

PRESBYTERY OF SHENANDOAH

OUTLINING A DISASTER PLAN

CHURCH WORKSHEET

WEEK ONE: FUNCTIONING AFTER A DISASTER

| Date of Completion | Task | Comments |
|---------------------------|---|-------------------------|
| _____ | Determine each staff member's personal scenario and discuss how they might be impacted in a disaster. | _____ _____ _____ |
| _____ | Plan for varying effects of disaster depending on time of day it occurs. | _____ _____ _____ |

Best use of Volunteers:

| Area | Task | Number needed |
|-------------|-------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Back up of documents and off-site storage:

Put the following documentation together, make copies and distribute to designated people in your organization. Have a copy in the office and several copies off-site. **MAKE A GO BOX**

- Insurance policy, insurance binder, insurance agent's name and contact numbers
- Insurance company's contact numbers
- Inventory of equipment, furniture, fixtures and manuals, warranties, supplies.
- Presbytery, Mission Community, congregation contacts and essential written and computer records. Member directory. Up to date copy of this worksheet.
- Historic documents
- Tax Exemption certificate with ID number
- Up-to-date brochures and literature
- List of all places where copies of all pertinent information is housed

| Document | Date backed up | Location(s) | Comments |
|-----------------|-----------------------|--------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | | | |
|--|--|--|--|
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| | | | |

Preparation of disaster kits:

Contents and Locations

Personal Hygiene Kits _____

Shelter Kits _____

Flood Clean-up Kits _____

School Kits _____

Information essential for distribution to congregation/public following disaster:

| Material | # Copies | Off site storage locations |
|----------|----------|----------------------------|
| | | |
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| | | |
| | | |

Emergency equipment plan:

| Equipment | Resource | Address | Phone |
|-----------|----------|---------|-------|
| | | | |
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| | | | |

WEEK TWO: CREATING A CHAIN OF COMMAND

Chain of command:

| Position | Name(s) | Contact Numbers <i>Home phone, cell phone pager, email</i> | Responsibilities |
|----------------------|----------------|--|-------------------------|
| Team Leader | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| First Backup | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Second Backup | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Operations | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| First Backup | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Second Backup | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

WEEK TWO: CREATING A CHAIN OF COMMAND

Chain of command:

| Position | Name(s) | Contact Numbers <i>Home phone, cell phone pager, email</i> | Responsibilities |
|-----------------|----------------|--|-------------------------|
|-----------------|----------------|--|-------------------------|

Logistics _____

First Backup _____

Second Backup _____

Finance _____

First Backup _____

Second Backup _____

WEEK TWO: CREATING A CHAIN OF COMMAND

Chain of command:

| Position | Name(s) | Contact Numbers <i>Home phone, cell phone pager, email</i> | Responsibilities |
|-----------------|----------------|--|-------------------------|
|-----------------|----------------|--|-------------------------|

Communications _____

First Backup _____

Second Backup _____

| Date of Completion | Task | Comments |
|---------------------------|--|-------------------------|
| _____ | Name a staff member to each position. | _____ _____ _____ |
| _____ | Meet to determine how team will operate. | _____ _____ _____ |

Emergency portfolio checklist:

- Chain of command worksheet
- Staff roster including home addresses, home phone numbers, cell phone numbers, pager numbers and email addresses
- Insurance documentation
- Non-profit status and Tax Identification Number _____
- Emergency equipment resource list

Emergency contact numbers roster:

| | Contact | Phone |
|---------------------|---------|-------|
| Ambulance | _____ | _____ |
| Animal Control | _____ | _____ |
| Attorney | _____ | _____ |
| Electrician | _____ | _____ |
| Fire department | _____ | _____ |
| Glass company | _____ | _____ |
| In-house security | _____ | _____ |
| Insurance company | _____ | _____ |
| Landlord | _____ | _____ |
| Locksmith | _____ | _____ |
| Maintenance company | _____ | _____ |
| Plumber | _____ | _____ |
| Police or sheriff | _____ | _____ |
| Veterinarian | _____ | _____ |

Utility companies:

| | | |
|---------------------|-------|-------|
| Electric | _____ | _____ |
| Gas | _____ | _____ |
| Telephone | _____ | _____ |
| Water | _____ | _____ |
| Computer technician | _____ | _____ |
| Other | _____ | _____ |

Roster of area response agencies

| | | |
|-----------------------------|-------|-------|
| 911 Non-Emergency Number | _____ | _____ |
| Emergency Management Office | _____ | _____ |
| First Call For Help | _____ | _____ |
| Red Cross | _____ | _____ |
| Interpreter(s) | _____ | _____ |
| Others | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

WEEK THREE: SECURING RESOURCES AND BUILDING CAPACITY

| Date of Completion | Task | Comments |
|---------------------------|--|-----------------|
| _____ | Learn how to shut off main electric power | _____ |
| _____ | Learn how to shut off power to Sanctuary | _____ |
| _____ | Learn how to shut off power to other buildings. | _____ |
| _____ | Learn how to shut off main water supply | _____ |
| _____ | Learn how to shut off building's water supply | _____ |
| _____ | | _____ |
| _____ | Identify source(s) for emergency generators: | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | | _____ |
| _____ | Identify location(s) of nearest pay phones: | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | Place multiples of correct change and/or phone cards in emergency kits. | _____ |
| _____ | Secure emergency bottled or other viable drinking water. | _____ |
| _____ | | _____ |
| _____ | Plan for how interruption of normal transportation will affect Church operations. | _____ |
| _____ | Consider needs for additional resources of staff, materials and funding and sources. | _____ |
| _____ | | _____ |

WEEK FOUR: IDENTIFYING COMMUNITY RESOURCES

| Date of Completion | Task | Comments |
|---------------------------|---|-----------------|
| _____ | Meet with Emergency Management Services director. | _____ |
| _____ | Review Emergency Operations Plan as it impacts agency. | _____ |
| _____ | Make Emergency Management Services director aware of role Church resources can play in a disaster. | _____ |
| _____ | Leave Church contact information with director. | _____ |
| _____ | Locate potential sites for public care. | _____ |
| _____ | Locate potential site(s) for Emergency Operations Center. | _____ |
| _____ | Contact like agencies to determine their level of disaster preparedness. | _____ |
| _____ | Discuss potential collaborating or mutual aid with other churches and non-profits. | _____ |
| _____ | Visit appropriate businesses and organizations to make them aware of agency and determine possibilities for mutual aid and record findings. | _____ |
| _____ | Consider potential need for interpreters and identify availability of such within community. | _____ |
| _____ | Contact other response agencies as necessary, i.e. police, fire, public health, etc. | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |

WEEK FIVE: CONSIDERING IMPACT ON CONGREGATION

Date of

| Completion | Task | Comments |
|------------|--|----------|
| _____ | Consider ways to develop church office emergency contact records for church members. | _____ |
| _____ | Make provisions for members being in building during disaster. | _____ |
| _____ | Make provisions for visitors being in building during disaster. | _____ |
| _____ | Make provisions to serve as a community shelter during a disaster. | _____ |
| _____ | Consider ways to determine status of church members impacted by disaster. | _____ |
| _____ | Consider need to communicate with others about member needs and take necessary steps to do so. | _____ |
| _____ | Plan for potential needs of members and/or visitors evacuated to another shelter. | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |

WEEK SIX: DEVELOPING CONTINGENCY PLANS

Date of

| Completion | Task | Comments |
|------------|---|----------------|
| _____ | Brainstorm with full staff and Session on all possible "what if" scenarios. | _____ _____ |
| _____ | Discuss possible unique area problem | _____ |
| _____ | Flood | _____ |
| _____ | Hurricane remnant | _____ |
| _____ | Church fire | _____ |
| _____ | Terrorist attack in your area | _____ |
| _____ | Chemical accident | _____ |
| _____ | School violence | _____ |
| _____ | Severe storm | _____ |
| _____ | Key personnel major illness/death | _____ |
| _____ | Leadership crisis | _____ |
| _____ | Impact of possible evacuation of metro areas | _____ |
| _____ | Document and rehearse final plan. | _____ |
| _____ | Determine ways to keep your information accurate and current | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |