

NORTHEASTERN IOWA SYNOD OF THE ELCA

Action & Communication Plan for Disaster Mitigation and Response

MISSION STATEMENT: Grounded in faith, the Northeastern Iowa Synod seeks to be prepared for disasters and to be faithful Christian witnesses in our response to disasters.

WHAT IS A DISASTER? A disaster is an event beyond the control of those affected, which causes great harm, suffering, and damage for which those who are affected need outside assistance in order to sustain and rebuild their lives. Disasters include those events caused by forces of nature or creation, such as windstorms, fires, earthquakes and epidemics, as well as, those events caused by humans, such as an explosion, release of hazardous material, and acts of terror. Disasters cause damage which exceeds an individual or community's ability to respond.

The preparation for a potential disaster is an act of stewardship by mitigating the damage and suffering that could be caused. The response to a disaster is an opportunity for Christian witness as the church reaches out in mercy to those who need aid. Preparation and response are the shared responsibility of both individual congregations and the synod.

I. Preparation

A. Congregations of the Northeastern Iowa Synod

The Bishop and Synod Council of the Northeastern Iowa Synod urgently request that each congregation prepare for a possible disaster at each of these three ministries: care for your church; care for your people; and care for your community.

1. Care for Your Church

- a. Backup important data and store off-site
- b. Photograph or make a video of church property
- c. Review insurance coverage
- d. Develop a plan for continuity of operation including evacuation and relocation of worship and other services, if necessary
- e. Download and make use of the booklet "Preparing for Disaster, A Guide for Lutheran Congregations" at
<http://www.ldr.org/prepare/PrepDisaster.pdf>

2. Care for Your People

- a. Encourage congregational members to develop their own household preparations by using the resources found at
<http://www.ready.gov/america/index.html>
- b. Create and maintain a database of members identifying both members with special needs and with skills and tools members can bring to bear in case of a disaster
- c. Create a plan for rapidly communicating accurate information (e.g. phone

tree) to members in case of a disaster

3. Care for Your Community
 - a. Create a list of physical and human resources (including facilities and ability to serve meals) that the congregation can offer in response to a disaster
 - b. Communicate your congregation's assets to your county's Emergency Management Coordinator. For a listing see http://www.iowaema.com/index.php?option=com_comprofiler&task=userslist&listid=8&Itemid=86

B. The Northeastern Iowa Synod

The Bishop and Synod Council of the Northeastern Iowa Synod will take the following steps to prepare for a possible disaster:

1. Develop, regularly practice and update a synod office disaster recovery plan
2. Communicate the synod's preparedness plan to congregations, organizations, and leaders
3. Develop and continuously update the communication network
4. Recruit, designate and train persons to fill specific roles identified in the disaster preparedness and recovery plan
5. Encourage the development of and deployment of local congregational work teams

II. Response

The Northeastern Iowa Synod recognizes the opportunity for the local ELCA congregations and leaders to be valuable first in responding by extending acts of compassion and spiritual care in the early phase of disaster relief ministry. Thus, the first response of local disaster relief will be coordinated primarily by the Synod. (Lutheran Disaster Response is not a first responder, but works with short-term and long-term recovery from disaster.)

A. The Synod Bishop shall:

1. Appoint a Disaster Response Coordinator (DRC) and commission him/her to be prepared and trained to respond to local disaster.
2. Provide pastoral care to the rostered leaders of the Synod in the impacted area.
3. Work with local congregations impacted to assess damage, analyze viability for future ministry, secure appropriate pastoral leadership, strategize financial options for repair to church structures, and make plans for future mission.

B. The Disaster Response Coordinator (DRC) in conjunction with the Bishop shall:

1. Manage the Synod's disaster response
2. Communicate updated reports on the disaster, needs, and ways to respond
3. Communicate with neighboring synods if necessary
4. Communicate with Lutheran Disaster Response
5. Appoint and staff a Disaster Recovery Coordination Team (DRCT)
6. Serve as a liaison with other disaster response partners

7. Communicate with the CEO of Augsburg Fortress at beth.lewis@augsburgfortress.org with information including description of disaster and the contact information of congregations effected
8. Be at maximum preparedness

C. Rostered Leaders in the impacted area shall:

1. Contact the synod office to provide an updated on status – even if the rostered leader is out of harms way.
2. Prepare to receive both immediate and long term recovery support.

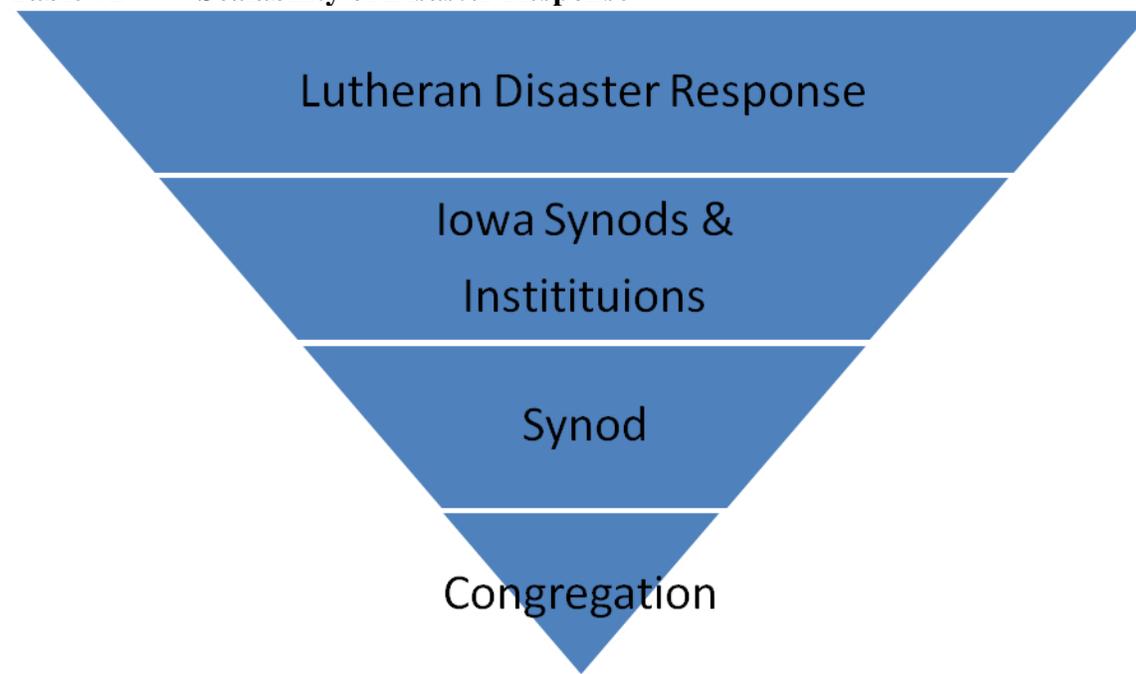
Table #1 Response Plan Summarized

Response	Bishop	DRC	Pastor
Call the Church to prayer	Yes		Yes
Assess and communicate loss and damage	Yes	Gather and maintain accurate information & communicate updated assessments, needs & ways to respond	Yes & provide updates to synod
Visit impacted site	Yes	ASAP	Yes
Recognize & empower local Lutherans in relief efforts	Yes	Yes Trust and support local ELCA leadership	Yes Use the gifts of the congregation to respond and expand current ministries
Secure and release funds for immediate relief ministries of local congregation	Yes		Yes
Provide direct pastoral support to rostered leaders	Yes	Yes	
Provide caregivers to support pastors	Commission and send		Be ready to receive support
Work with local congregations to identify needs		Yes	Yes
Receive and direct donations		Provide system to direct those who want to donate goods and re-direct donations	Be ready to receive support

Coordinate volunteers		Provide system to receive and coordinate volunteers and services	Be ready to receive volunteers and services
Be a liaison		Represent Lutherans at disaster response meetings	Represent congregation at disaster response meetings
Collaborate		Collaborate and coordinate with partners	Collaborate and coordinate with partners

If the disaster is larger than a congregation or group of local congregations the synod's DRC will entreat the congregations of the synod to assist in the response. If these resources are inadequate the Bishop and DRC will request assistance from Lutheran Services of Iowa, other institutions (i.e. colleges, camps, nursing homes etc.) and the other synods of Iowa. If the response needed is greater than these resources Lutheran Disaster Response will be called upon for additional financial response.

Table #2 Scalability of Disaster Response



Definition of Common Terms

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

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

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

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

THE THREE PHASES OF DISASTER:

1. **RESCUE** occurs immediately after a disaster and can last minutes, hours or days. This stage includes search and rescue, emergency shelters and feeding programs, grief counseling and pastoral care, volunteer services, and re-establishing contact with family and friends.
2. **RELIEF** starts 12 to 72 hours after a disaster. This stage is characterized by debris removal and clean up, damage assessments, temporary repairs, applications for assistance, community needs assessment, decisions and organization for recovery.
3. **RECOVERY** is a long term effort starting 3-5 days after a disaster and can last months to years. This stage is characterized by permanent repairs and rebuilding, volunteer projects, agency co-ordination and operation.

Appendix Pandemic Response

Background

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

A pandemic, or a global epidemic, can occur when a new strain of virus emerges, either through mutation or genetic re-assortment, to which most or all of the world's human population has had no previous exposure and thus has no immunity. The emergence and recent spread of the highly pathogenic such as avian influenza strain H5N1 (bird flu) or H1N1 (swine flu) is of great concern. The potential for the emergence of a new variant strain of this virus which could be easily transmitted person to person triggered the World Health Organization to urgently prompt organizations worldwide to initiate preparedness planning efforts should a pandemic occur.

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

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

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

General Information/Precautions

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

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

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

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

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

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

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

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

How is influenza spread?

Influenza is spread from an ill person to other people by coughing and sneezing. Transmission may also occur through direct contact or indirect contact with respiratory secretions, such as touching surfaces contaminated with influenza virus and then touching the eyes, nose or mouth.

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

- Get an annual influenza vaccination is the best way to prevent influenza.
- Stay home when sick. Employees with symptoms of influenza should not come to work. Excluding ill employees from the work place can help reduce the spread of the illness to other employees.
- Wash hands often. People often catch influenza and other viruses by picking up the virus on their hands and then touching their nose, eyes or mouth. Wash hands several times a

day using soap and warm water for 15-20 seconds. Dry hands with paper towels or automatic hand dryers. Restrooms should be checked regularly to ensure that soap and paper towels are available for employee use.

- Cover your coughs and sneezes. Influenza is often spread by coughs and sneezes. Make sure disposable tissues are available in work areas for runny noses and sneezing. Individuals should always cover their mouth with their upper arm or a tissue when coughing and use a tissue when sneezing or blowing their nose. Tissues should be thrown away immediately, and then hands should be washed.
- Use hand sanitizer. Encourage the use of alcohol-based hand sanitizer at employee desks. Hand sanitizer is effective in killing germs on hands when they are not visibly soiled. Appropriate times to use hand sanitizer are after coughing, sneezing or having contact with infected surfaces (e.g., contact with a keyboard).
- Contact your health care provider. Employees should contact their physician when they become ill during influenza season. Antiviral drugs may reduce the severity and length of illness when they are taken early in the illness. Antivirals need to be started within 48 hours of becoming ill to be effective.
- Avoid close contact. Employees should avoid sharing of saliva by not sharing glasses, forks, spoons, etc.
- Clean surfaces often. Common use surfaces, such as water fountains, door handles, handrails, eating surfaces, desks, etc., should be cleaned frequently with disinfectants. Commercial disinfectants or bleach solutions are appropriate. (Mixing 1/4 cup bleach with 1 gallon of water makes bleach solution. This should be mixed fresh daily.)

Pandemic Response

Synod Office

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

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

If employees are ill, they should consult the ELCA Handbook regarding use of sick days.

If closed, no employees are permitted to be at the synod office unless designated by the Bishop. The phone system may or may not be operative; if possible, a message on the system will provide callers with instructions for assistance.

Congregations/Schools

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix II

Community Immigration Raid Preparation/Response Guidelines and Resources:

- Devise a proactive community preparedness plan with area congregations and educational/social service agencies (schools, daycares, departments of human service, food pantry, etc.) to become familiar with one another and to determine which services each entity might offer. See *Pre-Raid Community Safety Plan: Building Capacity for the Safety of the Immigrant Community* at <https://nationalimmigrationproject.org/PDFs/community/pre-raid-safety-plan.pdf> for ideas to consider.
- Additionally, consider organizing or attending community trainings/workshops with experts in the area of immigration rights and laws to better understand and prepare for the issues that will be at hand should a raid occur—e.g., how to assist and/or inform detainees, types of information and documentation to collect, what to offer as a church body, how to disseminate information on church-body service offerings to those in need, etc.
- Church response should focus on the meeting of human needs (food, housing, shelter, daycare, etc.), connecting individuals to outside legal and human support systems, and working toward immigration advocacy and reform along with the wider church.
- Clergy are typically allowed access to detained immigrants and can garner information on their personal/family needs (where legal documents are located, names and locations of children, area relatives who may provide guardianship, etc.) and/or offer information as to the rights of a detainee (IF s/he has been properly trained/informed to do so—NEVER advise unknowingly).
- Assess potential economic ramifications on staff, area congregants, as these raids can decimate a community economically.

Immigration Resources:

Potential Area Interpreters: contact the following entities for possibilities:

Area Education Agency (AEA) 267, 3712 Cedar Heights Drive, Cedar Falls, IA
319.273.8200
Wartburg College, 100 Wartburg Blvd., Waverly, IA, 319.352.8200
Hawkeye Community College, 1501 E. Orange Road, Waterloo, IA, 319.296.2320
University of Northern Iowa, Cedar Falls, IA, 319.319.273.2311
Luther College, 700 College Drive, Decorah, IA, 563.387.2000, 800.458.8437

NATIONAL RESOURCES:

Evangelical Lutheran Church in America
8765 West Higgins Road
Chicago, IL 60631
800-638-3522
<http://www.elca.org/Our-Faith-In-Action/Justice/Advocacy.aspx>

ELCA Lutheran Disaster Response
8765 West Higgins Road
Chicago, IL 60631
800-638-3522 x 2748
www.ldr.org
would treat an immigration raid as a type of disaster

ELCA Washington, DC office:
<http://archive.elca.org/advocacy/federal/index.html>
Primary focus: advocacy

Lutheran Immigration and Refugee Services (LIRS)
700 Light Street, Baltimore, MD 21230
410-230-2700
<http://www.lirs.org/>
Primary focus: legal services

Citizens and Immigrants for Equal Justice
<http://www.ciej.org/>
Primary focus is to support families/individuals suffering due to immigrant detention

Bureau of Citizenship & Immigration Services (BCIS)
800-375-5283

<http://www.uscis.gov/portal/site/uscis>

Primary focus is to outline detainee rights and various detention facilities

Catholic Legal Immigration Network (CLINIC)

415 Michigan Ave., NE

Suite 150

Washington, DC 20017

202-635-2556

<http://www.cliniclegal.org/>

Primary focus is to supply legal services

National Immigration Project of the National Lawyers Guild

14 Beacon St., Suite 602

Boston, MA 02108

617-227-9727

<http://www.nationalimmigrationproject.org>

Primary focus is to defend and expand USA immigration rights; see, in particular, their “From Raids to Deportation: A Community Resource Kit” on website under “Updates” for information

Detention Watch Network

1325 Massachusetts Ave. NW

Washington, DC 20005

<http://www.detentionwatchnetwork.org>

Primary focus is to work to reform US detention and deportation procedures toward fair and humane treatment of detainees.

National Immigration Law Center

3435 Wilshire Blvd., Suite 2850

Los Angeles, CA 90010

213-639-3900

<http://www.nilc.org>

Primary focus is to protect and promote the rights and opportunities of low-income immigrants and their family members.