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The Collaboration of Faith and Social Work in Creating a Gateway of Helping

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THE COLLABORATION OF FAITH AND SOCIAL WORK
IN CREATING A GATEWAY OF HELPING

By

Breanne M. Bambrick

Honors Scholarship Project

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for partial fulfillment of the requirements for

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BACHELOR OF SOCIAL WORK

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To my family, friends, mentors, and hometown of Washington-----

Thank you for all your many blessings in my life.

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This research is a culmination of efforts made by the social work profession, faith leadership, and many key leaders, both past and present, to address disasters across communities in the United States and abroad. It represents decades of dedication to emergency management and crisis intervention in order to determine best policies and practices to serve disaster survivors. To that end, I am grateful for their attention to those most in need.

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ABSTRACT

When tragedy occurs, trauma follows. In crises, emergency response professionals are called upon in order to aid survivors. While the majority of professionals involved have received formal education on crisis management or disaster relief, the faith community is often called upon to assist without such prior knowledge. However, based on their mutual commitment to serve those in need, the social work profession and faith community represents a natural partnership in preparing for the disaster management process. Therefore, social workers can assist faith leadership in order to empower the faith community to be involved in crisis response. Specifically, this research addresses why the faith community must be included in disaster management, why the social work profession should train faith leadership to respond in crisis, and how this profession could further prepare the faith community to respond to trauma.

Key words: tragedy, trauma, disaster, crisis response, disaster management, social work,

spirituality, clergy, faith leadership, collaboration

INTRODUCTION: EXAMPLE OF A TRAGEDY

In the face of tragedy, individuals are presented with a surreal opportunity to acknowledge the privileges commonly unrecognized in their everyday lives. Basic necessities, family and friends, law and order: all become commodities as any sense of normalcy dissipates at a rapid pace. After such an experience, survivors also are particularly familiar with the delicate balance of our lives and communities.

On November 17, 2013, I witnessed my hometown of Washington, Illinois become the most recent example of such a disaster. Washington — a town of 15,000 people located east of Peoria, Illinois — was hardest hit by an E-4 tornado with nearly 1,000 homes damaged or destroyed. It is difficult to understand the spectrum of emotions associated with processing this tragedy. How am I to describe what it is like to have numerous childhood friends' homes disappear in an instant, to listen to neighbors mourn everything from their pictures to pets, and to have a lifetime of memories vanish before our eyes. However, I have also been privileged to listen to survival stories, to receive an outpouring of support, to serve families in need, and to witness a community rebuild.

Such resilience may be primarily attributed to the local churches in their efforts to serve our community. I was struck by how quickly the faith community was called into collaboration with organizations such as the Red Cross and local crisis response professionals in order to address the tragedy. Suddenly, places of worship also became triage units, emergency shelters, food pantries, clothing centers, and insurance agencies. From my experience, I had the opportunity to tangibly witness why the faith community must be included in disaster management, why the social work profession should train faith

leadership to respond in crisis, and how this profession could further prepare the faith community to respond to trauma.

WHY THE FAITH COMMUNITY MUST BE INCLUDED IN DISASTER MANAGEMENT

The inclusion of spiritual leadership is pivotal to include in emergency response and crisis management because it may provide the foundation necessary to overcome the crisis of the traumatic events (Gleich, 2005, p. 16). With the substantial emphasis on, particularly, Christianity in this nation, the inclusion of religious institutions such as churches, ministry organizations, and faith leadership would be extremely beneficial in order to promote total well-being and recovery for survivors. The remainder of this research will focus on the Christian faith in disaster management in the United States of America. Therefore, faith leadership may include positions such as church administrators, priests, reverends, pastors, elders, or ministry leaders and faith organizations with various denominational and professional backgrounds.

Spirituality in the United States

Compared to other developed countries, United States citizens are significantly more likely to identify with a particular faith tradition. Studies indicate that 78.4% Americans affiliated themselves with Christianity in 2008 and 92% of Americans reported to believe in God in 2011 (Newport, 2011, para. 2; Religious, para. 1).

Due to the high levels of spirituality in the United States, to neglect spirituality and religious institutions would be detrimental to processing tragedy. With the substantial emphasis on Christianity in the nation, the inclusion of religious institutions such as

churches and ministry organizations and faith leadership would be extremely beneficial to best serve survivors.

Benefits of faith expertise

While faith may be challenged by tragic circumstances, it also signifies an important component of positive response and coping: a source of strength to overcome a traumatic event (Cain & Barthelemy, 2008, p. 32; Gleich, 2005, p. 16). Religious and spiritual involvement both encourage healthy coping skills and is associated with improved mental health such as optimism, compassion, improved self-esteem, forgiveness, and less anxiety and depression.

In tragedy, stability and support for survivors may be found through the faith community (Gleich, 2005, p. 18). The Church may serve as consistent leaders: a source of counsel and aid from the initial emergency response through the long term recovery process (Gleich, 2005, p. 18). Such leadership is particularly important for survivors as they address the sense of loss, hope, and significance often presented after a disaster. Faith leaders have experience in addressing difficult theological questions such as: Why did God let this happen? Is this a punishment from God? Religious leaders have the expertise to address the reconciliation of the existence of evil with the supposition of an all-powerful, loving God (Gleich, 2005, p. 18). From their rapport in the community, faith organizations provide survivors a safe place to address this grief and acknowledge the changes in their lives and the community through prayer and fellowship (p. 17; Cain & Barthelemy, 2008, p. 35). With a foundation to build upon, survivors are empowered with hope and a sense of control to address such existential struggles (p. 36).

With numerous benefits to faith and spirituality, its inclusion in the recovery process should be recommended in crisis response. However, without proper preparation and education, faith leaders may be hesitant to become involved in disaster management and face significant challenges amidst the recovery process.

Gap in expectation and education

According to the Federal Emergency Management Agency (FEMA) Emergency Management Institute higher education initiative, a comprehensive range of students and professionals are in need of courses in order to comprehensively introduce disaster management (Rowel, Mercer, & Gichomo, 2011, p. 2). While hundreds of universities have developed emergency management courses or degree programs to address this concern, institutions often do not have religious affiliations.

For instance, the master of divinity degree is often required for ordination and considered by many mainline denominations to be a primary higher education degree in preparation for pastoral or preaching ministry. However, faith leadership typically does not have extensive crisis management or counseling experience due to the “lack of instruction (on crisis intervention) provided in the master of divinity degree programs of American Seminaries” (Younce, 2012, p. 4). Moreover, research in examination from a significant sample and diverse selection of theological seminaries in the United States indicates that students trained for pastoral ministry in these programs required little or no compulsory classes in the field of counseling.

While there is a gap in the expectation and education of the faith community in disaster management, collaboration between the social work profession and faith leaders may work together to adequately address this issue.

WHY THE SOCIAL WORK PROFESSION SHOULD TRAIN THE FAITH COMMUNITY

To encapsulate social work into a concise definition has proven to be a daunting task. Professions may be defined by their required course of action, responsibility, or outcome. However, there is no specific itinerary for the social work profession due to the numerous circumstances and fields encountered by each individual. However, the National Association of Social Workers states, “The primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs of those who are vulnerable, oppressed and living in poverty” (National, p. 2).

Therefore, social work is comprised of professionals with vocational education focused on the empowerment of those in need. Due to this education, social workers have the expertise to educate others on professional service, while increasing credibility, capacity, and skills.

National Association of Social Workers

For the majority in the social work profession, the National Association of Social Workers (NASW) has provided formal ethical standards and policies in the NASW Code of Conduct (2012). Particular aspects of the NASW Code of Conduct may be shared by social workers with members of the faith community in order to promote the proper conduct with clients, or, in this case, survivors, colleagues, and broader society (Code of ethics, 2012).

Survivors. Relevant ethical responsibilities for clergy members to their patrons in crisis response are outlined in the NASW Code of Conduct. For instance, in tragedy, disaster relief personnel should only provide services and represent themselves as experienced in techniques or approaches in which documented “education, training, license, certification, consultation received, supervised experience, or other relevant professional experience” (Code of ethics, 2012). Also, privacy and confidentiality for survivors are especially pertinent in disaster due to their already vulnerable mental, physical, and economic state. Other noteworthy ethical responsibilities to clients are as follows: commitment to clients, informed consent, clients who lack decision making capacity, and the interruption and termination of services. Ethical responsibilities should be in alignment with the legal obligations such as in cases of abuse or harm to self or others.

Colleagues. Furthermore, many ethical guidelines are especially pertinent in respect to conduct with other crisis response personnel. Interdisciplinary collaboration would be most beneficial to utilize “perspectives, values, and experiences” in order to make informed decisions related to disaster survivors. In the event of uncertainty about the proper provision of services, consultation with colleagues in their areas of expertise and competencies would be extremely beneficial (Code of ethics, 2012). Other noteworthy ethical responsibilities to colleagues are as follows: respect, confidentiality, and importance of noting incompetence amongst colleagues.

Society. To society at large, the NASW Code of Conduct notes ethical responsibilities relevant to conduct for faith leadership. For example, the concept of social welfare would be very beneficial if utilized by clergy due to its focus on the “general welfare of society,

from local to global levels, and the development of people, their communities, and their environments... with the realization of social justice” (Code of ethics, 2012). Furthermore, in public emergencies, the social work profession and faith leadership should strive to provide “appropriate professional services in public emergencies to the greatest extent possible.”

National Association of Christians in Social Work

Similar to the NASW, the National Association of Christians in Social Work (NACSW) promotes ethical policies and practices in the social work profession specific to a Christian context. Furthermore, the NACSW recognizes the rich diversity of Christian denominations and traditions to express the heart of historic Christian faith. Therefore, the NACSW represents a particularly natural partnership between the social work profession and faith leadership as well.

Most importantly, the social work profession and faith community both share a heart to care for those in need. Therefore, collaboration between social workers and faith leaders represent natural progression due to this shared mission.

HOW THE SOCIAL WORK PROFESSION SHOULD TRAIN THE FAITH COMMUNITY

In order to best prepare faith leaders to assist in disaster management, social workers should host educational seminars to share their specialized skills and knowledge to best serve their congregation and community (Zastrow, 2012, p.348). From the seminars, social workers and faith leaders should strive to build credibility, build capacity, and provide skill building opportunities.

Building credibility

Amidst tragedy, credibility is a very important tenet in crisis response due to the sheer number of survivors, volunteers, and emergency response personnel involved. Social workers have the ability to share their resources in order to generate a formal organization structure to aid in further coordination and communication in traumatic circumstances. Whether through certification, forming, or joining an existing professional or disaster management organization, identification of education and skills would increase the credibility of the faith community as well as efficiency in times of crisis.

Crisis response organizations. To establish further credibility, social workers should encourage faith leadership to explore international and national organizations for crisis response. Registration with such organizations would provide both formal educational opportunities and substantiate reliability to other trauma professionals, which would be particularly beneficial due to the additional difficulties associated with disaster response.

Religious. In the faith community, collaboration across or within denominations to form a faith-based crisis response organization specific to a community streamlines the disaster response process. Specifically, faith-based crisis response organizations provide a unified faith entity in order to manage supplies and financial contributions from faith community members, minimize administrative and program duplication costs, and represent a centralized system of aid distribution (Cain, 2008, p. 32).

Numerous training opportunities and resources are available, which specifically incorporate theological principles for crisis management or educate a significant portion of faith leaders such as Bible colleges and seminaries (Rowel, Mercer, & Gichomo, 2011, p. 2).

Preliminary research revealed existing disaster relief and crisis intervention resources for the following Christian denominations: United Methodist Committee on Relief (UMCOR), Presbyterian Disaster Assistance (PDA), Lutheran Disaster Response (LDR), Episcopal Relief and Development (ERD), Catholic Charities USA (CCUSA) and Nazarene Disaster Response (NDR).

Secular. Furthermore, involvement in secular crisis response organizations may be important if a particular entity is well-recognized in a community. Crisis response organizations to consider may include the International Association of Trauma Professionals, Citizen Corps, or CMI Education Institute, Inc.

Also, social workers may collaborate with clergy to form a crisis response organization for a community at large. Further information regarding religious and secular crisis response organizations is accessible through additional online searches.

Building capacity

In a tragedy, capacity is a vital aspect in crisis response due to the extensive information required in effective disaster management. Without the intentional study and implementation of the disaster management process and responses to such trauma, faith leadership will not be prepared to address the numerous nuances involved in crisis invention.

Social work education. Basic social work concepts emphasize the importance of acknowledging a person within their environment. Therefore, the context surrounding an individual is taken into consideration with each interaction. Such a perspective provides a generalist framework to approach the numerous facets involved in crisis response. From the

social work profession, the concepts below should be shared with faith leadership in order to best facilitate interpersonal disaster management.

Ecological perspective. The ecological perspective “describes and analyzes people and other living systems and their transactions” and interactions, including family, friends, work, social services, politics, religions, goods and services and educational systems (Zastrow, 2010, p. 28). In order to best understand how to help an individual, social workers and faith leaders alike must understand survivors and the community to the best of their ability. Relationships, culture, and environment all feed into the formation and development of a person, family, and community. Due to this truth, effective intervention may only be achieved if all pertinent factors are acknowledged. Understanding the present situation of an individual provides greater insight as to the direction of their lives in the face of tragedy. As a result, faith groups from within the community would best understand and address such multi-faceted issues.

Resiliency. Resiliency refers to the “ability of an individual, family, group, community, or organization to recover from adversity and resume functioning even when suffering serious trouble, confusion, and hardship” (Zastrow, 2010, p. 15). Such a perspective is particularly important in the face of tragedy. While challenges will be present in the recovery process, faith leadership and survivors alike should be reminded each challenge also represents an opportunity for a new future.

Cultural competence. Cultural competence refers to the “mastery of a particular set of knowledge, skills, policies, and programs... that address the cultural needs of individuals, families, groups, and communities” (Zastrow, 2010, p. 20). Cultural competence is a process

that requires the constant development of cultural sensitivity, knowledge, and skills in order to provide the most effective care and services (Furman, 2009, p. 6).

In the face of tragedy, faith leaders must be aware and understanding of the diverse cultural backgrounds present within their respective communities. Basic variations in communication techniques and worldviews may result in vastly different responses to the trauma depending on the cultural background of survivors. Therefore, cultural competence is particularly relevant for concepts such as communication, personal space, social organization, and environmental control (NYDIS, 2007, p. 57).

For instance, such differences can cause complications with communication due to differences in typical verbal and nonverbal cues as well as language. Crisis responders need to be in tune with communication due to its influence on the expression of feelings and basic human need. If a disaster occurs in a diverse lingual community, faith leadership should strive to provide translation services if at all possible.

Also, disaster responders must be aware of maintaining appropriate personal space. Cultural backgrounds predetermine the proper distance between individuals in conversation. However, upon crisis situations, survivors tend to be particularly sensitive to their physical surroundings. Therefore, the faith community should strive to respect survivors' personal space as much as possible.

In addition, social organization or the beliefs, values, and attitudes are learned and reinforced through family, political, economic, and religious groups are important to accurately assess reactions to disaster too. This concept is closely tied to environmental control or the belief that events occur due to an external factor such as luck, chance, fate,

will of God, or the control of others. Both affect the manner in which survivors respond to a disaster as well as the types of assistance necessary and effective approaches to recovery. From the basis provided by social work concepts, disaster related education must be included to provide the most comprehensive context for crisis management.

Disaster related education. Disaster related education provides a comprehensive basis in order to understand the recognized stages of disaster management, the role of public and private entities in crisis relief, and the typical and atypical responses from survivors. Therefore, social workers should share such information in order to assess and address the presenting disaster.

Emergency management. While there are various perspectives on emergency or disaster management, it is generally accepted as a cycle with the following phases: preparedness phase, mitigation phase, response phase and recovery phase (Four, p. 1). Each phase presents opportunities for emergency response personnel and spiritual care leadership to be involved in the disaster management processes.

Preparedness and mitigation. In disaster management, the ability to respond is determined by the steps taken prior to and following the traumatic event. Furthermore, the preparedness stage refers to being ready to handle an emergency before one occurs. Specifically, this includes plans or preparations made to save lives and to help response and rescue operations, evacuation plans, and the collection of relief items. The mitigation stage refers to preventing future emergencies or minimizing their effects before and after the disaster. Any activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the unavoidable, damaging affects in a disaster are included in

mitigation. Without a proper foundation and clear understanding of the community, the ability to effectively navigate a crisis situation is severely impaired.

Response and recovery. With proper preparation and mitigation, faith leadership has a basis to facilitate the response and recovery process. However, additional interventions are necessary in order to address the challenges of disaster management. Moreover, the response stage refers to putting preparedness plans into practice. This stage also includes actions taken to save lives and prevent further property damage in an emergency. The recovery stage includes actions taken to return to a normal or an even safer situation following an emergency. Specific information should be developed and practiced specific to a congregation and community in order to provide the best outcome in crisis response.

Governmental process. Federal, state, and local disaster relief efforts coordinate in order to assist in disaster response and recovery. Each tragedy reveals foundational strengths and weaknesses their attempt to reestablish lawlessness and structure. Recent years have demonstrated the potential challenges in disaster response with the tragedies such as Hurricane Katrina and 9/11. Due to the massive amount of need required for disaster response, understanding the overarching governmental process is imperative in order to effectively manage the situation.

Federal and state relief. In order to declare a national disaster and receive federal assistance, a formal request must be made by the Governor of the state to the President through the applicable FEMA Regional Office in conjunction with a Preliminary Damage Assessment to determine the extent and impact of the disaster on individuals and the public facilities, as designated by the Robert T. Stafford Disaster Relief and Emergency

Assistance Act (Declaration, 2013, para. 3). Additional information such as the level of current relief efforts is required to conclude the final decision: denial of assistance, Emergency, or Major Emergency Declaration. If the President denies federal assistance, then recovery and relief efforts are the responsibility of the state and local governments. However, if the President declares an Emergency or Major Disaster Declaration, federal assistance will be granted (Key, 2013, p. 8).

In an Emergency Declaration, federal assistance supplements state and local efforts with response and recovery efforts through services such as “the protection of lives, public health and safety, and to lessen or avert the threat of a catastrophe in any part of the United States” (Declaration, 2013, para. 3). A Major Declaration may be consented for “any natural event, including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought, or, regardless of cause, fire, flood, or explosion,’ that is beyond the capabilities of state and local efforts combined (Key, 2013, p. 8).

Upon this declaration, the Disaster Field Office coordinates federal assistance in partnership with the Governor State Coordinating Officer and a Governor’s Authorized Representative to represent the needs of the state (Key, 2013, p. 9). After FEMA, the state and local governments determine if Disaster Recovery Centers are necessary for individuals to gather information. Then, they partner with local emergency management to conduct Public Assistance briefings in order to apply for specific relief needs (p. 14). Federal assistance includes a range of varying emergency response programs with the extent of services depending upon each disaster (Declaration, 2013, para. 1). However, due to the

extensive federal and state assessments required to receive government services, professionals in the community are consistently the first to respond to tragedy and, subsequently, must be prepared to best assist survivors.

Local relief. In the United States, each local government has emergency preparation and response plans instated to minimize damage and provide for the survivors (Koenig, 2007, p. 924). Trained emergency response personnel in the community are often the first to respond in tragedy: dedicated to the fulfillment of basic needs such as the provision of medical care, protection, food, water, shelter, and etcetera. These authorities address specific necessities for the survivors in order to provide effective care and minimize the level of trauma. Individuals in positions of power and protection may include doctors, nurses, firefighters, police officers, counselors, social workers, and, with preparation, faith leadership. Therefore, community leaders should be aware of the typical responses to disaster in order to allow them to identify and take any necessary action to address concerns.

Understanding disaster events. In a disaster event, the emotional toll may be even more devastating than the financial strains of damage and loss of a home, business, or personal property. Therefore, faith leaders need to be aware of the basic concepts involved in the initial response to a disaster situation for all those exposed. According to FEMA, the following statements are particularly important in the event of a disaster (Recovering, 2012, p. 184):

- Everyone who sees or experiences a disaster is affected

- Normal to feel anxious about the safety of family, close friends, and yourself
- Profound sadness, grief, and anger are normal reactions
- Acknowledging your feelings helps you recover
- Focusing on your strengths and abilities helps you heal
- Accepting help from community programs and resources is healthy
- Everyone has different needs and different ways of coping

Responses to disaster. Furthermore, faith leaders should be aware of the typical physical, behavioral, cognitive, emotional, and spiritual responses to disaster situations due to their importance for personal health and in support of others. The chart below notes what information should be shared with faith leadership.

Table 1.1 Responses to Disaster
(Recovering, 2012, p. 185; Coping, 2005, para. 1; NYDIS, 2007, p. 90)

Responses to Disaster				
Physical	Behavioral	Cognitive	Emotional	Spiritual
Nausea Dizziness Lightheadedness Digestive issues Rapid heart rate Tremors Headaches Grinding of teeth Fatigue Poor sleep Pain Hyperarousal Jumpiness	Suspicion Irritability Excessive arguments Withdrawal Excessive silence Inappropriate humor Abnormal eating habits Increased smoking Increased substance use/abuse Increased aggression Change in sexual functioning Difficulty communicating	Confusion Poor concentration Disorientation Indecisiveness Shortened attention span Memory loss Unwanted memories Difficulty making decisions	Shock Numbness Feeling overwhelmed Depression Feeling lost Fear of harm to self Fear of harm to loved ones Feeling nothing Feeling abandoned Uncertainty of feelings Volatile emotions Feelings of guilt or self-doubt	Anger at God and/or religious leaders Uncharacteristic involvement in a religious organization Familiar faith practices seem empty Belief that God is powerless Loss of meaning and purpose Sense of isolation Questioning of basic beliefs Believing God is not in control and does not care Belief that we have failed God

While the importance of each aspect of wellness cannot be disputed, other facets of response and recovery such as spirituality may not be adequately addressed by traditional emergency response personnel. Therefore, faith leadership should be particularly sensitive to changes in spirituality as reported by disaster survivors or within themselves.

Overall, faith leadership must recognize that no one is untouched by a trauma situation. Despite their role in spiritual and communal leadership, the faith leaders themselves are also not immune to the physiological effects of disaster. If these responses continue over an extended period of time and interfere with everyday life, such issues should be addressed by a mental health professional (Recovering, 2012, p. 185).

Furthermore, emphases on boundaries become increasingly pertinent in a traumatic environment to prevent typical responses from transferring into causes for concern.

Boundaries and supports. Similar to the social work profession, spiritual leadership has a particular emphasis on their role as a caregiver. While their desire to help those in need is important, a delicate balance must be struck in order establish healthy boundaries and maintain overall wellbeing too. Without intentional self-care practices, faith leadership may not be as effective disaster response providers and place themselves, their families, and congregation at-risk for further issues in the future.

Personal. For faith leadership, establishing personal boundaries through healthy self-care habits prior to disaster have an immense impact on physical and emotional preparedness in the face of tragedy. Therefore, it is important to identify the most effective coping mechanisms in advance by addressing questions such as the following:

What nourishes you? Who can you talk to about your experience? Are you spending enough time with loved ones (NYDIS, 2007, p. 25)?

Furthermore, it is important to consistently assess the level of exercise, spiritual practices, nutritional options, and personal time (Gleich, 2005, p. 17). Additional techniques to manage stress may include limiting the number of hours on the disaster site, allowing frequent breaks, rotating to various types of work, and emotionally processing the event by connecting with family, friends, and counseling assistance programs (NYDIS, 2007, p. 26).

Familial. Due to the stressful environment associated with disaster response, familial boundaries for spiritual leadership and members of the congregation are important to establish as well, particularly in families with children. Utilizing social support systems of

family, friends, social service agencies, community organizations, and other faith-based institutions is an invaluable component for parents to understand and manage their emotional responses to a trauma situation. As parents intentionally use their healthy coping mechanisms, their children will benefit from their well-being as well.

Furthermore, parents are almost always the primary source of emotional support for their children in disaster (Helping, p. 1). In order to reassure children in a trauma situation, parents need to be affectionate with their children and encourage them to talk about their feelings. Also, families should limit their exposure to the media in order to prevent additional fear, confusion, and anxiety in children. Repeated images or descriptions of the disaster may elicit children to believe that the event continues to reoccur or will again in the near future. If exposure to the media is inevitable, parents should be open to discussion and provide adequate explanations appropriate to the developmental level of the child (Recovering, 2012, p. 188). In conversation with children, parents need to provide calm and factual information about the disaster and the familial response so children are able to regain a sense of security.

Moreover, parents should maintain daily routines for work, school, meals, rest, and play as is feasible (p. 2). Recognizing typical and responsible behavior and involving children in the crisis response process is helpful to restore family and community life as well. Furthermore, in tragedy, it can be difficult to provide opportunities for children to behave in an age appropriate manner. However, it is important for children to play with board games, toys, and create arts and crafts to allow children to express their emotions in a familiar and safe environment (Gleich, 2005, p. 18). Experiences to relieve tensions and simply play are

invaluable to families. Also, as they spend time together in this context, it reemphasizes the autonomy of the family unit, no matter the setting.

Overall, it is important that parents understand that each child will have a different response to a disaster situation. If a child exhibits extensive amounts of stress over an extended period of time and interfere with everyday life, then parents are advised to seek out a mental health professional (Recovering, 2012, p. 186). Familial boundaries are important to establish in order to provide a healthy environment in a tragedy situation. With preparation, families are able to understand important supportive techniques for both parents and children (p. 189).

Skill building

In disaster management, skill building refers to putting capacity into practice. With a comprehensive context, social workers must encourage faith leadership to develop specific policies and procedures specific to crisis response. Also, faith leadership must also communicate their skillset and resources to other community leaders for specialized disaster management.

Disaster response in the faith community. While faith leadership should be included disaster related education, an emergency response team with the specific knowledge and expertise on trauma response for their congregation, organization, and community should be formed in order to provide focus and best serve survivors (Cain & Barthelemy, 2008, p. 38). An emergency response team should consist of at least the following: Disaster Response Coordinator, Disaster Response Council, and specialized team members.

Disaster response coordinator. The Disaster Response Coordinator will contact community organizations and their religious institution in order to appropriately coordinate a specialized system of services for their congregation and community prior to the disaster (Gleich, 2005, p. 16; LeRoy, 2005, p. 12). Specific associations that should be contacted to coordinate crisis response would be as follows: crisis response corporations, religious institutions, schools, medical personnel, FEMA, and Red Cross (Benes, 2011, p. 518).

After extensive discussion with community organizations, faith leadership and the Disaster Response Coordinator should develop a Disaster Response Plan in order to outline the faith institutions role in the crisis intervention process. Within this plan, faith leadership and the Coordinator should identify their foci and delegate other roles to congregation members to the disaster management process.

Disaster response council. The Disaster Response Council members dedicated to crisis intervention are an extremely valuable asset in the aftermath of a disaster. Not only would the Council serve as support for the Coordinator, but the members should be delegated specific tasks in trauma response. The Council should include separate team leaders and their volunteers to perform various tasks such as monitoring vulnerable congregational and community members, transporting and organizing supplies, and facilitating reconnection efforts for families separated by the disaster (Gleich, 2005, p. 17; LeRoy, 2005, p. 13). The chart below notes potential teams needed in a community affected by disaster.

Table 2.2 Potential Volunteer Opportunities (Disaster, 2010, p. 11)

Potential Volunteer Opportunities		
Advocacy	Health services	Outreach to vulnerable populations
Animal Care	Home visits/care	Organizing volunteer groups
Assisting at Disaster Help Centers	Housing	Spiritual care
Casework	Language translation	Rebuilding/repair
Child care services	Legal Assistance	Relocation assistance
Clean up services	Listening	Resource development
Counseling	Office support/telephoning	Shelter services
Driving/Providing transport	Mental health services	Special worship services
Food services	Managing donations	Distribution of relief supplies

Furthermore, faith organizations should develop a contact list of congregation members with specialized skills such as doctors, nurses, counselors, social workers and computer specialists as well as CPR and Emergency First Aid Certification (Cain & Barthelmy, 2008, p. 8). With prior approval, these professionals would be able to serve the community and congregation through the services provided by their church. All volunteers should be willing to communicate with the survivors to accurately determine their needs as well as know who to contact in order to obtain further information about services provided and give suggestions before, during, and after a disaster. Such information should, once again, be compiled into the comprehensive Disaster Response Plan.

Disaster response plan. Prior to tragedy, faith leadership needs to assess and prepare their facilities, congregation, and community for effective basic disaster response and to target specific services needed in disaster management in their community. For instance, each congregation should develop a Disaster Response Plan in order for reference within the faith community. This plan should reflect the specific goals and responsibilities of

the Disaster Response Coordinator, Disaster Response Council, and congregation as determined in prior community meetings.

Furthermore, basic facility preparation is imperative in the disaster plan to provide the safest environment possible. Buildings should be inspected for safety equipment such as clearly marked exit signs, fire extinguishers, and fresh batteries in devices such as smoke or carbon monoxide detectors (NYDIS, 2007, p. 42). Also, in consideration of the community, appropriate “pre-stage” immediate response items should be purchased and stored on-site prior to a disaster such as flashlights, cots, air mattresses, emergency water, and food for at least one day (p. 36).

Each religious institution should also have an assessment completed by the local fire department or a private organization in order to determine an appropriate number of survivors that may be housed and/or services that may be provided in their buildings. Churches should consider facilities such as large open spaces, wash facilities, and kitchens as valuable assets and communicate their availability to community leaders (Cain & Barthelemy, 2008, p. 36). Further estimations should be given on the services that would need to be outsourced in order to provide a safe, healthy environment for survivors.

Also, because communication resources may be unavailable, each disaster plan should provide contact information for disaster response organizations in the area and a list of congregational members. The Disaster Response Council should have access to these records in order to contact external disaster response organizations for further guidance, recommendations, and coordination as well as the ability to contact congregation members (Cain & Barthelemy, 2008, p. 39). An emergency communication device should be available

during and after a disaster, especially in consideration of technological issues associated with such tragedies.

To prepare the congregation, fire, tornado, and evacuation drills should be developed and posted in cooperation with the local police and fire department for faith organizations. Such drills should be conducted on weekdays with emphasis on staff and personnel as well as days of worship with emphasis on attendees. In both situations, faith leadership needs to provide clear instruction for all individuals participating in the safety drills. These practices should be rehearsed and reviewed periodically to ensure the most up-to-date disaster response methodology (NYDIS, 2007, p. 45).

Within the disaster plan, it is important to include the local emergencies and disasters within ten years in order to establish the types of emergencies most likely to occur within the area. Proximity to “at-risk” locations such as near a significant body of water should be taken into consideration as well (p. 13). By recognizing the most probable disasters, faith organizations are able to determine the most practical preparations.

For community preparation, the faith leadership and Disaster Response Coordinator should connect with community leaders in order to provide the appropriate interventions and meet the unique needs within the specific community. However, because adequate shelter and basic needs such as food, water, and clothing are often the largest need in trauma situations, specific consideration should be given to facility use and donation processing for the faith community within the Disaster Response Plan. With specific regards to donations and other resources during a disaster, relief items should not be collected until demands are known and collection, sorting, and preparation locations are established away

from the immediate emergency response location. These supplies should be delivered only on an as-needed, not as-collected basis in order to allow relief workers to distribute and store limited goods effectively (Gleich, 2005, p. 16).

Overall, due to their expertise on the subject, faith leadership and the Disaster Response Council should maintain particular emphasis on opportunities for spiritual interventions within the congregation and community. Upon finalizing the disaster plan, it should be readily accessible and annually reviewed to address changes in the facilities, congregation, and community (NYDIS, 2007, p. 43). To view a Disaster Response Plan template, please refer to the Appendices to review the Nazarene Disaster Plan.

Triage. Triage refers to the objective assessment of a traumatic situation in order to determine the most urgent needs and/or appropriate order of immediate disaster response. For the Disaster Response Council, individuals should be encouraged to document all presenting problems, their numbers, and location in the community. Specifically, triage often includes significant disaster management factors so Council members should be instructed to focus on immediate concerns.

For instance, Council members should first focus on overarching physical safety concerns such as fallen power lines, gas leaks, and hazardous materials. Meanwhile, medical needs should be documented as well, including injuries, materials and medicines required, and the presence of medical personnel on the scene. Then, the Disaster Response Council should begin to contact their previously noted vulnerable populations in case rescue efforts may be required. Finally, the faith leadership should focus on needed human and

material resources for more extensive services as noted above for the Disaster Response Council.

After compiling the appropriate information, the Disaster Response Council should be able to contact crisis response personnel within their faith community to request additional help, if necessary. Also, faith leadership should intentionally locate the senior personnel in charge of assessing the community and evaluating the response system to report their triage assessments as well. Upon completing the initial triage in disaster response, faith leadership often is required to assume interventions.

Interventions. For faith leadership, immediate crisis response transitions to individual, familial, congregational, and communal interventions. In such circumstances, faith leadership face unique questions related to spirituality and its role in trauma and recovery. Therefore, intentional consideration on such topics should be primary for interventions in the faith community.

Individual and familial. For individual and familial interventions, faith leadership should acknowledge that traumatic events affect individuals in a unique manner. As a result, survivors should be encouraged to express their thoughts, feelings, fears, questions, needs, and concerns in earnest (Gleich, 2005, p. 18). Ultimately, both clergy members and survivors would benefit from reframing the tragedy as an opportunity. For instance, amongst the difficulties, trauma may also represent opportunity to reconnect with family, friends, community, or faith (Cain & Barthelemy, 2008, p. 35).

Specific to the faith community, clergy members be prepared to address spiritual concerns. For further information related to appropriate responses to religious themes,

faith leadership should pursue conversation and resources within their respective denomination. Despite specific religious affiliation, faith leadership should be vigilant about prolonged responses to disaster and subsequent mental health concerns for congregation and community members. If such problems surface, clergy members should refer individuals to specialized mental health professionals (Gleich, 2005, p. 18).

Congregational and communal. For congregational and communal interventions, faith leadership and the Disaster Response Council members should provide intentional opportunities for their faith community to reconnect through traditional services and special services (Gleich, 2005, p. 18). Furthermore, faith leadership should work to reestablish customary services and prayer to promote stability. Special services focused on addressing the tragedy are important in order to allow survivors to share their joy and sorrows in the disaster with each other and God through the crisis response process.

Transitions. In disaster response and recovery, faith leadership will encounter individuals with various presenting thoughts, questions, and concerns related to the tragedy. Often, the required information and resources are not entirely available through the faith community. Therefore, clergy members and the Disaster Response Council must transition services from their organization to other disaster relief agencies. Faith leadership must be informed the distribution of information and process of a referral.

Distribution of information. To successfully distribute information, faith leadership, Coordinator, and Disaster Response Council must first be aware of the available disaster relief assistance and resources in their respective communities. Specifically, the types of services available, process to access them, and contact information should be compiled into

a document to be distributed in the congregation and community. However, if more personalized questions arise, faith leadership should be prepared to make a specific referral as well.

Referral. In disaster response, the referral for services is imperative in order to “facilitate an orderly transfer of responsibility” when specialized knowledge or expertise is required to most effectively facilitate services in disaster recovery (Sheafor, 2008, p. 54). Specifically, the referral represents the intentional connection of a specific survivor to agencies, programs, or professionals in order to provide the needed services (p. 206). Upon identifying the basic concerns of the survivor, clergy members should pursue further clarification as to the expectations for services: particularly paying special attention to any problems that may be a barrier to services. At times, it may be appropriate for faith leadership to contact the existing community resources and disaster relief organizations to best assist the survivor (Younce, 2012, p. 99).

CONCLUSION: A CALL TO COLLABORATION

In times of tragedy, the social work profession and faith community are compelled to respond in whatever manner we are able. However, in this moment, we often realize the limitations in our abilities. We realize the experience, knowledge, and skills necessary to provide meaningful assistance may be beyond our reach. We realize how much more we may have accomplished with prior preparation and intentional communication with one another.

Such an experience does not have to be inevitable. Instead, we can recognize a call to collaboration. The social work profession and faith community can acknowledge the

strengths in each other; we can strive to teach and learn. We can reach beyond our tradition, in partnership, as a natural progression of our shared mission. Faith tradition and social work profession share a call to collaboration to serve and care for those in need.

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CHURCH DISASTER ACTION PLAN

A GUIDE TO HELP CONGREGATIONS PREPARE FOR DISASTERS

CONGREGATION: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____

PERSON RESPONSIBLE FOR EMERGENCY PLANNING:

NAME: _____

TITLE: _____

TELEPHONE (Cell): _____

TELEPHONE (Home/Office): _____

ADDITIONAL EMERGENCY PLANNING COMMITTEE MEMBERS:

NAME 1: _____

TELEPHONE(S): _____

NAME 2: _____

TELEPHONE(S): _____

NAME 3: _____

TELEPHONE(S): _____

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I. PLANNING ASSUMPTIONS ABOUT DISASTERS

1. Utility services may be unavailable for extended periods (i.e., electricity, water, and gas).
2. Telephone service may be interrupted.
3. Police, fire, paramedics, and 911 responses will be overrun the first 3 to 5 days after a major disaster. Do not expect their help, initially.
4. There will be serious problems with transportation. Road closures will occur.
5. People will largely be "on their own" in the initial days following a major disaster.
6. Your congregation may be limited to working only with the resources within your immediate neighborhood.

II. DESIGNATE AN EMERGENCY COORDINATOR & TEAM

The Emergency Services Coordinator may put together a planning team or disaster preparedness committee. The following are areas of possible responsibility for the planning team.

1. Prepare the facility to survive a disaster.
2. Ensure the continuity of pastoral services or care.
3. Assist congregation members in their preparation for and recovery from disasters.
4. Decide what roles congregation leadership will play in response to disasters.
5. Consider how the congregation might help meet needs in the community after a disaster.

III. DEFINE THE CONGREGATION'S DISASTER MISSION

Examples include:

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

Write a short a statement below that summarizes the disaster mission.

IV. BUILDING DESCRIPTION

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

1. Occupancy type (i.e., Office Building, School, Church, Temple, etc.):
2. Total square footage of your facility:
3. Year building was built: _____ Date of most recent renovation:
4. Number of stories: _____ Is there a basement? Yes _____ No _____
5. Type of construction (i.e., wood frame, metal, concrete, masonry, etc.): _____

6. Describe any unique features about the building or surrounding grounds that may be pertinent to emergency service personnel:

7. Attach a floor plan(s) of the facility to the appendix of the Disaster Plan.

V. FACILITY SAFETY MEASURES & EMERGENCY SUPPLIES

A. Basic Safety Mitigation

DATE DONE

1. Do a hazard hunt and mitigate any obvious problems (e.g., move heavy items from top to lower shelves and secure items that might topple.)

2. Check cabinet doors to ensure secure closure.

3. Properly store chemical and flammable materials.

4. Trim any large overhanging trees that could fall and damage property.

5. Clearly mark gas and water shut-off valves with instructions for shut off.
(Turn off utilities only if there is a leak or if you suspect damage to the lines)

6. Ensure working status of fire extinguisher(s) and smoke detectors.

7. Take photographs documenting the interior and exterior of your facility to help later in recovering costs due to facility damage or equipment loss.

8. Post facility evacuation plan (with exit and assembly information).

(Plan to account for staff and onsite participants in evacuation, and conduct evacuation drills)

B. The following emergency supplies and equipment are located as follows:

1. Portable radio(s) and extra batteries:

2. Emergency first aid supplies:

3. Flashlights and extra batteries:

(In case of no electricity, consider also a supply of light sticks that light for up to 12 hours)
4. Fire extinguisher(s):

5. Stored drinking water (More is better):

(In addition, use water purification tablets to treat water from other facility sources, such as the water heater)
6. Emergency (3-day) food supply:

(Emergency food and water is necessary for unexpected confines)
7. Basic tool kit:

8. Fire Alarm System (include the following):
 - Location of fire alarm (and fire panel or fire control & command room if applicable):

- Sound of the fire alarm (i.e., loud bell, whooping horn, etc.):

- If the system is monitored by an outside agency, identify name and contact info:

- Indicate the location of smoke detectors:

- Indicate the location of fire alarm pull stations:

- If a sprinkler system is installed, indicate the location of sprinkler water flow valves & standpipes:

- Indicate also the location of tamper alarms for standpipes:

9. Exits (include the following):

Provide information on fire escapes (i.e., type & location):

Provide information on fire doors and fire door hardware, if applicable (i.e., type & location):

C. The following utility shut-offs & tools are located as follows (if applicable for your building):

1. Main gas valve: _____
(Only shut-off the gas if you smell gas or hear a hissing sound; then open exterior doors & windows)
2. Crescent wrench or gas shut-off tools: _____
3. Main water valve: _____
4. Electrical fuse box / circuit breaker: _____
(Shut off electricity if electrical wires are shorting or sparking)
5. Emergency or portable generator (if applicable): _____

D. Take an inventory of neighborhood resources that can assist with your emergency response: Identify where to go for emergency help, especially if telephone service is unavailable immediately after a disaster.

1. Where can you rent or borrow a generator if necessary?

2. Where is the nearest medical treatment?

3. Where is the nearest fire station?

4. Where is the nearest police station?

5. Where can you go for additional water?

6. Where can you go for additional food supplies?

7. Where can you get additional medical supplies, medicines and special equipment?

VI. EVACUATION PLANNING

Some Evacuation Planning Tips:

1. Designate where people should go or stand, once they are outside the facility:

2. Post clear directions on how to evacuate the facility (post in central facility locations).
3. If it is possible and safe to do so upon exiting, staff should shutoff any electrical equipment that may be running in their area and close all doors behind them.
4. After evacuating, take a head count to ensure all staff and clients have exited.
5. Consider people with disabilities (cognitive, hearing, visual, or mobility) who may need assistance.
6. Ensure that ushers are trained in the evacuation plan.
7. Practice evacuation/fire drills (use Appendix 1 to indicate most recent drill dates).

VII. COMMUNICATIONS PLANNING

It is suggested that the congregation have a post-disaster plan for disseminating information to staff, lay leadership, constituents, affiliates, members, and parents.

DATE DONE

1. Develop a list of emergency contact numbers (See Appendix 2 - Phone List). _____
2. Setup a telephone tree for notifying staff and leadership (especially if the disaster happens after hours). _____
3. Setup a telephone tree or system to check on the condition/needs of congregation members when disaster strikes (especially older or disabled members). _____
4. Designate one remote phone number where an emergency message can be recorded and be sure that all congregation members know that number and understand its use. _____
5. Identify the names of persons who shall be notified in an emergency in order of priority. _____
6. Plan for connecting with key denomination or community leadership to report status information and for emergency response coordination/assistance. _____
7. Plan for interacting with the media during and after a disaster (identify media contact information and develop scripts for possible scenarios). _____
8. Develop a plan for alternate communications (see tips below).
Given a disruption to telephone service following a major disaster, consider these tips:
 - a. Have access to a standard telephone, as cordless telephones do not operate without power.
 - b. Use cell phones from different communication providers or in different area codes.
 - c. Use walkie-talkies (or Nextel system) for communications within facility grounds.
 - d. Know the location of the nearest pay phones. (A pay phone may operate sooner than a normal business phone; hence keep a roll of quarters with your emergency supplies).

- e. Identify local amateur radio operators; each fire station will have ham radio capacity.
- f. Prepare to use runners (messengers on foot or bicycle).

VIII. ENCOURAGE PERSONAL DISASTER PREPAREDNESS

DATE DONE _____

1. Encourage staff and congregants to develop family/home emergency plans. _____
At a minimum, individual/family preparedness requires the following:
 - a. Enough emergency supplies to last 3-days (need to be prepared to function without the normal utility, supply and transportation infrastructure).
 - b. Identification of an Out-of-Area Contact Person.
Note: A response following any emergency is concern for the welfare of family and home. Staff persons who are worried about their families will not be effective until they have reassurance. Therefore, staff emergency plans should include the identification of an out of state telephone contact (relative) for family check-in. Connecting out-of-area calls is quicker as local circuits are initially overwhelmed after disaster.
 - c. An Evacuation Plan (i.e. Identify a reunification spot and determine what you will need to take if evacuating your home; include a plan for pets).
2. Review your disaster plan with all staff. _____
3. Train staff in how & when to shut off utilities (if applicable to your facility). _____
4. Train staff in how to use fire extinguishers (call Fire Extinguisher Company). _____
5. Pre-assign immediate response tasks (see Appendix 3 - Immediate Response) _____
6. Train staff about their emergency responsibilities to congregants/community. _____
7. Make a realistic plan for staff coverage in emergencies. _____

IX. RECOVERY & SERVICE CONTINUITY PLANNING

It is suggested that the congregation have a plan to ensure it can continue providing services after a disaster.

1. List the supplies/resources needed to keep your congregation operating (then think about alternative vendors or sources for obtaining those items).

Supply or Resource Need

Alternative Source

2. Identify the congregation's plan of succession (i.e. List by position name or title that determines which staff or lay person is next in line to assume overall authority).
 - a. _____
 - b. _____
 - c. _____
 - d. _____
3. List of signatories on bank accounts (in the event that the primary signatory is unavailable).
 - a. _____
 - b. _____
 - c. _____
4. Identify how you might backup key staff positions (assume some key staff will be unavailable).
Staff/Back up source: _____
5. Identify an offsite location for the backup of vital records and duplicate copies of important documents: _____
6. Include as an appendix to this plan, or at the location above, an inventory of facility assets so losses can be documented for insurance (insurance policies should be reviewed annually).
7. What neighboring congregations or other community agencies can you join with to share resources in emergencies? (Create mutual aid agreements as appropriate)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
8. What are some of the areas in which you can work cooperatively to support each other's recovery following a disaster?
 - a. _____
 - b. _____
 - c. _____
 - d. _____

X. NEIGHBORHOOD /COMMUNITY PLANNING

Consider additional roles for community involvement following a disaster - areas in which the congregation might provide services to congregants or community members affected by the disaster. It is suggested this planning be done with other neighborhood congregations and

organizations for a more coordinated disaster response. Summarize this plan in the space below:

Possible areas for involvement:

1. To provide pastoral care and support to disaster victims (especially outreach and support to more vulnerable congregation members).
2. To use facility space to provide emergency shelter for neighborhood residents.
3. To use facility space (i.e., meeting rooms & offices) for organizations forced to relocate.
4. To use facility resources for the preparation of food for mass feeding.
5. To use the facility as a storage/distribution center (for disaster relief supplies).
6. To use any owned vehicles for transporting people to recovery services sites.
7. In addition, teams of volunteers may be organized to provide the following services:

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Health Services	<input type="checkbox"/> Outreach & support to vulnerable populations
<input type="checkbox"/> Animal Care	<input type="checkbox"/> Home Visits/Care	<input type="checkbox"/> Organizing/Leading Volunteer Groups
<input type="checkbox"/> Assisting at Disaster Help Centers	<input type="checkbox"/> Housing	<input type="checkbox"/> Pastoral Services (Spiritual Care)
<input type="checkbox"/> Casework	<input type="checkbox"/> Language Translation	<input type="checkbox"/> Rebuilding / Repair / Restoration
<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Relocation or Moving Assistance
<input type="checkbox"/> Cleanup (homes/neighborhoods)	<input type="checkbox"/> Listening	<input type="checkbox"/> Resource Development
<input type="checkbox"/> Counseling	<input type="checkbox"/> Office Support / Telephoning	<input type="checkbox"/> Shelter Services
<input type="checkbox"/> Driving/Providing Transport	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Special Worship Services
<input type="checkbox"/> Food Services (cooking, feeding & distribution including home delivery)	<input type="checkbox"/> Managing Volunteers and Donations	<input type="checkbox"/> Warehousing and distribution of relief supplies

APPENDIX 1 - UPDATES TO THE PLAN

1. Date(s) most recent earthquake drill was held:

2. Date(s) most recent fire drill was held:

3. Date of most recent staff training in basic emergency preparedness:

4. Date your most recent staff home phone list was compiled/updated:

APPENDIX 2 - EMERGENCY TELEPHONE NUMBERS LIST

Call 9-1-1 for most emergencies. If 9-1-1 is overloaded, then refer to the following:

Police Department: _____

Fire Department: _____

Ambulance: _____

Water Department: _____

PG&E: _____

Hazardous Material Spill: _____

Poison Control Center: _____

Local VOAD: _____

Local Hospital: _____

Insurance Agent: _____

American Red Cross: _____

Salvation Army: _____

Office of Emergency Service: _____

Congregation District/Regional Disaster Contact: _____

APPENDIX 3 - IMMEDIATE RESPONSE IN EMERGENCIES

The following response functions follow the government's Incident Command System (ICS). Given a small organization, the same staff person or volunteers may assume these functions.

1. Incident Command - the person who will lead and make decisions. This function manages the overall response and recovery to an emergency and directs the other functions below.

Person assigned: _____ Date: _____

2. Operations - the person who will do the work. Has responsibility for whatever the agency does to respond to client or disaster needs.

Person assigned: _____ Date: _____

Initial response operations includes supervision of the following:

- a. Site Security: Responsible for utilities in an emergency (gas, electricity and water).

Person assigned: _____ Date: _____

- b. Fire Suppression: Checks for and suppresses small fires; notifies the fire department.

Person assigned: _____ Date: _____

- c. Search and Rescue: If evacuation is required, ensures everyone has evacuated safely.

Person assigned: _____ Date: _____

- d. First Aid: Administers first aid to injured persons.

Person assigned: _____ Date: _____

3. Planning - Keeps everyone in the know. Monitors the news; comes up with short (i.e., what are we going to do in the next 24-hours), and long-term plans for the congregation's recovery.

Person assigned: _____ Date: _____

4. Logistics - Person to get the resources. Responsible for getting everything operations (above) needs to function to ensure the health and safety of staff, congregants and other persons.

Person assigned: _____ Date: _____

5. Finance - Person who will track all activities and costs. This person must also ensure there are safe backup copies for the following agency documents: 1. Articles of Incorporation (e.g., verification of tax exempt status); 2. Recent photographs documenting the interior and exterior of your facility; 3. Insurance documentation; 4. Licensing documentation, if appropriate.

Person assigned: _____ Date: _____

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