousness to unconsciousness; breathing problems; chest pain, discomfort or pressure lasting more than a few minutes; persistent abdominal pain or pressure; severe external bleeding; vomiting blood or passing blood; or severe (critical) burns: **call 911.**
- (C) After calling 911, care for the person. Check the neck for injury. If you feel there might be neck injury, leave the person in the position he/she is in. Then be sure he/she is breathing. If necessary, tilt the head back and lift the chin as you would for CPR if you feel there is no neck injury present. This is to ensure the airway is optimal. Check for breathing again: Is the chest moving; can you hear breathing or can you feel escaping air on your cheek? If there is no breath, **BEGIN CPR AND SEND FOR THE AED.** If breathing and other vital signs are present, keep monitoring airway, breathing & circulation until help arrives.

MOVING INJURED PEOPLE IN AN EMERGENCY SITUATION

In most settings, people should be treated where they are found unless there is an emergent need to move them (hazards of fire, traffic, noxious gas or an unsecure situation)

People should be moved head-first when at all possible. If neck, back and spine injuries are suspected and the person cannot move themselves or are unresponsive, use the clothing at the shoulders, or a towel or blanket looped under the back through the armpits to drag the person to a safer location.

ACTION PLANS:

ADOMINAL PAIN (CHILDREN)

- A. Have child lie down and have family consult their pediatrician. **Call 911 only if the child is not moving or is too weak to stand. Give NOTHING by mouth to children with abdominal pain.**

ALLERGIC REACTION

Call 911 now if the person has had severe reactions in the past or has any of these symptoms:

Difficulty breathing

Tightness in the throat

Other symptoms of a severe allergic reaction like anaphylaxis

ACUTE ASTHMA ATTACK IN ADULTS

Call 911 if the symptoms of an acute attack include difficulty talking or walking because of shortness of breath and turning blue.

***NOTE:** Most people who have asthma and take medication for it know how to use their devices for treatment. Do not attempt to use devices that you are not trained to use. One should assist the person in taking medication. If the situation warrants you having to assist in taking medication, 911 should be called.

- A. Follow the person's asthma plan, if possible
1. Find out if the person has an individualized asthma action plan.
 2. If so, follow its directions for giving asthma medication and seeking medical help
- B. Give asthma first aid
1. Sit the person upright comfortably and loosen tight clothing
 2. If the person has asthma medication, such as an inhaler, assist in using it.
- C. **Assist the person** to use an inhaler with a spacer, if possible
1. Remove cap and shake inhaler well.
 2. Insert inhaler into spacer.
 3. Have the person breathe out completely and put mouth tightly around spacer mouthpiece
 4. Press inhaler once to deliver a puff.
 5. Have the person breathe in slowly through the mouth and then hold breath for 10 seconds.
- D. **Assist the person to use** inhaler without a spacer, if necessary
1. Remove the inhaler cap and shake well.
 2. Have the person breathe out all the way and seal lips tightly around the inhaler mouthpiece.
 3. As the person starts to breathe in slowly, press down on the inhaler one time.
 4. The person should keep breathing in as slowly and deeply as possible (about five to seven
 5. Give a total of four (4) puffs, waiting about one minute between each puff.
- E. Continue using the inhaler if breathing is still a problem.
1. After four puffs, wait four minutes, if the person still has trouble breathing; give another set of four puffs.
 2. If there's still little or no improvement, give four puffs every four minutes until an ambulance arrives. If the attack is severe, give up to six to eight puffs every five minutes until help arrives.
- F. Monitor the person until help arrives.
1. Do not mistake drowsiness as a sign of improvement; it could mean the asthma is worsening.
 2. Do not assume the person's asthma is improving if you no longer hear wheezing.

BITES I – HUMAN

Call 911 if:

**A human bite causes serious injury.
The wound will not stop bleeding after 10 minutes of firm pressure.
Blood spurts from the wound.**

- A. Stop bleeding by applying firm, direct pressure with sterile gauze or clean cloth until bleeding stops.
- B. Clean and protect the wound with mild soap and water. Rinse for several minutes under running water and apply an antibiotic ointment to prevent infection.
- C. **See a doctor about any human bite that is more than a superficial scratch because of possible infection; even minor bites can easily become infected.**

BITES II – INSECT & STINGS

Call 911 if the person:

**Has sudden hives, swelling in the face, difficulty breathing, dizziness, or fainting
Had a serious allergic reaction to an insect bite or sting before**

- A. **See a doctor if the area seems to be getting larger or redder or is oozing, which are signs of infection.**
- B. Remove the stinger by scraping the area with a finger, credit card or other stiff flat-edged object. **DO NOT** use tweezers to remove it. Don't pinch the stinger with your fingers or tweezers – that can inject more venom.
- C. Wash the bite or sting with mild soap and water.
- D. Treat symptoms by removing tight jewelry from the area of the bite or sting, icing the area for 10 minutes on and 10 minutes off repeatedly as necessary. (The person may use their own OTC pain meds if they have them available. There is not pain medication in the church first aid kits.)

BLISTERS

Blisters from spider bites, chicken pox, shingles, cold sores and chronic health conditions need special treatment.

- A. For a blister that has not popped.
 - 1. Try not to pop or drain it.
 - 2. Leave uncovered or cover loosely with a bandage.
 - 3. Try not put pressure on the area. If the blister is in a pressure area, such as the bottom of foot, put donut-shaped moleskin on it.
- B. For a blister that has popped
 - 1. Wash the area with warm water and gentle soap. Do not use alcohol, hydrogen peroxide, or iodine.
 - 2. Smooth down the skin flap that remains.
 - 3. Apply antibiotic ointment.
 - 4. Cover loosely with a sterile bandage or gauze.

BROKEN EXTREMITIES

ARMS

LEGS

BROKEN FINGER I

- A. Immobilize the finger by taping the broken finger to an adjacent non-broken finger.
- B. Control swelling by cooling the finger. Apply ice that is wrapped in a towel or plastic bag. Don't apply ice directly to the skin.
- C. **Get help by going to a health care provider, or Emergency Room, immediately, so the broken finger can be set. Without treatment, it may not heal properly and could lead to a permanent deformity.**

BROKEN FINGER II – CHILDREN

Call 911 if:

The bone has broken through the skin.

The finger is bleeding heavily and you cannot stop it.

The finger is numb, white, or blue.

- A. Otherwise treat as an adult described above for Broken Finger.

FINGER DISLOCATION

- A. Control swelling.
 - 1. Remove any rings immediately.
 - 2. Apply ice to the area.
 - 3. Keep the finger elevated above the heart.
 - 4. If the finger is bent or deformed, don't try to straighten it. It may be broken.
- B. **See a doctor for necessary follow-up and treatment.**

BROKEN HIP

Call 911

- A. Do **CPR** if the person is not breathing or you can't find a pulse.
- B. Protect the person from further injury
 - 1. Keeps the person lying on his or her back.
- C. Immobilize the leg
 - 1. If you have been trained in how to apply a splint, do it.
 - 2. Secure the leg with a stiff padding, such as a wadded-up blanket or towels, held in place with heavy objects. Padding should extend above the hip and below the knee.
 - 3. If no materials are available, place one hand behind the person's knee to relieve stress on the upper leg
- D. Look for signs of shock and treat for shock if the person has: Pale, clammy skin, glazed eyes, sweating, rapid and shallow breathing, dizziness or vomiting.

BROKEN TEETH

Call 911 if the person has a serious injury or is unconscious.

A knocked-out permanent tooth is a dental emergency. Knocked-out teeth can be re-implanted with a tooth that is re-implanted within 30 minutes, which gives it the highest chance of success.

- A. Collect teeth or teeth fragments
 - 1. Handle teeth carefully because damage may prevent re-implantation.
 - 2. Touch only the chewing edge, the top part of the tooth. Do not touch the root of the tooth.
 - 3. Rinse the tooth gently only if necessary. Does not scrub, scrape, or use alcohol to remove dirt.

BRUISES

- A. Reduce bruising and swelling
 - 1. Ice area on and off for the first 24-48 hours.
 - 2. Apply ice for about 15 minutes at a time, and always put something like a towel or washcloth between the skin and the icing agent.
- B. Treat symptoms by using acetaminophen (Tylenol). Avoid aspirin or ibuprofen (Advil, Motrin), which can prolong bleeding.
- C. **When to call a doctor**
 - 1. **Bruise is accompanied by extreme pain and swelling, especially if the person is taking a blood-thinning medication.**
 - 2. **Bruises appear on the skin for no apparent reason.**

BURNS

Call 911 if:

Burn penetrates all layers of the skin and encompasses more than a ¼ of the body surface area

Skin is leathery or charred looking, with white, brown or black patches

Burn blister is larger than two inches or oozes

Hands, feet, face or genitals are burned

The person is an infant or elderly

- A. Stop the burning process immediately
 1. Put out fire or stop the person's contact with hot liquid, steam, or other material.
 2. Help the person "stop, drop, and roll" to smother flames.
 3. Remove smoldering material from the person.
 4. Remove hot or burned clothing. If clothing sticks to the skin, cut or tear around it.
- B. Remove constrictive clothing immediately by taking off jewelry, belts, and tight clothing as burns can swell quickly. Then do the following:
 1. Cool burn areas by holding burned skin under cool (not cold) running water or immerse in cool water until pain subsides – use compresses if running water isn't available.
 2. Protect burn by covering with a sterile, non-adhesive bandage or clean cloth. Do not apply butter or ointments, which can cause infection.
- C. **When to see a doctor**
 1. **You see signs of infection, like increased pain, redness, swelling, fever or oozing.**
 2. **The person needs tetanus or booster shot, depending on date of last injection; tetanus booster should be given every 10 years.**
 3. **Redness and pain last more than a few hours.**
 4. **Pain worsens.**
- D. **Second degree burns (affecting top 2 layers of the skin)**
 1. Cool burn by immersing burned area in cool water for 10 or 15 minutes, using compresses if running water isn't available. Do not apply ice, break any blisters or apply butter or ointments, which can cause infection.
 2. Protect burn by covering it loosely with a sterile, nonstick bandage and secure in place with gauze or tape.
 3. Prevent shock by laying the person flat, elevating the feet about 12 inches, elevating the burn area above heart level (if possible) and cover the person with a coat or blanket, unless the person has a head, neck or leg injury, or it would cause discomfort.
 4. **See a doctor**

E. Third degree burns

1. **Call 911**
2. Protect the burn area by covering loosely with a sterile, nonstick bandage or, for large areas, a sheet or other material that won't leave lint in the wound and separating burned toes and fingers with dry, sterile dressings.
3. Do not soak burn in water or apply ointments or butter, which can cause infection.
4. Prevent shock by laying the person flat, elevating the feet about 12 inches, elevating the burned area above heart level (if possible) covering the person with a coat or blanket.
5. For an airway burn, do not place a pillow under the person's head when the person is lying down (This can close the airway.).
6. Have person with a face burn sit up.
7. Check pulse and breathing to monitor for shock until emergency help arrives.

CONCUSSION

Call 911 if the person:

Is vomiting repeatedly

Has an unequal pupil

Is confused

Has weakness on one side of the body

Passes out or is unconscious for more than 1 (one) minute

Is unable to wake up

Has a seizure

- A. Prevent swelling and further injury by having the person stop activity and rest and by applying ice wrapped in a washcloth.
- B. **Seek medical follow-up.**

CONVULSIONS (SEIZURES) I

Call 911

Convulsions (blank stare, a period of distorted sensation during which a person is unable to respond, or uncontrolled muscular contractions) need emergency care unless you know the person has a history of seizures and be sent home.

Any convulsion that is a first seizure (cause unknown), or the person is a diabetic, is pregnant, or is elderly (stroke?) needs medical follow-up.

- A. Prevent choking
 1. Loosen clothing around the person's neck.
 2. Roll the person on his or her side to keep his/her airway open, especially if the mouth has any contents.
 3. Don't put anything into the person's mouth, including your fingers.
 4. Make sure the airway is open.
- B. Protect the person from injury
 1. Move sharp objects, such as glassware or furniture, away from the person.
 2. Ask bystanders to give the person room.
 3. Do not restrain or hold down the person.
- C. Treatment is appropriate if the person has a history of seizures, he or she may have medications to treat them. Give them according to the prescribe directions.

CONVULSIONS (SEIZURES) II – CHILDREN

Call 911 if the child:

Has a convulsion.

Has trouble breathing.

Turns blue.

Hits his head before or during a convulsion.

Is unconscious for several minutes.

Might have ingested something poisonous.

- A. Even if the child has had a convulsion before and the pediatrician has told the family what to do, the pediatrician should be phoned.
- B. Follow all the instructions for convulsions in an adult.

CUTS OR LACERATIONS

Call 911 if:

A cut is bleeding severely

Blood is spurting out

Bleeding can't be stopped after 10 minutes of firm and steady pressure and application of a tourniquet

- A. See a doctor
 1. The cut appears to need stitches.
 2. The cut is deep or over a joint.
 3. You cannot get the cut or laceration clean.
 4. The injury is a deep puncture wound or the person has not had a recent (within the last 5 to 10 years) tetanus booster.
 5. The cut is from a human or animal bite.
- B. Take the following steps for minor cuts.
 1. Stop the bleeding by applying direct pressure on the area.
 2. Clean and protect the cut by washing with warm water & soap, applying an antibiotic ointment to reduce the chance of infection and putting a sterile bandage on the area
- C. **Use a tourniquet for severe bleeding on limbs as a first line treatment.**

CUTS OR LACERATIONS – CHILDREN

Call 911 if:

The child is bleeding heavily.

The wound is deep.

The edges of the wound are gaping.

The wound is spurting blood.

You can't stop the bleeding after 10 minutes of direct pressure or use of a tourniquet .

An object has punctured the skin is still in the body.

- A. **Call a doctor if the cut is on the child's face or is larger than a half inch, jagged and has dirt in it or seems infected.**
- B. **Do not remove an object that has penetrated the body. Put pressure on the wound and consult a doctor.**
- C. Proceed as described above in adult cuts in B for minor wounds.

DIABETES – INSULIN REACTION

Call 911 if the person has:

A severe reaction

A seizure

A loss of consciousness

- A. **For a severe reaction while waiting for emergency help, inject glucagon if it is available and you are trained to do so.**
- B. For moderate to mild symptoms raise the blood sugar by giving the person a high-sugar food such as:
 1. Three to 4 glucose tablets
 2. One third to ½ tube of glucose in gel form
 3. One half cup orange juice
 4. One third cup apple juice
 5. One quarter to 1/3 cup of raisins
 6. Two large or 6 small sugar cubes in water
 7. Four to 6 oz. of regular soda, not diet
 8. One tablespoon of molasses, honey or corn syrup
 9. Five hard candies
 10. **Do any of the above if the patient has an active gag reflex. DO NOT ADMINISTER ANYTHING BY MOUTH IF THE PATIENT CANNOT SWALLOW OR HAS ALTERED LEVEL OF CONSCIOUSNESS**

DIZZINESS I

Call 911 if the person has:

A change in vision or speech

Chest pain

Shortness of breath

Convulsions or ongoing vomiting

Dizziness that comes after a head injury

Double vision

Fainting or loss of consciousness

High fever and stiff neck

Inability to move an arm or leg

Slurred speech

A. Treat symptoms

1. Have the person sit down or lie still.
2. If the person gets light-headed when standing up, the person stands up slowly.
3. Avoid sudden changes in position.
4. If the person is thirsty, have him or her drink fluids.
5. Avoid bright lights.

B. See a doctor if this is the first time the person has been dizzy or the dizziness is different than before or doesn't go away quickly.

DIZZINESS II (BENIGN POSITIONAL VERTIGO)

Call 911 if the person has:

A head injury

Convulsions

Chest pain

Change in vision or speech

Fever over 101 degrees F

Headache

Very stiff neck

Inability to move and arm or leg

Loses consciousness for more than a few minutes

A. Relieve or prevent dizziness

1. Have the person lie down and res.
2. The person should avoid sudden changes in body position.
3. Help the person avoid abrupt head movements, especially looking up.

B. Keep the person safe

1. Help the person avoid falls.
2. The person should not drive or operate dangerous machinery.

EAR FOREIGN BODY

- A. Remove the object if possible
 1. If you can see the foreign body in the ear and remove it easily, carefully doing so using tweezers to remove the object by force.
 2. Tilt the head to try to help the object fall out.
 3. If it is a live insect, you can kill it for easier removal by putting a few drops of baby oil or vegetable oil and have person gently tilt his/her head to dislodge the object. Don't use this method if there is any pain or bleeding or if the person has tubes in the ear.
- B. See a doctor
 1. **If you can't see the object or can't remove it easily or if removing it will cause pain.**
 2. **Pain is severe.**
 3. **Pain, hearing loss or discomfort continues after the object is removed.**

EYE INJURY I

Call 911 if and object such as piece of glass or metal is protruding out of the eye.

- A. For chemical exposure
 1. Don't rub eyes
 2. Immediately wash out the eye with water. Use whatever is closest – water fountain, shower or faucet.
 3. **Get medical help while you are flushing the eye or after 15 to 20 minutes of continuous flushing**
 4. Don't bandage the eye.
- B. For a blow to the eye
 1. Apply a cold compress, but don't put pressure on the eye.
 2. Take over-the-counter acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain.
 3. **If there is bruising, bleeding, change in vision, or it hurts when the eye moves, see a doctor.**
- C. For a foreign particle in the eye
 1. Don't rub the eye.
 2. Pull the lower lid down and blink repeatedly.
 3. If the particle is still there, rinse with eyewash.
 4. **If rinsing doesn't help, close the eye, bandage it lightly, and see a doctor.**

EYE INJURY II (SCRATCHED EYE/CORNEAL ABRASION)

- A. See a doctor if:
 1. **There is pain, change in vision, or increased sensitivity to light after a scratch or trauma to the eye.**
 2. **There is a foreign object lodged in the eye or eyelid.**
 3. **There is loss of vision.**
 4. **Something hit the eye at high speed or with high force.**
- B. Clean and protect the eye.
 1. Inspect the eye for small particles that may be stuck under the eyelid and causing symptoms.
 2. Flush the eye with clean water or saline solution to remove particle or to soothe the eye surface.
 3. Avoid rubbing the eye.
- C. **See a doctor if the person has blurred vision or eye pain, tearing, redness, or irritation even if there does not appear have anything in the eye. There may be a scratch on the surface of the eye called a corneal abrasion.**

EYE INJURY III – CHILDREN

Call 911 if the child has:

An object such as a piece of glass or metal stuck in an eye.

Problems seeing.

Uneven pupils.

Very bad eye pain.

There is blood in an eye.

Feeling nausea or is vomiting after an eye injury.

Came into contact with chemicals.

A. Call a doctor if:

- 1. The child is younger than 1.**
- 2. Has been hit in the eye with an object.**
- 3. Has an irritated or red eye.**
- 4. Has an eye that's extremely sensitive to light.**
- 5. Keeps blinking.**
- 6. Has a painful, swollen, or red area close to the eyelid or eye.**
- 7. Has cut on the eyeball or eyelid.**
- 8. May need stitches.**

A. Treating a Child's minor eye irritation

- a. Wash your hands
- b. Keep the child from rubbing the eye.
- c. Rinse the eye
 - i. Hold the child's head over a sink, facing down and to the side, and hold the eyelid open.
 - ii. Gently pour water over the eye for five minutes and see whether the object is out. Repeat until the eye is clear or the object does not come out of the eye.
 - iii. **If the object is still in the eye, put a light bandage over it and take the child to the emergency room for treatment.**

B. Treating an object stuck in the eye.

- a. Tape a paper cup over the eye & do not try to remove the object.**
- b. Take the child to the emergency room.**

C. Treating a minor cut or scratch around the eye.

- a. Stop the bleeding by hold gauze on the wound for 10 minutes.
- b. Clean the injury and cover the eye with a cloth for protection, and wash the area with clean water for few minutes.
- c. Ask the pediatrician whether you should use antibiotic ointment if the wound is close to eye.
- d. Put a bandage on the wound.
- e. Change the bandage daily.
- f. Provide pain relief by giving the child-formula acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, if needed.
- g. Don't give aspirin to a child under 16 years old.

D. Treating a black eye, bruising, or swelling

- a. **Check for further injury.**
 - i. **If you suspect broken bones, damage to the eye, or a head injury, take the child to the emergency room.**
 - ii. **If the black eye was caused by something hitting the eye, call the pediatrician.**
- b. Apply cold by putting an ice pack on the area for 20 minutes each hour to lessen swelling and repeat for four hours.

- E. Treating chemical exposure.
 - a. Wash your hands.
 - b. Keep the child from rubbing the affected eye.
 - c. Rinse the eye.
 - i. Hold the child's head over a sink, facing down and to the side, and hold the eyelid open.
 - ii. Pour water over the eye for 15 to 20 minutes.
 - iii. If the chemical is in both eyes, rinse them in the shower.

FAINTING

Call 911 if the person:

Has blue lips or face

An irregular or slow heartbeat

Chest pain

Difficulty breathing

Is difficult to awaken

Acts confused

- A. Make the person safe.
 - 1. Lay the person flat on his/her back.
 - 2. Elevate the person's legs to restore blood flow to the brain.
 - 3. Loosen tight clothing.
- B. Try to revive the person.
 - 1. Shake the person vigorously, tap briskly, or yell.
 - 2. **If the person doesn't respond, call 911 immediately.**
- C. Do home care for simple fainting.
 - 1. If the person is alert, give fruit juice, especially if the person has not eaten in more than 6 hours.
 - 2. Stay with the person until he or she is fully recovered.
- D. **See a doctor**
 - 1. **Hit his or her head when fainting.**
 - 2. **Faints more than once in a month.**
 - 3. **Is pregnant or has a heart condition or other serious illness.**
 - 4. **Experiences unusual symptoms, such as chest pain, shortness of breath, confusion or blurred vision.**

HEAD INJURY I

Call 911 if the person has any of the following symptoms:

Blood or clear fluids coming from the ears or nose

Slurred speech

Unconsciousness, confusion, dizziness, or drowsiness

Unequal pupil size or blurred or double vision

- A. **Unless the airway is blocked, do not move the person until a medical team arrives and checks the person.**
- B. **Do hands-only CPR, if necessary.**
 - 1. **If the person is unconscious or not breathing, do ONLY chest compressions.**
 - 2. **For an adult, start adult CPR.**
 - 3. **For a child, start CPR for children.**
- C. For mild or moderate head injuries
 - 1. To control bleeding, apply clean dressings directly to the scalp or facial cuts.

2. To control swelling, apply ice for 20 to 30 minutes every 2 to 4 hours.
3. For headache, give over-the-counter acetaminophen. Do not use aspirin, ibuprofen or medications that can increase the risk of bleeding.

HEAD INJURY II – CHILDREN

Call 911 if the child:

Is not breathing

Lost consciousness

Had a seizure

Is hard to wake up

Is slurring speech or acting confused

Wobbles when walking

Has weak arms or legs

Can't move his/her neck as usual

Keeps bleeding

A. Call a doctor if:

1. You think the injury is serious or if the child:

- a. Is younger than 1 year old.
- b. Has neck pain or keeps crying.
- c. Needs stitches for a wide-open wound.

HEART ATTACK:

Call 911 if the person has any of the following symptoms:

Discomfort, pressure, heaviness, or pain in the chest, arm, or below the breastbone

Discomfort radiating to the back, jaw, throat, or arm

Fullness, indigestion, or choking feeling (may feel like heartburn)

Sweating, nausea, vomiting, or dizziness

Extreme weakness, anxiety, or shortness of breath

Rapid or irregular heartbeats

During a heart attack, symptoms last 30 minutes or longer and are not relieved by rest or nitroglycerin under the tongue.

Some people have a heart attack without having any symptoms (a "silent" myocardial infarction). A silent MI can occur in anyone, but it is more common among people with diabetes.

Get a powdered or tablet aspirin from one of the first aid kits located in the church (kitchen or usher stand) and have the person dissolve it in their mouth before washing down with water.

IMMEDIATE RESPONSE ACTIONS IF THEY STOP BREATHING OR ABNORMAL HEARTBEAT OR NO HEARTBEAT:

1. **Have someone call 911 for you.**
2. **Yell for someone to get the AED from the west wall of the kitchen.**
3. **Hands-Only CPR: Start chest compressions by pushing hard and fast on the lower half of the breastbone, at least 100 beats per minute and 2 inches deep, until the person is breathing on their own or until the AED or emergency services arrive.**
4. **Conventional CPR: Start Compressions first, then clear airway, then deliver breaths. Do 30 compressions followed by 2 breaths and repeat cycle until the person is breathing on their own or until AED or emergency services arrive.**

NOSEBLEEDS

A. Stop the bleeding

1. Have the person sit up straight and lean forward slightly. Don't have person lie down or tilt their head back.
2. With the thumb and index finger, firmly pinch the nose just below the bone up against the face.
3. Apply pressure for 5 minutes. Time yourself with a clock.
4. If the bleeding continues after 5 minutes, repeat the process.

B. See a doctor immediately if:

1. **The nosebleed doesn't stop after 10 minutes of home treatment.**
2. **The person is taking blood thinners, such as warfarin (Coumadin), Plavix or aspirin or has a bleeding problem.**
3. **Nosebleed happens after a severe head injury or a blow to the face.**

PANIC ATTACKS

A. Calm the person

1. Ask the person what you can do to help.
2. Reassure the person that the attack will probably pass in a few minutes.
3. Encourage the person to take slow, even breaths.
4. Do not minimize the person's symptoms.
5. **If unable to calm the person, take him or her to see a doctor.**

POISONING

- A. Call Poison Control @ 1-800-332-3073 or 303-739-1123 and follow their instructions.

PUNCTURE WOUNDS

Call 911 if a puncture wound:

Bleeds excessively

Spurts blood

Does not stop bleeding after 10 minutes of firm pressure

Is to the chest, abdomen, or neck and there are any emergency symptoms: severe pain, fast breathing or trouble breathing, vomiting, dizziness, or unconsciousness

Is to the eye or in the throat. Leave object in place.

Keep the person calm.

A. See a doctor if:

1. The object that caused the puncture wound cannot be easily removed.
2. The puncture wound was to the chest, abdomen, or neck, but there are no emergency symptoms
3. The wound is visibly dirty.

4. The wound is an animal or human bite.
5. The wound occurred through the bottom of a shoe – stepping on a nail, for example.

- B. Remove the object that caused the puncture wound if it is small and can easily be removed.
- C. Stop the bleeding by applying firm, direct pressure with sterile gauze or clean cloth until the bleeding stops.
- D. Clean the wound under clean water for several minutes; then wash the area with mild soap & water and apply an antibiotic cream.
- E. Use a sterile bandage to protect the puncture wound from dirt or further injury
- F. Treat pain with ibuprofen (Advil, Motrin) or acetaminophen (Tylenol).

SPLINTERS

- A. Clean area with mild soap and water.
- B. If it doesn't hurt, let the splinter work its way over a few days.
- C. If it does hurt, touch the area gently with sticky tape and pull away carefully. If unsuccessful, remove as below.
- D. Remove a large splinter.
 1. Clean a small needle and tweezers with alcohol.
 2. If you can see the end of the splinter, grip it with tweezers and gently pull it out the entire splinter.
 3. If none of the splinter is sticking out, follow the path of the splinter with the needle. Open the path grip the splinter with the tweezers to remove it.
 4. Clean wound area again. Apply a bandage and antibiotic ointment.

STROKE

Call 911 if the person has:

Numbness or weakness of the face* arm*, or legs – especially on just one side of the body

Slurred or unusual speech*

Trouble* seeing in one or both eyes

Trouble* walking, dizziness, or balance problems

Sudden confusion

Severe headache

Unconsciousness

- A. **Note time* symptoms occurred and tell emergency personnel.**
- B. **“FAST*” (Face, arm, speech, and trouble seeing or walking)**
- C. Do not give the victim anything by mouth.
- D. Check the victim's airway, breathing and circulation. If any are absent, initiate rescue breathing and **CPR** until emergency personnel arrive.

Pandemic:

FAITH-BASED & COMMUNITY ORGANIZATIONS PANDEMIC INFLUENZA PREPAREDNESS CHECKLIST



The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public's health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based, and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization's ability to protect your community during emergencies in general. You can find more information at www.pandemicflu.gov.

1. Plan for the impact of a pandemic on your organization and its mission:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and train essential staff (including full-time, part-time and unpaid 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 sick, others are ready to come in to carry on the work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

2. Communicate with and educate your staff, members, and persons in the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and CDC.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

continued

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3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

4. Set up policies to follow during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 (Know how to check up-to-date CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for flexible work hours and working from home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

5. Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).

6. Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you’ve learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.

3.2 Fire and Hazardous Material Incidents

Planning activities (*before* an emergency):

- Plan two escape routes out of each area.
- Practice fire drills at least twice a year.
- Teach members to stay low to the ground when escaping from a fire.
- Teach church members never to open doors that are hot. In a fire, feel the bottom of the door with the palm of your hand. If it is hot, do not open the door. Find another way out.
- Ensure smoke detectors are on every level and test the mat least once a month. Change batteries at least once a year.
- Check electrical outlets. Do not overload outlets.
- Know the locations and how to use fire extinguisher (locations of extinguishers and alarms are included in Appendix E).

Response activities (*during* an emergency):

If You discover a fire

- **Activate** the nearest fire alarm and alert others.
- **Evacuate** the building, using the stairs and closing doors behind you. **Do not use elevators.** Go to your designated evacuation assembly area.
- **Call 911.**
- Do not re-enter the building until authorized by emergency personnel.

Using a Fire Extinguisher

If you have been trained, you may choose to extinguish a very small contained fire with a fire extinguisher. Do this only if you can do so safely. If there is any doubt, evacuate. Fires can re-ignite, so never turn your back on a fire.

- P PULL** safety pin from handle.
- A AIM** at base of fire.
- S SQUEEZE** the trigger handle.
- S SWEEP** from side to side at base of fire.

When a Fire Alarm Sounds

- **Evacuate** – Walk to the nearest exit closing doors between you and the fire.
- **Assist** persons with special needs if possible. Contact emergency services (911).
- **Notify** fire personnel if you suspect someone is trapped inside the building.
- **Gather** outside at **designated evacuation assembly area**, and do not attempt to reenter the building until instructed to do so by fire department personnel.

If Trapped in a Room

- Wet and place cloth material around or under the door to prevent smoke from entering the room.
- Close as many doors as possible between you and the fire.
- Be prepared to signal to someone outside.

If Caught in Smoke

- Drop to hands and knees and crawl toward exit. Stay low as smoke will rise to ceiling level.
- Count the doors as you pass so you will know when you reach the exit door.

If Forced to Advance through Flames

- Hold your breath.
- Move quickly.
- Cover your head and hair.
- Keep your head down and your eyes closed as much as possible.

3.3. Weather Hazards

Tornado:

Tornadoes are one of nature's most violent and damaging hazards that can cause almost complete destruction of everything in its direct path.

Preparedness activities (*before* an incident):

- Pre- identify a room(s) on the lower level with no windows (bathrooms, storage/mechanical rooms).
- Make sure stairways to the lower level are kept clear at all times.
- Determine how best to communicate the need to take shelter.
- Conduct a drill once a year at the beginning of tornado season to evaluate the plan.

Response activities (*during* an incident):

- Communicate the need to take shelter and identify the location of the shelter.
- Don't open or close windows; move directly and immediately to the basement hallway or place of shelter. If unable to get to the lower level, utilize hallways or small interior rooms. Do not leave the building to go to your car.
- Take the weather radio to the shelter location and listen for the outdoor sirens. Resurrection is situated so people will hear the local neighborhood sirens
- Watch children closely. Hugs are important in frightening situations.
- Be mindful of the dangers of flying debris and glass. Stay clear of windows.
- Be prepared for a loss of electricity. Have flashlights readily available.
- After evacuating the sanctuary, consider continuing the worship service, providing quiet assurance in the midst of the stress of the moment; or someone could lead hymn singing until the danger has passed.
- Use landline telephones only if it is an emergency and if cell phones are not available.

Winter weather:

For the purposes of this annex, winter weather includes blizzards, extreme cold, hail and ice. Blizzards can cause breakage of tree branches, downed power lines and stranded people.

Preparedness activities (*before* an event):

- Have a weather radio available and learn the warning terms for storms. (located in kitchen and outside office)
 - **Winter Storm Watch** - indicates that severe winter weather is likely.
 - **Winter Storm Warning** – indicates that severe winter weather conditions are definitely on the way.
 - **Winter Weather Advisory** – conditions are expected to cause significant inconveniences and may be hazardous especially to motorists.
 - **Blizzard Warning** – large amounts of falling or blowing snow and sustained winds of at least 35mph and are expected for several hours.
- Have shovels, rock salt and kitty litter available
- Ensure water pipes are insulated
- Have a plan for contacting congregants in the case of cancelled services

Response activities (*during* an event):

- Monitor a weather radio and consider canceling services and activities when conditions are hazardous.
- Clear paths from parking lot to building, being especially aware of steps and ice buildup on sidewalk.
- Consider asking congregants to remain at church until danger subsides.
- Be aware of downed power lines and tree branches on property.
- Have flashlights available in the case of lost power.

Thunderstorms, Lightning and Flash Floods:

Preparedness activities (*before* an incident):

- Have a weather radio available to monitor weather.
- Learn the warning terms for thunderstorms.
 - **Thunderstorm Watch** – means conditions are favorable for thunderstorms to produce wind gusts to 58 mph or hail to $\frac{3}{4}$ inch or larger. Watches are issued for 4 to 6 hours at a time.
 - **Thunderstorm Warning** – means a severe thunderstorm has been detected. Take cover if in the area.
- Ensure computers are connected to surge protectors.
- Become CPR trained (for lightning strike victims).
- Learn the warning terms for flash floods.
 - **Flash Flood Watch** – means heavy rains are occurring or may occur and may cause flash flooding.
 - **Flash Flood Warning** – flash flooding is occurring or imminent on certain streams or designated areas.
 - **Small Stream and Urban Flood Advisory** – minor flooding is occurring or expected. Can cause flash flooding in periods of heavy rain.

Response activities (*during* an incident):

- Monitor a weather radio.
- Bring everyone indoors.
- Be aware that plumbing fixtures can conduct electricity.
- Avoid using corded telephones (cell phone and cordless are okay).
- Unplug computers and turn off air conditioners (power surges can cause serious damage).
- Be aware that small streams and culverts can fill very quickly during a flash flood.
- Do not attempt to drive through flooded areas. Water can rise quickly and carry a car away.

3.4.Human Caused Threats

Threatening or violent behavior:

Threatening behaviors may include verbal or nonverbal acts of intention and can be direct or indirect. Shaking a fist or pounding on a desk are examples of nonverbal threats. Any threatening behavior should be considered potentially serious and reported.

Violent behaviors are physically aggressive acts which should be reported immediately, once safe to do so. These acts can include criminal activities, such as theft or an active shooter.

If the threat is serious and immediate: leave the situation if possible and call 911.

Quickly determine the most reasonable way to protect yourself. The following information is presented as options. In the moment, you will need to make a personal choice based on your assessment of the situation. Keep in mind that others are likely to follow your lead during an emergency situation.

Run

- Have an evacuation route and plan in mind.
- Leave your belongings behind.
- Keep your hands visible to law enforcement.

Hide

- Hide in an area out of the violent person's view.
- Lock the doors and block entry by placing furniture against the doors.
- Turn off the lights.
- Turn off your cell phone's ringer and set to vibrate.
- Remain silent until given the all clear by law enforcement officials (visibly check).

Fight

- As a last resort, if neither running nor hiding is a safe option and only when your life is in imminent danger.
- Attempt to incapacitate the violent person by using items such as chairs, fire extinguishers, or heavy books.

Call 911 when it is safe to do so

Information you should provide to law enforcement or 911 operator:

- Location of the violent person.
- Number of attackers, if more than one.
- Physical description of attacker(s).
- Number and type of weapons held.
- Number of potential victims at the location.

When law enforcement arrives:

- Remain calm, and follow officers' instructions.
- Immediately raise hands and keep them visible at all times.
- Avoid making quick movements toward officers such as attempting to hold on to them for safety.
- Avoid pointing, screaming and/or yelling.
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.
- Keep in mind, law enforcement's immediate objective is to find the threat. They will not tend to the injured on their way into the building.

Safeguarding God's Children:

The Diocese of West Missouri has developed a set of policies for parish ministry with children and youth. The Bishop and Standing Committee of the diocese have **mandated that every parish must adopt and implement these policies.**

As part of these policies, all adults who regularly work with children and youth are required to become certified in the course *Safeguarding God's Children*. Adult volunteers are also required to have a background check. The Rector ensures adult volunteers are properly certified, maintains Safeguarding records and performs background checks. Additional information on the requirements and a schedule of classes can be found in Appendix C or by emailing <http://www.diowestmo.org/congregations/human-resources.html>

Bomb threat:

Prank callers who want to create an atmosphere of anxiety and panic make most of the bomb threats. However, all such calls must be taken seriously. If you receive a threat of any kind, immediately notify authorities by calling Emergency 9-1-1. If possible, have someone do this while you continue talking to the caller. Write down the caller ID if it is available.

- Use the Bomb Threat data collection form (below)
- Call authorities; Emergency 9-1-1
- Provide all available information from data collection form
- Follow evacuation procedure as necessary
- Be aware of area and surroundings, such as items out of place
- Do not approach, touch, move, or shake items
- Do not use cell phone, two-way radio, or any wireless communication device.
- Account for all building occupants
- Wait for an “All Clear” or other instructions from officials before returning to the building

BOMB THREAT DATA COLLECTION FORM

Ask:

When is the bomb going to explode? _____

Where is it right now? _____

What does it look like? _____

What kind of bomb is it? _____

What will cause it to explode? _____

Did you place the bomb? Why? _____

What is your name? _____

What is your address? _____

Exact wording of threat: _____

Name of Caller (if known): _____

Number from caller ID: _____

Male/Female: _____ Race: _____ Age: _____

Voice: Calm Angry Excited Slow Soft Loud Laughter Crying Well-spoken Foul Irrational Normal
Distinct Slurred Nasal Stutter Lisp Raspy Deep Accent Ragged
Incoherent Taped Message read by threat maker Familiar Clearing throat
Deep breathing Cracked voice Disguised

Background sounds: Street noise Animal noise Clear Static Music
House noise Motor Office noise Factory noise Voices PA system

Suspicious mail or package:

- Do not shake, open or empty package; place on table or floor.
- Wash hands with antibacterial product.
- Call authorities; Emergency 9-1-1.
- Follow the directions of the authorities.

Detecting suspicious packages:

- Misspelled words or poorly typed/written addresses, names or labels. Check to see if the company exists and if they sent a package or letter.
- Packages wrapped in string or excessive tape.
- Strange odor.
- No postage, non-canceled postage, or excessive postage.
- Handwritten notes, such as, “To Be Opened in the Privacy of,” “Confidential,” “Your Lucky Day is Here,” “Prize Enclosed.”
- Restrictive markings such as confidential, personal, etc.
- Improper spelling of common names, places, or titles.
- Generic or incorrect titles. Titles with no name attached.
- Leaks, oily stains, protruding wires, discoloration, or crystallization on wrapper. Powdery substance on or in the package/envelope.
- Hand delivered or “dropped off for a friend” packages or letters.
- No return address or nonsensical return address.
- Mailed from a foreign country.
- Any letters or packages arriving before or after a phone call from an unknown person asking if the item was received.

APPENDIX INDEX

The following information is included in these appendices:

Appendix A. Vendor Resources and contact information as of February 2014

Appendix B. Resurrection Check-Out List for securing the building

Appendix C. Additional Disaster Related Resources

Appendix D. Locations of important controls and documents

Appendix E. Floor plans showing locations of utilities, safety supplies and equipment, storm shelter rooms, and evacuation routes

Appendix F. Resurrection assembly areas

Appendix A. Vendor Resources – as of February 2014

Buildings and Grounds Contact Person

Les Woodward 816-217-3937

Electrical- interior

Les Woodward 816-217-3937

Electrical- exterior

KCPL 816-471-5275

HVAC

Pro Cool (Todd) 816-228-4890

Appliance Repair:

Les Woodward 816-217-3937

Plumbers:

Les Woodward (contact) 816-217-3937

Gas Service-

Spire Gas 816-756-5252

Outside:

Lawn Care

Snow removal – Steve Krantz 816-550-7791

Trash Removal

EWS 816-215-1340

Sound System

Organ and Public address -- Vaughn Scarcliff 816-289-2817

Water-

Blue Springs Water 816-228-0195

Locksmith

Gregg's Locks 816-836-3639

Office and Miscellaneous

Copier:

Computer

Gary Zumwalt 816-517-8941

Website

Jim Gilligan 816-210-7611

Telephone-

ATT 800-288-2020

Building Cleaning/Janitorial

Saunder's Cleaning 816-804-8994

Parking Lot Repair

Paradise Asphalt 816-924-7800

Hammon Asphalt 913-681-2679

Appendix B. Episcopal Church of the Resurrection Check-Out List

1. All exterior doors locked upstairs and downstairs

- South Front doors leading into church _____
- East doors leading into basement, classrooms and parish hall _____
- North door to stairwell leading to undercroft and sanctuary _____
- West door from Memorial Garden into Nave _____

2. All lights are turned off and all interior doors closed upstairs and downstairs

Upstairs:

- Sanctuary (sanctuary candle remains lit) _____
- Nave (votive candles remain lit) _____
- Choir loft _____
- Men's & Women's bathrooms in narthex _____
- Vesting Room _____
- Office (2) _____

Downstairs:

- Parking Lot door to downstairs hall and classrooms _____
- All classroom doors _____
- Bathrooms _____
- Work room _____
- Linen Storage room _____
- Storage/Utility room _____
- Kitchen _____

3. Water in all sinks turned off

Upstairs:

- Men's & Women's bathrooms in narthex _____
- Sacristy sink _____
- Utility sink in men's bathroom closet _____

Downstairs:

- Kitchenette sink _____
- Men's & Women's bathroom sinks _____
- Deep sink in utility room _____

4. Kitchen

- Oven & stove are turned off _____
- Trash created by event disposed in outside dumpster in trash bags _____
- Dishes, glasses, cups, utensils, etc. used by event cleaned and replaced into marked storage locations (do not leave dishes in dishwashers) _____
- Food/beverages leftover from event removed _____
- Counters wiped clean _____
- Spills on floor from event mopped/cleaned up _____

5. Thermostats

- Thermostats restored to original settings _____

6. Audio Visual Equipment is turned off and as appropriate, restored to storage location in church _____

7. Parish Hall

- Furniture taken out of storage returned to storage _____
- Parish Hall furniture restored to original arrangement _____
- Tablecloths used and returned clean _____

Appendix C. Additional Disaster Related Resources

Kansas City Chapter of the **American Red Cross** can provide counseling services as well as assist in on site aid. The phone number is 816-931-8400. Their website is: <http://www.redcross.org/find-help/disaster-recovery>.

Safeguarding God's Children. A copy of the policies, titled *Safeguarding God's church* can be found on the diocesan website at: <http://www.dioco.org/policies.htm><http://www.diowestmo.org/congregations/human-resources.html>.

Appendix D. Location of Important Controls and Plans

- Tools located in tool/storage room at base of main stairway.
- First Aid kit located in kitchen cabinet above stoves in the Kitchen.
- Master keys may be requested from the Junior Warden.
- Misc. building plans and specs: in fire proof credenza located in the DOK room.
- Columbarium/Memorial Garden plans and plot assignments are in the large storage files in the office.

Appendix E. Episcopal Church of the Resurrection Floor Plans with Emergency Information (pages 66-68)

This appendix contains the locations of utility controls, emergency equipment and supplies, evacuation routes, and storm shelters.

- Main Floor Level map (Church Administrative Office, Choir, Sanctuary, bathrooms, and Vesting room)
- Lower Level map (classrooms: Sunday School and Nursery, storage rooms, bathrooms, fellowship hall,, Kitchen, HVAC room –in tool/storage room and kitchen)

Appendix F. Assembly Areas (page 64)

This appendix contains the location of three assembly areas to be used after an evacuation from Resurrection due to an emergency. If these assembly areas are not considered safe because of close proximity to Resurrection, the incident commander will designate another assembly area that will be used for this purpose. The location of this assembly area will be communicated as soon as possible after the decision to evacuate has been made.

- The East Assembly Areas are located in the eastside of the parking lot and the empty field. These are the primary assembly areas to be used in most cases.
- The West Assembly Area is located across the street at the Christian Church parking lot facing our parish, or within the building at the direction of Christian Church staff.

Appendix F. Assembly Areas

