

Sathya Sai International Organization - USA
National Disaster Relief Team (NDRT)



USA Disaster Relief Operations Manual
Spring 2018

*Dedicated with Love and Reverence at the Divine Lotus Feet of
Sathya Sai Baba*



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Glossary of Terms

- SSSWF: Sri Sathya Sai World Foundation
- PC: Prasanthi Council
- IDRC: International Disaster Relief Coordinator
- SSIO: Sathya Sai International Organization
- IASC: Interagency Standing Committee
- NGOs: Non-Governmental Organizations
- DR: Disaster Relief
- CDRC: Country Disaster Relief Coordinator
- ZDRC: Zone Disaster Relief Coordinator
- IDRC: International Disaster Relief Team
- NDRT: USA National Disaster Relief Team
- RDRC: USA Regional Disaster Relief Coordinator
- SCDRC: Local Sai Center Disaster Relief Coordinator
- SSIMC: Sri Sathya Sai International Medical Committee
- PTSD: Post Traumatic Stress Disorder
- CERT: Community Emergency Response Team
- S.A.I.: Stress Alleviation Intervention
- EOP: Emergency Operations Plan
- SME: Subject Matter Expert
- MMR: Measles/Mumps/Rubella Vaccinations
- DPT: Diphtheria/Tetanus Vaccinations
- CDC: Centers for Disease Control and Prevention
- LAFD: Los Angeles Fire Department
- FEMA: Federal Emergency Management Agency
- CPR: Cardio Pulmonary Resuscitation
- EP: Emergency Preparedness
- NVOAD: National Voluntary Organizations Active in Disaster
- VOAD: Voluntary Organizations Active in Disaster
- VAL: Voluntary Agency Liaisons
- NIMS: National Incident Management System
- ICS: Incident Command System
- NPOs: Non-Profit Organizations
- CBOs: Community Based Organizations

Chapter 1: Introduction & Disaster Relief Charter

a. Bhagawan's Message on Disaster Relief

Do not restrict your service. Be alert to the call from everywhere, and at all times; be ready with a smile, a kind word, a useful suggestion or a pleasant reply. Look for opportunities to relieve, rescue or resuscitate. Train yourselves so that you may render help promptly and well. Service is the most rewarding form of spiritual discipline, the most satisfying and the most pleasant. It springs out of love, and it spreads love abundantly.

- Sathya Sai Speaks 09:10, 19 May 1969

b. SSIO International Disaster Relief Team Charter

In view of major natural calamities occurring frequently all around the world, the Sathya Sai International Organization (SSIO) formed the International Disaster Relief Team. The IDRC's mission is to render aid to communities stricken by natural disasters and serve our brethren in their time of greatest need.

The IDRC's primary objective is to develop a core disaster relief team in each country, who can provide prompt relief when natural disasters strike. For this purpose, each Zone must appoint a Zone Disaster Relief Coordinator (ZDRC) and together, a Country Disaster Relief Coordinator (CDRC). In turn, these coordinators in collaboration with the local SSIO organization, will form national disaster relief teams and initiate training.

Working together in unity is an important aspect of this effort through sharing of information, resources, and experiences. To support this mission, the IDRC has developed Disaster Relief Guidelines and a more extensive Disaster Relief Operations Manual, outlining the basic requirements for humanitarian relief initiatives of the Sathya Sai International Organization (SSIO) worldwide.

The IDRC will note natural disasters which occur worldwide and recommend a course of action to the Sri Sathya Sai World Foundation (SSSWF) and the Prasanthi Council (PC) of the SSIO. The IDRC will follow directions from SSSWF/PC regarding these efforts.

c. SSIO-USA National Disaster Relief Team (NDRT)

The National Disaster Relief Team is the local chapter of the IDRC in the USA. It's mission, core principles and objectives are the same as those of the IDRC however, molded to the specific events, realities and environment of the United States and its territories. In this role, the NDRT aims at advising, preparing and supporting SSIO-USA Regions and Sai Centers in times of disaster, and developing the necessary teams for relief work around the country.

Therefore, the guidelines contained in this document, where common, are identical to those published by the IDRC, although they also include USA-specific provisions and exclude any unrelated IDRC or international policies.

d. Historical SSIO Disaster Relief Missions

The SSIO disaster relief mission officially started in 1977, when Sri Sathya Sai Baba sent volunteers from Hyderabad to provide aid after a tidal wave hit the coast of Andhra Pradesh. Ever since then, Sri Sathya Sai Baba has directed relief missions in numerous other disaster situations around the world.

- After the 1999 cyclone in Orissa, Sri Sathya Sai Baba had 700 homes built for refugees.
- When a 7.6 magnitude earthquake struck Gujarat in January 2001, Sri Sathya Sai Baba dispatched 50 truckloads of supplies along with devotees to distribute the aid directly to the survivors.
- Prior to the Tsunami that affected many South Asian countries on December 26th 2004, Sri Sathya Sai Baba had instructed volunteers from Tamil Nadu to receive training in first aid and to be prepared. These volunteers were the first ones to reach the affected areas within 24 hours of the devastating Tsunami.
- Outside India, the SSIO has worked in disaster relief missions in many countries. Some early examples are Mexico and El Salvador, which were devastated by major earthquakes in 1985 and 1986.
- The longest standing relief mission by the SSIO, which continues as of December 2014, has been in Haiti, where a devastating 7.1 magnitude earthquake struck on January 12, 2010. The extent of the damage and the loss of life was extremely high. At the behest of Sri Sathya Sai Baba, the SSSWF initiated medical camps and the daily offering of food to the survivors.
- The SSIO has continued its relief missions after major disasters such as typhoon Haiyan in the Philippines in November 2013; the floods in the Balkans in Europe in 2014; the Nepal earthquake in 2015; various disaster events during 2016 such as the Italy and Ecuador earthquakes, Cyclone Winston in Fiji and Hurricane Mathew in Haiti, Hurricane Harvey in Houston in 2017 and Hurricanes Irma and Maria in Puerto Rico and St Thomas Island in 2017.
- In the US specifically, the SSIO-USA has responded to major disasters, most notably: Hurricane Katrina (2005), the Iowa Floods (2008) and Super Storm Sandy (2012) and Hurricanes Harvey, Irma and Maria (2017), among others.

e. Our Responsibilities as Disaster Relief Coordinators

Most countries have an interagency committee which coordinates the preparation for and response to potential disasters. In the United States, the responsible body for disaster management is the Federal Emergency Management Agency, or FEMA. FEMA's mission is to support our citizens and first responders to ensure that as a nation we work together to build, sustain and improve our capability to prepare for, protect against, respond to, recover from and mitigate all hazards. FEMA coordinates its efforts with relevant government agencies such as the US Department of Homeland Security, Health and Human Services, CDC (Center for Disease Control), HUD (Housing

& Urban Development); local agencies managing building code, public health and public safety; and non-US government organizations such as the United Nations, Red Cross, VOAD (Volunteer Organizations Active in Disaster) and other relief-based NGOs.

Similarly, FEMA and its regional offices coordinate efforts with state and local agencies, in order to effectively and promptly attend to disaster events. The SSIO Country Disaster Relief Coordinator (CDRC) and the appointed Regional and Local/Center Disaster Relief Coordinators must remain in close contact and attend relevant planning meetings with their respective FEMA regional offices and local emergency response agencies. There will be opportunities to participate in training and coordination efforts with other agencies. Such interactions will also allow the SSIO to access affected areas, engage in relief efforts and become recognized as a reliable service and disaster relief organization.

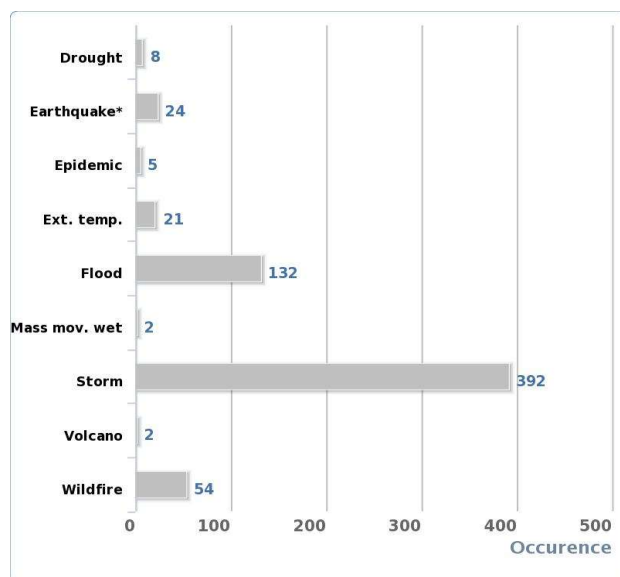
We can avoid duplication of efforts, encourage good networking and information flow by maintaining good communication with government agencies and other relief organizations.

Chapter 2: Introduction to Disasters

a. Most Common Types of Disasters

Some of the most common types of natural disaster events in the US are the result of: Storms (including tornados and hurricanes), floods, earthquakes, extreme temperatures and droughts. Other disaster events may include, sink holes, epidemics, volcanic eruptions, etc.

The distribution of these events in the US, between the years of 1980 and 2010 can be observed in the chart below.



| | |
|--|-------------|
| No of events: | 640 |
| No of people killed: | 12,366 |
| Average killed per year: | 399 |
| No of people affected: | 26,889,582 |
| Average affected per year: | 867,406 |
| Economic Damage (US\$ X 1,000): | 544,287,010 |
| Economic Damage per year (US\$ X 1,000): | 17,557,645 |

Between 2005-2014, the US ranked 2nd in the world in terms of number of disaster events, and 1st in financial losses result from such events. After the 2017 hurricane season and wild fires, the impact shown in both charts will certainly be higher.

Top 10 countries with most disasters, 2005-2014



b. Impact of Disasters

The impact of disasters can be experienced and measured across the following areas:

- **Human Impact:** Prevalent chaos, psychological trauma, extreme despair and suffering, anger and violence, extreme and life-threatening injuries, burns and sickness, prevalent death in the immediate surroundings, contagious diseases (airborne, food, contaminated drinking water, spread of fecal bacteria in flood waters, untreated municipal waters and contact based); exposure to noxious gases, and chemicals among others.
- **Infrastructural Impact:** Critically damaged or leveled homes and other buildings, fallen glass and debris, unstable structures, critically damaged structures, damaged or inaccessible roads, disrupted communications and phone systems, overcrowded or unavailable shelters and hospitals, highly impaired or absence of transportation, fire outbreaks, severed electrical power, gas and water services, leaks and spillage of gases and hazardous materials, and nonoperational financial services, among others.
- **Resources Impact:** Contaminated/untreated drinking water, damaged sewage facilities, unavailability of electrical power, gas, water, telephone and internet services, food and medical supplies, lack of fuel for home, transportation and machinery use.
- **Weather and Natural Impact:** Reasonable probability that a similar disaster or weather pattern may soon follow, including significant wind, rain and flooding.

c. Being Ready as a Sai Organization

In times of disaster, the level of readiness for offering aid ultimately determines the level of damage, casualties and recovery time after the disaster. Below is a fitting example on the importance of being prepared, as per the guidance of Sathya Sai Baba.

After Sathya Sai Baba advised devotees from Tamil Nadu to be prepared for any potential future disasters, they promptly initiated training in first aid and developed essential disaster relief and recovery skills.

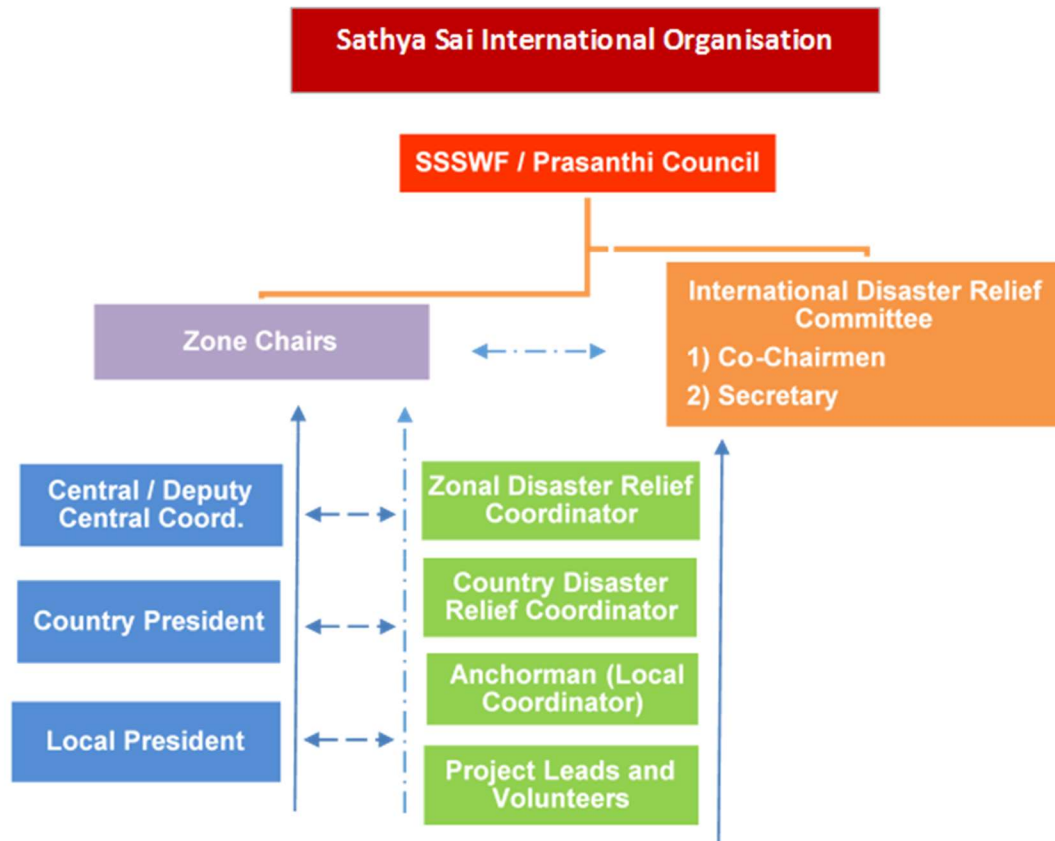
As an example, when the tsunami of 2004 hit Tamil Nadu beaches, they were the first organized responders on the scene within 24 hours of the disaster. These well-prepared volunteers recovered over 1000 bodies, some of which were cremated, and others were buried according to their faith traditions. Many survivors were transported to temporary shelters and the wounded were treated by doctors who set up temporary medical stations under bamboo shelters.

These volunteers cooked for thousands of people, and gave dry rations to those who could cook for themselves. The government could only thank the Sathya Sai Organization for its leadership in this crisis. Now the devotees from Tamil Nadu are training the devotees across other states in India, especially the youth, while actively forming preparedness teams for any future disasters.

Chapter 3: Guidelines for SSIO Leadership

a. International (IDRC) Jurisdiction and Reporting Structure

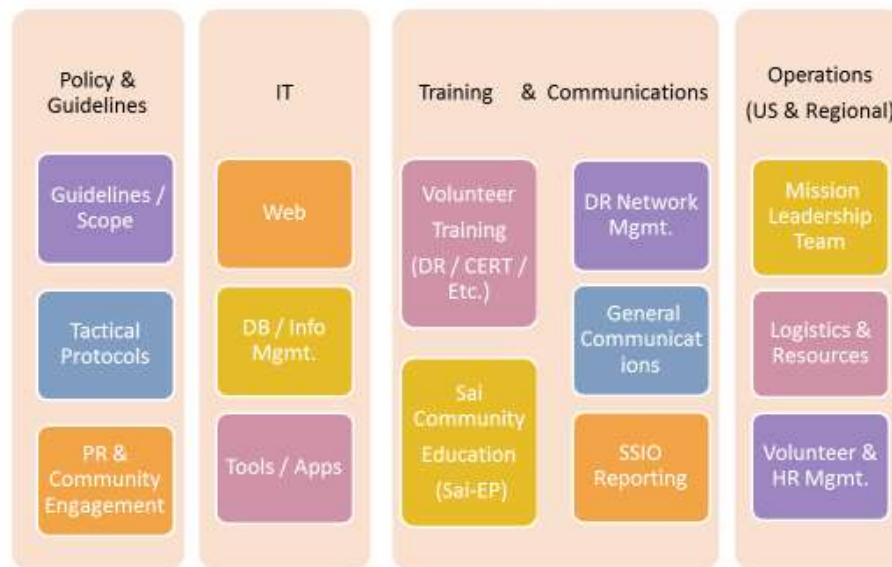
The IDRC has jurisdiction to monitor and assist in disaster relief situations across all parts of the world (outside of India) when requested by the Zone Disaster Relief Coordinator, as approved by the SSSWF/PC. The SSIO Disaster Relief organization chart is shown below, followed by a section describing key roles and responsibilities of the leaders.



b. SSIO-USA NDRT Structure



c. NDRT Support Teams



d. Role of Coordinators

i. Local Coordinators

Starting at the disaster site, the assigned local DR coordinator - be it the Local Sai Center DR Coordinator (SCDRC), the Regional DR coordinator (RDRC), an appointed Anchorperson, or a combination of these – upon the instructions from the USA National Council and CDRC, are responsible for directing the work of the SSIO volunteers. In turn, the local volunteer teams are involved the initial assessment of the disaster site, attending to essential community relief needs and maintaining frequent communication with the RDRC and CDRC.

Therefore, as a first priority, the local coordinator should arrange for housing,

emergency electrical power generators (if needed), food, safe drinking water, sanitation, transportation, security, reasonable sleeping quarters with furnishings, cleaning/sterilization supplies (when applicable), and establishing safety measures for the volunteers, so that no one takes unnecessary risks. If needed, the local coordinator may also make arrangements for volunteers' communication, technology and administrative needs. They should go through the Check List of steps for Disaster Relief efforts.

Further, with the guidance and approval of the SCDRC, RDRC and CDRC, and the support of the SSIO volunteers, the local coordinator identifies the SSIO's opportunities to serve the affected community, and the manpower, prepare cost estimates and timeline required to deliver these services, such as: Providing emergency flash lights, warm food or Meals Ready to Eat (MRE), packaged goods, purified water (water purification units for individual use or a water purification units for individual homes), clothing and sanitary items; identifying optimal locations for and organizing medical camps and medical supplies; clearing and safe disposal of debris, community rehabilitation through education and skills development; restoring and rebuilding basic infrastructure; among others. Additional duties of the Anchorman and other DR Coordinators are listed in Chapter 7.

The local coordinator is also required to work with the local authorities to ensure that the SSIO DR efforts are compliant with the local laws, rules, regulations and traditions.

ii. Sai Center and Regional Disaster Relief Coordinators (SCDRC's & RDRCs)

The primary duty of SCDRC's and RDRC's is to maintain a pool of volunteers who can promptly respond to any disasters within their respective areas.

They report to, support and direct resources and information between CDRC/NDRT and local teams, while facilitating local DR training and awareness.

The RDRC maintains close communications with the local coordinator and the SCDRC, and maintains the CDRC informed of needs and developments during active missions. In coordination with the local teams and when safe, they travel to the affected area, evaluate needs and locations, and recommend the type of assistance to be provided by the SSIO/NDRT.

The SCDRC, RDRC and CDRC collaborate to ensure that the volunteer teams at the national, regional and local levels have an adequate mix of volunteers, including medical and health professionals, social service workers, as well as other relevant skills for missions.

iii. Country Disaster Relief Coordinators (CDRCs)

The CDRC will interact with other NGOs and government agencies, either directly or through the national interagency committee, in order to determine the areas of highest need, and relay relevant information along the DR Communication Chain.

The CDRC should also be prepared to travel to the affected site as soon as it is safe to do so, to assess and recommend the type and level of assistance needed alongside the local coordinators.

Prior to activating an international mission, the CDRC should first have clearance from the SSIO via the NDRT-ZDRC-IDRC, and then contact the affected country's National Council President to mobilize local aid. The CDRC ensure that the local DR coordinator and volunteers are aware of any relevant government regulations and essential requirements prior to deployment.

iv. Zonal Disaster Relief Coordinators (ZDRCs)

ZDRCs will oversee the activities of their respective CDRCs and ensure that all directions received from the SSIO/IDRC and the local governmental and other regulations are implicitly followed by the local coordinators and volunteers. They will keep the IDRC informed on a daily basis, during the crisis and will make sure that each country involved (either in providing or receiving aid) is generating the necessary reports and documentation of their activities and will compile articles, monthly reports for the IDRC, including high resolution pictures and videos. They should also visit the affected area at least once to make sure that the relief effort is being maximized with the resources available, and in accordance with the immediate objectives of the IDRC.

The ZDRC's will provide reports to the IDRC Co-Chairmen, who will in turn communicate any relevant information to the Chairmen of SSSWF/PC. ZDRC's will be the direct supervisors of the distribution of SSSWF/PC aid and the organization of medical camps and other relief efforts. This will be done by setting up an Operations Center in the affected area and selecting an Anchorman and a steady flow of volunteers. ZDRC's will monitor the reporting and expenditure of funds donated by the SSSWF/PC, using the National Sai Foundation or Trust.

v. Volunteers and Disaster Relief Teams

Chapter 7 discusses in detail the skills and experience required and roles of volunteers who may participate in a standing disaster relief team or a specific disaster relief mission. However, the general selection process and training requirements for volunteers at all levels is outlined below.

e. Selection of Disaster Relief Team

i. Selection Process

All individuals interested in serving in a standing disaster relief team or a single disaster relief mission, whether in a leadership or volunteer capacity, must submit the bio-data form and "Waiver of Indemnification" attached in Addendum A of the DR Operating Manual, for review, as outlined below:

- The National Council President, in consultation with the Zone Chair and the National Council Service Coordinator will appoint the CDRC and select the leadership teams.

- The CDRC, in consultation with the Regional President will appoint the RDRC and the Regional DR team.
- The RDRC, in consultation with the Sai Center President will appoint the SCDRC and the local Sai Center DR team.
- The RDRC and the SCDRC will recommend an Anchorperson or local DR coordinator for any given mission, for review and approval by the CDRC. Should no suitable candidate be available, the CDRC, upon the recommendations from another region's RDRC's, may appoint an alternative candidate.
- The Zone Chair, in consultation with the Central Coordinator, will appoint the ZDRC and the Zone DR team.
- The IDRC will further review and confirm all CDRC and ZDRC appointments.

ii. Selection Criteria for Disaster Relief Team Leaders and Coordinators

Eligible disaster relief leaders and coordinators should meet the following criteria:

- Must be an active member of the SSIO, with at least 2 years of experience participating in service activities organized by the SSIO
- Have prior experience aiding in disaster relief operations
- Have administrative experience
- Have good recommendations from their local Sai Organization leadership
- Be able to travel and dedicate the necessary time and resources.

Above all, SSIO leaders and coordinators should have the ability, availability and affability to serve according to Sri Sathya Sai Baba's ethical standards and the SSIO guidelines.

Ability requires depth of knowledge about Sri Sathya Sai Baba's teachings, good judgment, practical knowledge, well-rounded skill sets and experience, effective communications and attention to details. Availability to plan and/or approve necessary actions, or to travel to disaster sites when necessary, is also critical for disaster relief coordinators.

Affability requires people skills. As Sri Sathya Sai Baba tells us, we should always speak obligingly even if we cannot always oblige. Leaders should always show compassion for the affected disaster victims and for all the volunteers serving in a disaster site.

iii. Selection Criteria for Disaster Relief Team Volunteers

In addition to submitting the bio-data form and "Waiver of Indemnification" provided in Addendum A of the DR Operating Manual, volunteers should meet the following general criteria:

- Be members of SSIO or recommended by officers of the Sathya Sai Center/Group who knows them
- Be at least 18 years old, with specific recommendations from their local SSIO President if they are between the ages of 18 and 21
- Must be a good team member and serve in accordance with the SSIO, IDRC and NDRT guidelines
- Must be available for service on short notice
- Must be able to bear the cost of travel and other personal expenses
- Be in good physical, mental and emotional health
- Volunteers must provide a brief description of their background, their DR applicable skills and interests. All information that is requested for registration purposes must be kept confidential, meet the highest security and privacy standards, and is not be shared with any other organization.
- Additional criteria for local coordinators, such as Anchormen and Team or Project Leaders, and for various volunteer roles are provided in Chapter 7.

f. Required Training and/or Certification

i. Identifying Suitable Courses

Understanding IDRC and NDRT guidelines is a starting, but imperative requirement. First aid training is mandatory for all volunteers, permanent or mission-specific. All permanent volunteers (also called “Response Volunteers” in the NDRT Protocols) must be certified in basic disaster relief. Coordinators and team/project leads may require DR management courses as well.

CERT (Community Emergency Response Team) for example is a disaster relief training program offered in the USA (<https://www.fema.gov/community-emergency-response-teams>). This program is free of charge and available through most local government agencies. Addendum D includes a summary outline of the CERT program. Most countries offer similar training and certificate-based courses, which can be made available to all volunteers.

The CDRC is responsible for identifying the most suitable courses available and require all permanent Response Volunteers to complete this training within 6 months of joining their local DR team.

ii. SSIO Training Component

DR team leaders and volunteers are “ambassadors” of the SSIO. As such, their attitude and actions will reflect the Sai approach. Furthermore, a number of circumstances can arise when interacting with the local population in a disaster site requires good preparation.

For example, local team leaders and volunteers will have to coordinate relief efforts with local government authorities and other organizations. When meeting with these officials, SSIO members must be cooperative and seek the local authorities' advice and expertise. If there is a conflict with Sai principles or good judgment, or a political situation arises, the team leaders and volunteers must seek immediate advice from the CDRC, the Regional and National Council Presidents, who will in turn involve the Co-chairmen of IDRC and Chairmen of SSSWF/PC before proceeding.

Therefore, in order to adequately interact with the community, it is imperative that all volunteers are aware of the essential Sathya Sai principles and code of conduct, the latest SSIO Guidelines and latest organizational facts, and the IDRC/NDRT Guidelines. Chapters 9 and 10 provide a basic outline towards interaction with external organizations.

iii. Refresher Courses - Maintaining Skill Levels

DR Coordinators at all levels must bring their teams and volunteers together at least twice a year in order to review their status, provide refresher courses and introduce any required new DR protocols. Disaster relief volunteers are also encouraged to maintain current skills by individually attending additional training provided by their local agencies.

g. Managing Disaster Relief Teams

i. Activation Decision and Procedures

When a disaster happens, the local, and regional disaster relief teams will initiate action, with the guidance, oversight and any support from the CDRC and the NDRT.

The local DR coordinator, the SCDRC and RDRC should provide the initial on-the-ground assessment, as soon as conditions are safe. Should additional support, experience and skills be needed during the ground assessment, upon the request of the SCDRC and RDRC, the CDRC/NDRT will deploy an Exploratory Team.

Once the assessment is provided to the CDRC/NDRT and upon the official notification from RDRC and the Regional President, the CDRC with support of the RDRC will mobilize any available teams from around the country. No DR teams should be sent into areas prohibited by the government or which are known to be unsafe, under any circumstances.

The Protocols outlined in Addendum B, describe the activation, deployment and response procedures in detail.

Should international help be required, the CDRC, ZDRC, and the National Country President, will formally request support from the IDRC, who will in turn request authorization from the SSSWF/PC.

It may be determined by the various DR coordinators and local SSIO Officers to wait for a period of time before responding, depending on the state of the crisis

and the government's relief actions. Typically, however, some initial actions are still possible during this interim period. As an initial response and when safe, the SSIO may provide hot meals, safe drinking water and various types of supplies across various shelter and other sites in need. Medical personnel may attend to evacuees in any available hospitals, designated sites or other safe areas.

ii. SSIO Inventory for Immediate Response (IIR)

An inventory of supplies and equipment will be maintained by the NDRT in conjunction with various DR coordinators in the US at all times. These will be stored at strategic and easily accessible locations around the US and will be made available immediately whenever a disaster strikes.

iii. Representing the SSIO

In any service activity, including disaster relief operations, the objective is not publicity. We should simply serve with love and compassion without propaganda. However, when asked who we are, we should identify ourselves as members of the Sathya Sai International Organization (SSIO), be prepared to explain the goals and the work of the SSIO, and if asked, talk about Sathya Sai Baba and His message. The volunteers' behavior and demeanor should be consistent with Sathya Sai principles and SSIO guidelines. Additional guidance about interacting with other organizations and the general public is offered in Chapter 9.

It is acceptable to display the SSIO's official logo and name at medical camp sites or other operation sites. SSIO banners at relief sites help the public identify and relate to the SSIO in an unknown area. Most importantly however, we must always reflect the basic Sai principles. Among these important principles, volunteers should:

- Serve vegetarian food at camp sites but under extreme conditions where no supplies are available, anything is permissible
- Follow a conservative dress code, properly covering the body
- Maintain separation of genders, where possible
- Not mix with the local population after work hours, and retire to the operations center or shelter for rest after work
- Treat everyone with respect, regardless of affiliation, status or condition
- Do not personally engage in financial transactions nor discuss financial matters with anyone on the ground, unless directed by the DR or SSIO chain of command
- Be sensitive to the privacy and comfort of other volunteers and local staff resources supporting the SSIO

iv. Government and Legal Considerations

All countries and even some regions within a particular country, have their own procedures and laws for disaster management, and these can vary widely.

In the USA in particular, the applicable laws, government regulations and potential liability matters around disaster relief can be very stringent - these also vary across state lines. Further, the relief roles, protocols and infrastructure in the US are well defined and organized.

For example, doctors cannot practice medicine in states where they're not licensed, even in times of disaster, unless the affected state government issues temporary emergency licenses. Similarly, disaster relief organizations may not be able to automatically access a disaster site without the appropriate contacts and clearance.

It is the responsibility of the CDRCs and RDRCs to remain knowledgeable of the latest disaster management laws and procedures, to keep their respective disaster relief teams abreast of these and to train volunteers on compliance. We must respect the laws of the land and pay customs duties where required.

There are also additional policies that the USA and its states may implement or relax, depending on the scope of a disaster. Impacted areas may include building codes, temporary housing, medical licenses, provisional water purification systems, food provisions or medical requirements. Thus, we must ensure that the appropriate laws for any areas of service are confirmed with the local authorities prior to starting the work.

Similarly, as for volunteers serving in international missions, some countries may temporarily relax import duties and visa requirements for foreign volunteers in the aftermath of a disaster. Foreign volunteers should verify with the affected area's ZDRC, CDRC and RDRC on any customs and visa permit items prior to traveling.

h. Communications

Communication is the essential lifeline to any organization, process or mission. In order to adequately plan and provide the necessary resources for aid, communications between DR volunteers and coordinators, and SSIO leaders must be timely and clear. The disaster relief communication procedures will be as follows:

i. SSIO Leaders

Immediately after a disaster, the IDRC, SCDRC and RDRC will communicate with the affected zone's ZDRC and Zone Chairman in order to evaluate the immediate situation. Responses between the Zone, RDRC and CDRC and IDRC should take no longer than 24 hours, such that the IDRC may keep the SSSWF/ PC promptly informed and have decisions made in a timely manner.

In turn, the CDRC will maintain continuous communication with its USA National Council leaders and jointly execute any decisions made by the SSSWF/ PC, CDRC, IDRC and Regional leaders. The coordinators in the DR Chain of Command at all levels will make decisions jointly with their SSIO counterpart.

ii. SSIO Officers and Disaster Relief Chain of Command

The coordinators in the DR Chain of Command at all levels will make decisions jointly with their SSIO counterpart. Any information reported will require copies shared with their respective counterpart. For example, all CDRC's, RDRC's and Sai Organization Country Presidents will closely share information and decision-making responsibilities in times of disaster.

iii. Anchorman/Local DR Coordinator Reports

Anchormen or Local DR Coordinators must submit an official summary report of activities to the NDRT (or IDRC if an international mission) Chain of Command every two weeks. These reports must be simple in language, provided in bullet or dot form and be accompanied by online links containing high-resolution pictures and media. The NDRT/IDRC will in turn work with the country/zone media coordinators to submit these reports to the SSIO media team for publishing.

iv. SSIO Membership and General Public Information

The websites www.sathyasaihumanitarianrelief.org, www.sathyasai.us.org will host all reports and media related to US and International disaster relief operations. The local coordinator along with the SCDRC and RDRC must submit official and ready-to-post reports to the CDRC and NDRT. These reports are meant for both, the SSIO members and the general public and they vary from any internal operational communications between the DR coordinators and SSIO leadership. As such, these reports have a specific template to be followed and will be provided by the NDRT or the senior leaders.

In turn, the SSIO Officers and the NDRT will turn should communicate this information to the members of Sathya Sai Centers and groups, increasing the awareness about the SSIO's global DR mission and inspiring increased participation. Leaders from the SSIO or the DR Chain of Command or Subject Matter Experts (SME's) on DR matters can also be invited to speak to or train groups of volunteers, when time and circumstances permit.

i. Documentation

i. DR Team Documentation

DR coordinators at all levels must maintain a current database with details about (and the bio-data form for) each coordinator and volunteer on their teams. This information should be reviewed and updated at least twice a year, and at a minimum include data such as contact information, skills and specializations, training and certifications, planning and deployment availability, special considerations, among others.

Each member of the local disaster relief teams should have an identification badge and vest (or other suitable identifier), along with the volunteer's emergency contact information. A daily roster of the active volunteers should be kept by the team leader.

ii. Supplies Inventory

For general documentation, planning and procurement purposes, and for reference by future teams, coordinators must keep accurate inventory of all supplies, medical or other, at all times – including those at the IIR's, discussed earlier in section (g.ii). Pre-ordering supplies allows the SSIO to evaluate multiple provider sources and prompt fulfillment of inventory at the most reasonable cost. Therefore, inventories must be well maintained prior-to, during and after a mission.

j. Finances and Insurance

i. Accounting for Donations

The Disaster Relief Team (in any country) should use its national Sathya Sai trust or foundation to establish an effective and accurate accounting process. An accountant must be assigned to issue receipts for donations in materials and money, and also receive invoices for all supplies purchased.

A small cash fund should be available for immediate expenses. The CDRC, National Council President and the President of the National Sathya Sai Trust (in the case of the USA, the Sathya Sai Society of America) must authorize larger purchases, such as home, buildings or extensive restorations, which will require a detailed proposal and budget analysis.

A monthly statement of income and expenses should be prepared by the appointed mission treasurer or accountant and sent to the senior to the CDRC, NDRT Leadership Team, National Council President and the President of the National Sathya Sai Trust.

ii. Insurance

Active group liability insurance coverage must be obtained and maintained through the SSIO and/or National Sathya Sai Trust.

Chapter 4: Scope of SSIO Disaster Relief Activities

a. Range of Activities

The SSIO is a spiritual organization with emphasis on self-transformation and the practice of selfless service. As an extension of these principles, the SSIO engages in humanitarian relief, which is performed and funded by volunteers. The SSIO does not have the high-level specialization nor the scale of human/materials/financial resources as government agencies, disaster relief NGO's or large faith-based organizations.

Therefore, SSIO relief missions should focus on the following core principles and activities across missions:

- Far-to-reach, under-privileged or unaddressed communities
- Mid/long-term community rehabilitation
- Food preparation and distribution
- Water purification units and training for the SSIO volunteers that distribute these units to the affected communities.
- Medical attention and camps
- Distribution of various types of supplies and appliances
- Light construction, construction supplies and basic infrastructure projects
- Education

b. Prompt Responders vs. First Responders

As per Sathya Sai Baba's direction, no member of the SSIO should be put at risk during SSIO activities. Therefore, in its traditional definition, the SSIO is not a first-responder organization. Typical 'first-response' activities such as search and rescue, or other activities carrying major risks or specialized requirements, must be left up to the local authorities to undertake. Nonetheless, the SSIO must still expedite its assessment of any disaster situation and, where safe, provide prompt relief to any unmet and urgent needs on the ground. In this regard, the SSIO must be a prompt responder.

It's worth noting however, that when disaster strikes within our own communities, SSIO members may need to undertake some first responder tasks while waiting for or in support of first responder organizations. In this regard, SSIO members may also help organize their communities and help prepare them in basic disaster relief training. Further, under unique circumstances such as extreme emergencies and/or insufficient local resources, with the approval and oversight from the local authorities and as long all safety measures have been adequately taken, trained SSIO volunteers may attend to a disaster site to assist authorities with basic first response tasks and the relief efforts.

c. SSIO Relief Focus

In the immediate aftermath of a disaster, especially in countries with ample resources like the USA, help typically arrives soon and in plenty. However, initially most of the aid tends to be concentrated on the most populated or centric areas. During this phase, the SSIO must focus its efforts on locating and reaching remote communities or those with little or no aid.

In addition, most relief agencies and NGO's leave the disaster area once the emergency phase has passed. It is during this time in fact, when most affected communities will need continued support in order to rebuild their lives. Therefore, the SSIO can be of valuable service to families and extended communities during the early restoration (30-90) days) and/or rehabilitation phases (90-180 days) after the disaster event.

d. Food Preparation and Distribution

In a disaster situation, even when supplies exist, cooked food can often be difficult to find, due to the infrastructural impact of the event. Sathya Sai Baba has indicated that preparation and distribution of hot meals is one of the highest services that can be rendered. Not only does it provide victims with necessary nutrition, but it can also instill a comforting sense of normalcy to their disrupted lives. It is also an activity where any volunteer, regardless of age, gender or qualifications, can participate.

SSIO local teams may prepare the food remotely and bring it to the disaster area or secure a nearby location with the necessary facilities. Either way, volunteers must ensure that all the due hygiene, health and food preparation safety conditions have been met, such as: The condition of the water used; the cleanliness and safety of the preparation facilities; the temperature and maintenance of the food and distribution containers.

Where resources allow, mobile kitchens would be an ideal instrument for the SSIO disaster relief teams, enabling volunteers to directly bring fresh food to impacted communities. Sai Centers or Regions who may be able to extend the use of mobile kitchens into their regular service activities, may consider acquiring a unit. Alternatively, there may also be some temporary rental or sharing opportunities from local vendors, faith-based groups or local government programs.

Across any of these activities, we must be aware of and comply with all local laws and regulations around food preparation and distribution.

Provision of Drinking Water

Availability of safe drinking water is one of the most critical aspect for dealing with natural disasters. Consumption of untreated water can often lead to major disaster including severe water borne diseases such as gastrointestinal problems, severe dehydration, cholera, even death. As a general rule, SSIO volunteers and disaster relief workers must not distribute any untreated water collected from surface water source or well water or even city tap water unless declared safe by the local health officials. Such bodies of untreated water, even if they appear perfectly clear and void of

suspended solids, may carry deadly bacteria, viruses and microscopic impurities that could have devastating effect on the health including loss of human life.

When the natural disaster strikes, it is not uncommon to discover that the water supplies have been disrupted, and city water supplies gets contaminated by coming in contact with broken sewer lines or other impurities in the surrounding areas. In many cases water is delivered to the various camps by either privately owned or government owned water trucks. However, it would be critical to determine the ORIGINAL SOURCE of water, such as deep wells or running streams or lakes. Quite often the water trucking companies may not be responsible for distributing purified water, and SSIO volunteers must take all necessary measures to make sure that the water meets minimum standards for human consumption.

Note, SSWF has distributed about 200 Sawyer water purification units, rated for 0.1-micron absolute filtration to St Thomas Island and 740 units to Puerto Rico in the aftermath of Hurricane Irma in 2017. Please refer to Addendum M which contains a detailed guide regarding water purification.

It's worth noting that, if mobile kitchens or food trucks are acquired, as discussed in the prior section, these vehicles can be fitted with mobile water purification units, according to capacity needs. In addition to fresh food then, such vehicles could also provide safe drinking water in a more sustainable manner, reduce the pollution that comes with disposal of plastic water bottles (usually exacerbated during disaster times) and even supply excess capacity to shelters or camps.

When early restoration (60-90 days) and/or rehabilitation phase (90-180 days) relief is being provided in any areas, consider developing a plan to collect and recycle all possible materials resulting from relief activities, such as plastic bottles, etc. Such an effort can be coordinated with other participating groups.

Important Caution: Most of the communities within the USA and abroad have guidelines and regulations that may be applicable for consumption and distribution of drinking water to the general population. It is always good idea for the CDRC to check with the local authorities to verify and comply with such guidelines.

e. Supplies and Equipment Distribution

Distribution of basic supplies can help victims meet essential needs while they're displaced from home, in dire conditions and/or when local provisioning services are disrupted. The types of basic supplies that SSIO teams usually distributes are: Canned food, bottled water/fluids, clothing, blankets, tents or tarpaulins, hygiene items, school or study supplies, basic tools for daily use, play items for children, portable water filters and medications (only through SSIO's medical team), cleaning and disinfection supplies. This list is not exhaustive and additional items can be provided with the approval of the DR coordinators and SSIO officers.

Once the emergency phase is over and victims begin to resettle into their homes or alternative living quarters, the SSIO can also help families regain normalcy by providing light home equipment, furniture and/or appliances. Before engaging in these activities however, it is required that the DR coordinators thoroughly assess cost for providing such goods and prioritize the communities and families with the highest unmet needs. The DR coordinators must ensure that the requirements from each family accurately represent the actual needs and that such items can/will not be provided by other agencies or sources. In this manner, we must also ensure that the SSIO's resources are channelled to those who need it the most and have no alternative options.

f. Infrastructure and Rebuilding Initiatives

Given the resources required by infrastructure initiatives, the SSIO must be very selective in the projects it undertakes. In countries with advanced infrastructures and development codes such as the USA, the cost of such initiatives may in fact be completely prohibitive. In other countries or under certain circumstances, some of the following projects which have been undertaken by the SSIO around the world may also be possible, or partially achievable: Full construction of basic homes for multiple families, restoration of schools, establishment of medical or community facilities, development of water-purification systems, rehabilitation of basic services and technology systems; among others.

The SSIO however, can participate in other light and affordable rebuilding projects, with the help of skilled SSIO volunteers and local community members. SSIO teams may help by clearing debris, repairing partially damaged homes and providing light construction services and/or materials. Insofar as the SSIO guidelines are followed, these activities can even take place in collaboration with other organizations specializing in similar services.

The SSIO may also help rehabilitate or sponsor basic services at reasonable budgets and with minimal regulations such as: Water purification systems or septic tanks for small and off-the-grid communities; re-establishing green or farming areas; among others.

For any of these projects, SSIO teams must ensure that they evaluate and comply with all applicable building codes, plan requirements and regulations. Additionally, SSIO volunteers must not directly undertake any activities that require a local license, unless an appropriately state-licensed volunteer is part of the team and performs the work. Such trades may include sanitizing damaged home(s) after floods or hurricanes electrical or plumbing work. The DR coordinators must obtain the latest state requirements prior to commencing any work.

Above all, DR Coordinators must ensure that all volunteers follow the necessary safety procedures and have the appropriate health condition, orientation and protective gear to meet all of the potential activity hazards.

In the case of infrastructure especially, each initiative must be evaluated on the case by case basis. After evaluating the needs and setting realistic budgets, timelines and expectations, the CDRC/NDRT must work along with the Regional and National Council Presidents, and with the National Sathya Sai Trust in order to determine what types of projects may be undertaken.

g. Education

The area of education has been undertaken successfully in many disaster relief missions by the SSIO. Here again, the range of educational activities vary by country.

The primary educational objective of the SSIO is to provide children and teachers with adequate supplies, schooling opportunities and education in human values programmes. In countries with ample need, these activities can be undertaken by starting or adopting community schools or orphanages. Such opportunities to serve increase greatly after a major disaster, where destruction of facilities, disruption of services and scarcity of educators abound.

In US however, where the restoration protocols for community services is more sophisticated, it is unlikely that a deficiency of adequate school facilities and opportunities will last for long. In these circumstances, the SSIO can still provide valuable services during the transitional period, which may in fact create the necessary community relationships to enable longer term service opportunities.

Some of these services include:

- Provide safe classroom and playing area spaces and basic comforts
- Psychological/emotional support (see chapter 6)
- Distribution of school, food, water, hygiene, games and essential comfort supplies
- Engaging/childcare activities while parents attend to recovery tasks
- Tutoring/Mentoring
- Distant (computer) learning (variety of subjects)
- Art and cultural programs
- Vocational or specialized skills development (for children, parents or families)
- Education in Human Values lessons

Any initiatives where the Sathya Sai Education in Human Values programme will be used, must meet with the country's ISSE or Education Coordinator review and approval. Further, SSIO and DR volunteers must be cautious not to alienate the local communities in eagerness to introduce these programmes. Human values initiatives must be invited by (or gently introduced to) the community after solid relationships have been forged and once our service activities and loving attitude reflect these very human values.

Chapter 5: Guidelines for SSIO Medical and Health Professionals

a. What to Expect

Medical help on a large scale is required across most or all types of natural disasters (discussed in Chapter 2). A natural disaster will require progressively more emergency medical assistance if it occurs in an area with an already vulnerable population. That vulnerability may be caused by the lack of resources in the community or by the devastation of the disaster site's medical infrastructure.

Medical needs in an area affected by disaster depend on a myriad of factors including: the type and scale of the disaster, pre-existing medical infrastructure and resources in the area, environmental conditions pre-and post-disaster, the amount of time lapsed without medical attention after the disaster, among others.

Medical needs commonly seen in these settings can be categorized into acute ailments (resulting from the direct impact of the disaster, including physical and mental trauma) and chronic ailments (pre-existing conditions in the community and possibly exacerbated by the disaster).

b. Phases of Disaster Recovery

Medical needs vary widely depending on the phase of disaster relief efforts we intervene in, among other factors. The phases include Search and Rescue, Emergency Relief (providing basic needs), Early Relief (restoring and sustaining basic needs and short-term relief efforts) and Community Development (long-term rehabilitation).

i. Search and Rescue

In general, the initial search and recovery phase can last for days after the disaster. The time immediately following the event requires a fast response in order to save lives in imminent danger. Within a few days, that phase has usually passed, and the work turns toward providing support to the survivors. Here once again, SSIO volunteers are not called to be First Responders, unless extreme emergency circumstances require it and an abundance of safety measures have been taken prior to engaging (see Chapter 3 and 4-b, for additional details).

ii. Emergency Relief

The emergency relief phase begins in the immediate aftermath of a disastrous event, with the goal of helping victims meet the basic needs to stay alive. SSIO doctors (with active medical license) and other health care professionals in the immediate vicinity of the disaster are in the best position to provide this type of relief and they should immediately report to their local hospitals, or temporary emergency clinics. In the US, based on local need, some States do issue temporary licenses for physicians for

defined periods of time as part of disaster relief. In these cases, SSIO doctors (with active medical licenses) from other States can plan to participate where needed, after obtaining the appropriate documents (e.g. temporary license and liability/malpractice insurance - the latter is usually provided by the institution, practice or setting where the doctors regularly work). Emergency relief can go on for a very long time or can end fairly quickly, depending on the nature of the emergency and the resources available.

iii. **Early Recovery/Restoration**

In recovery, the affected population is in a more stable period of transition. They have a place to get food, safe drinking water and temporary shelter. They begin to resume some kind of normal existence. Children go back to school – though classes may be held in a church, tent, or some other temporary accommodation. Early recovery can last any number of weeks or months, even years. It is in the early recovery stage that Sai medical camps can be organized with doctors coming from outside the disaster area, together with volunteers and other health professionals. While every patient deserves our utmost care, the long-term focus at these camps should be on treating acute conditions. Chronic conditions may be temporarily helped, however, since these conditions are likely to remain even after the SSIO leaves the affected area, it is best that patients with local chronic conditions establish a good relationship with a local doctor or health facility.

iv. **Community Development/Rehabilitation**

During medium to longer-term recovery, the work of building and rehabilitating permanent structures begins. Although this phase is not considered part of the medical emergency response, the SSIO may continue its presence in the disaster area to provide ongoing medical help, along with aid in rebuilding school buildings and medical clinics. Throughout all phases of medical emergency relief efforts, the SSIO serves the population by providing nutritious meals and other basic needs.

c. **Qualifications and Eligibility**

In addition to the various requirements outlined for all volunteers in Chapters 3 and 7, all medical and dental professionals volunteering for medical camps must have:

- i. **State License:** In the US, to practice medicine in their specialty area. In the US, temporary medical license will need to be obtained if the disaster occurs beyond your licensed state(s). The process to obtain the temporary license may be expedited in some cases by the impacted state government depending on the scale of the disaster and the need. These laws however vary from state to state. The individual State Medical Licensing Department of the affected state usually

provides the information on need and they also issue temporary licenses usually within a short course of time.

- ii. **Appropriate Malpractice Insurance:** Typically obtained as an extension of the medical professional's workplace or an associated health volunteer organization (such as a community clinic, etc.). The malpractice laws and coverage during disasters will need to be assessed and confirmed, as these may vary by state, the volunteering intent and the scale of the disaster. In the US, during disaster periods, the institution/practice setting usually provides medical liability (malpractice insurance) to doctors when they volunteer in a different (non-licensed) state, but it doctors should confirm this status with their respective practices.

Further, all medical and health-professionals (as well as non-medical volunteers) interested in being part of any disaster's medical mission must first register at www.sathyasaihumanitarianrelief.org, prior to participating in a mission.

d. Deployment Requirements

SSIO doctors, dentists, and other medical volunteers will be traveling at their own expense. Whenever feasible, the SSIO will try to provide transportation in the local area affected by the disaster. The SSIO local team may also provide safe drinking water and meals during medical camps and relief mission. However, volunteers who deploy into remote of scarcely-supplied areas or areas should plan in advance and keep an adequate amount of backup snacks, fluids and water purifiers to cope with unknown conditions.

The IDRC or NDRT will provide information about dates, duration, location, and other necessary details for any medical camps or mission being planned. Prior to traveling to a disaster site, the Disaster Relief Team will provide additional relevant information, including hosting orientation meetings, as needed. Further, specific conditions and requirements of each disaster mission will be published at www.sathyasaihumanitarianrelief.org.

All volunteers traveling to foreign missions must have valid Passport and Visa (if required). Copies of Medical License and Malpractice Insurance may be necessary for doctor volunteers to carry with them.

Medical volunteers must comply with the Guidelines of the Sathya Sai International Medical Committee for the International Medical Camps in Appendix K.

Chapter 6: Disaster Psychology

a. Disaster Trauma and Sensitivities

The National Center for Post-Traumatic Stress Disorder acknowledges that in the aftermath of a disaster, many survivors show signs of acute anxiety and stress, including individuals who are:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic, or “shut down”
- Extremely irritable or angry
- Exceedingly worried

Therefore, the SSIO will, if possible, include Mental Health Professionals to work along with Medical and Dental Professionals in all Disaster Relief Medical Camps.

Since in most cases SSIO Medical Camp volunteers will be at some disaster site less than two weeks, it is not viable to begin traditional psychological therapy, which requires consistent therapeutic contact over a longer period of time. Nonetheless, it is important for mental health and other medical professionals to be aware of and assist at-risk populations. Individuals that are at risk after a disaster include:

- Children, especially those:
 - Separated from parents/caregivers
 - Whose parents/caregivers, family members, or friends have died
 - Whose parents/caregivers were significantly injured or are missing
 - Involved in the foster care system
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness

- Those with physical disabilities or illness
- Adolescents who may be risk-takers
- Adolescents and adults with substance abuse problems
- Pregnant women
- Mothers with babies and small children
- Disaster relief personnel
- Those with significant loss of possessions (for example, home, pets, family memorabilia)
- Those exposed first hand to grotesque scenes or extreme life threat

b. Psychological First Aid

As stated above, traditional psychological therapy is not feasible in traditional medical camps of short duration. Still, medical and mental health volunteers will encounter disaster survivors who need some form of immediate psychological first aid. This first aid includes basic observation and information-gathering approaches to help the medical and mental health volunteers make rapid assessments of the survivors' immediate concerns and needs, and to implement supportive recovery activities in a flexible manner.

Psychological First Aid is emerging as the preferred response in times of crisis and is now recommended in USA's Federal disaster guidelines (as specified in the 2008 National Response Framework - U.S. Department of Homeland Security, 2008). Psychological First Aid is a model utilized in disaster response to assist those impacted in the immediate hours and early days following emergency and disaster. It is designed to reduce the initial distress caused by traumatic events, and to foster short and long-term adaptive functioning and coping.

The basic objectives of psychological first aid include:

- Establishing a human connection in a non-intrusive, compassionate manner
- Enhancing immediate and ongoing safety, and providing physical and emotional comfort
- Calming and orienting emotionally-overwhelmed or distraught survivors
- Helping survivors to tell you specifically what their immediate needs and concerns are, and gathering additional information as appropriate

- Offering practical assistance and information to help survivors address their immediate needs and concerns
- Connecting survivors as soon as possible to social networks, including family members, friends, neighbors, and community helping resources
- Supporting adaptive coping, acknowledging coping efforts and strengths, and empowering survivors; encourage adults, children, and families to take an active role in their recovery
- Providing information that may help survivors cope effectively with the psychological impact of disasters
- Being clear about the volunteer's availability, and (when appropriate) linking the survivor to local recovery systems, mental health services, public-sector services, and organizations.

c. Working with Survivors: S.A.I. Protocol

Survivors of traumatic events, including natural disasters, who are stable enough not to require Psychological First Aid frequently need psychological and mental health assistance to help them continue to cope effectively. They often have strong reactions to the life-threatening situations of the disasters that, in many cases, last long beyond the threat itself. They form a psycho-physiological response that can be crippling to the individual. This is called either acute stress disorder or post-traumatic stress disorder (PTSD), depending on when the symptoms appear.

The most common symptoms of PTSD are depression, anxiety, anger and isolation. Sleep is often interrupted, and the body's immune system is compromised. Somatic symptoms can include stomachaches, digestive problems, headaches, and backaches, cardiology problems including high blood pressure, problems with vision, and a host of other similar medical conditions.

Traditional treatment for PTSD and other stress related conditions due to traumatizing and life-threatening events are all based on relieving the mind and body of the stress created by the initial event, and empowering the individual to continue to release stress due to this event and other similar events that may occur in the future. A method to teach survivors traditional exercises to reduce stress is the Stress Alleviation Intervention (S.A.I.) Protocol, outlined in Addendum C.

Any assistance to be provided will take into consideration the local customs and sensitivities after adequate communication with the local people both within the SSIO and local officials as applicable.

Patient selection and screening are based on measurements of pulse and blood pressure, reports of anxiety, panic attacks, sleeplessness, restlessness, sadness, loss of energy, lack of enjoyment, and difficulties in relationships, as well as other similar stress related issues. When medical volunteers are assessing survivors during the medical camps they may refer certain patients to the professional mental health volunteers for education in the S.A.I Protocol.

d. Disaster Relief Team Well-Being

Disaster relief volunteers providing relief services to survivors of disasters may experience direct or secondary trauma from the work and the environment. The work of caring for the emotional and physical needs of others may take a toll on those volunteers. In these circumstances, the exposure can lead to direct traumas and/or vicarious trauma for the volunteers.

Therefore, volunteers' mental health must also be periodically assessed and maintained.

"Volunteer trauma" is responding to and witnessing an actual or perceived threat to the safety/integrity of self or others that may result in intense fear or helplessness in response to an event. The American Psychiatric Association described research that suggests "powerlessness in the face of an event" often is what causes someone to experience an event as traumatic. For volunteers responding to and witnessing a disaster or a series of distressing life events, over time such experiences can lead to medical and/or physical symptoms and long-term consequences.

Psychological First Aid is an appropriate and supportive intervention to help prevent volunteers from experiencing volunteer trauma, and an appropriate treatment for volunteers who are experiencing it. According to a published article by The American Group Therapy Association, Psychological First Aid is considered a "best practice" for intervention of First Responders in the aftermath of a disaster.

Addendum E list a set of basic steps that can be followed by disaster relief teams in order to maintain the well-being of volunteers.

Chapter 7: Guidelines for SSIO Disaster Relief Volunteers & Teams

a. What to Expect: Typical Disaster Scenarios and Volunteer Needs

The damage caused by natural disasters can affect all segments of a community, from government services to private enterprise to civic activities. These events severely restrict or overwhelm the local response resources, while leaving many individuals and neighborhoods severed from outside support.

The support provided by volunteers is often the only lifeline available to badly affected communities, especially during the initial hours and days after a disaster. In such cases, volunteers are needed for a wide spectrum of roles and tasks, provided the appropriate safety measures have been taken: Rescue and recovery, leading a command post, coordinating tasks and communications, research and networking (identifying and prioritizing needs and solutions), managing or supporting food and safe drinking water, cleaning and disinfection supplies for the shelter and medical camps, coordinating movement of resources and general supplies, among others.

In weeks and months after a disaster, volunteer tasks will turn to helping local families rebuild their lives, infrastructures and communities through: Continuation of medical camps and community kitchens, providing water purifying systems and training for safe drinking water that meets all local governmental regulations, reconstruction of homes and critical-use facilities (such as schools, water purification infrastructure and hospitals), educational initiatives and skills training. **Any reconstruction activities must be performed under the supervision of licensed contractors and approved by the local authorities.**

b. Volunteer Roles

i. Volunteer Roles On the Ground

1. Mission Lead

Typically, the CDRC or the NDRT Operations Team Lead - or a collaboration of both - the Mission Lead manages the overall mission and is the liaison between SSIO National/Senior Leaders and all ground operations. The Mission Lead interacts with collaborator organizations and government entities and oversees crucial areas such as: Communications; Resource Management (Supplies, Equipment, Volunteers, Doctors, SME's); Allocation of IIR Storage Warehouse(s) in strategic location(s); Planning; Transportation and Logistics, among others. At times, local DR or SSIO leaders are themselves impacted by a disaster and not in a position to coordinate relief efforts. In those cases, the NDRT will assign temporary leaders from adjacent or unaffected areas.

2. The Anchorman or Local Coordinator

The Anchorman or Local Coordinator is the lead coordinator for all relief activities on the ground, for communicating the status, budgets, needs and requirements to the CDRC/NDRT and SSIO Chain of Command and obtaining

their approval for any initiatives. The anchorman or local coordinator oversees the following day to day activities:

- a. Directing any SSIO relief operations
- b. Identifying immediate and long-term needs. Plan the response action and execute quickly. Preparing a list of supplies and the vendors along with the required quantities will be extremely beneficial in expediting relief efforts.
- c. Managing all aspects of the central “Sai Home”, Sai Camp or SSIO’s Operational Headquarters - including resources, budgets, logistics and activities
- d. Identifying new areas of need and prioritizing resources
- e. Forecasting the number and skills of volunteers required immediately and at various future stages of the mission.
- f. Assembling a suitable team of volunteers and team leads, assigning and coordinating local tasks, and supervising volunteer team duties and safety. Guiding and assigning tasks to the Project/Team Leads
- g. Assessing site specific safety issues. Providing for and maintaining the security and safety of SSIO volunteers. Procure safety gear for SSIO volunteers including safety eye glasses, breathing mask, overalls, gloves, hard hats, etc.
- h. Identifying warehouse facilities that can receive supplies. Options could include utilizing personal home/offices or renting a warehouse for the duration of the service, depending upon the requirements and feasibility.
- i. Representing the SSIO and interacting with local officials and community leaders in relief efforts, upon approval from the CDRC/NDRT and SSIO Chain of Command
- j. Identifying other service organizations/NGO’s in the area that align with the Sai values and SSIO guidelines, to collaborate in some specific tasks such as the transportation and distribution of relief supplies and recovery efforts.
- k. Overseeing multiple simultaneous projects ranging from: Community kitchens (Narayana Seva), site clearing and reconstruction projects, rebuilding water purification systems, medical camps, educational initiatives, cleaning and disinfection initiatives, inventorying and/or distributing supplies, among others

3. Team/Project Leaders

Team/Project Leaders are assigned a specific initiative within the overall SSIO relief efforts, reporting to the Anchorman/Local Coordinator or in their absence to the CDRC/Mission Lead. The specific initiative and scope of responsibility will vary depending on the assignment, expertise and skills required - these assignments

could be expertise-based, project-based or team-based. However, the Anchorman's areas of responsibility listed in the earlier section provide a good reference as to the types of individual initiatives that could be assigned to a Team/Project Leader. The Disaster Relief Chain of Command will assess and announce the skill-sets needed for any given disaster.

Exploratory Team/Project Leaders/SME must be available to travel to affected area within two weeks of the disaster event and participate in weekly, bi-weekly or monthly shifts thereafter, depending on the number of teams created and available.

4. Prompt Response Volunteers

Prompt Response volunteers are volunteers with experience and/or training in disaster relief operations and may also include professionals in the areas of health, government and public and social services. The SSIO DR Chain of Command will activate these volunteers when it's safe to do so and only if risks are minimized.

These volunteers are the first ones from the SSIO to arrive in a disaster zone. Their tasks will focus on addressing any essential needs inside the disaster area, such as: Search, rescue and recovery (only when absolutely necessary, see Chapter 4-b), emergency triage, victim transportation and care, debris removal, supply distribution, make-shift shelter management, any relief/aid needed in the immediate days following a disaster. Specific tasks vary depending on assignment and stage in the mission.

Fast Response volunteers are "pre-committed" volunteers (or SME's) who have signed-up to be part of the NDRT Database. As such, they may also have pre-assigned teams, or may be expected to participate in team deployment shifts. They must be available to travel to affected area within 2 weeks of event and participate in weekly, bi-weekly or monthly shifts thereafter, depending on the needs and number of teams created and available. They report to the Anchorman/Local Coordinator or to an assigned Project/Team Lead on the ground.

5. General Volunteers

General volunteers support all other relief activities that go beyond immediate rescue and response needs, that require little or no disaster relief training, or anyone who'd like to support the SSIO relief efforts, on the "per event" and "when available" basis. They may include: Other SSIO members, family, friends and extended community members.

General volunteers have limited or little access to ground-zero areas, for safety reasons. If the volunteer is disaster relief trained, he/she may access the affected area under the supervision of a Team Lead. Tasks vary according to the needs and as assigned by the Team Leads. Some of these general tasks may

include: Preparing items, transporting supplies, inventory, remote/technical support, among others.

However, General volunteers are mostly needed for long-term community rebuilding support after the disaster. A wide variety of skills are usually needed, ranging from cooks, construction workers, project managers, teachers, social workers, infrastructure and subject matter experts, people with technical skills or general manpower. Several other volunteer roles exist that can be performed remotely and that will be announced by the RDRC and/or CDRC during each disaster. General Volunteers report to the Anchorman/Local Coordinator or to an assigned Project/Team Lead on the ground.

ii. Remote Volunteer Roles

There are variety of tasks that can support relief efforts remotely, by working through the established local and international SSIO disaster relief organizations. These roles may be permanent positions or they may be established as needed. Among others, they include:

1. General supplies, inventory and/or medications coordinator
2. Volunteer and/or deployment coordinator
3. Subject-matter-expert (SME) or skill-specific advisor
4. Communications and/or technology support
5. Research support including Internet/TV/Newspapers research, communication with authorities in the affected regions.
6. Accounting and recordkeeping
7. Photography, Videography and reporting
8. SSIO Website maintenance
9. Create SSIO Website with links to online purchasing of supplies (Example: Website created for Houston and St Thomas island after Hurricanes in 2017)

c. Additional Qualifications for Volunteers on the Ground

The formal selection process and eligibility criteria for all disaster relief leaders and volunteers has been outlined in Chapter 3. The following sections expand on the qualifications that leaders and volunteers working on the ground specifically must possess.

i. Additional Qualifications for Anchormen and Project/Team Leads

Leaders on the ground play a pivotal role. They must have people skills, be compassionate, clearly understand the Guidelines and be able to manage the project with love, humility and patience while maintaining discipline. The leader

must be able to work as part of the team, or independently. He/she will be the first respondent to ground zero and must be capable of coping with extreme conditions with available resources and respond promptly with feedback and request for urgently needed supplies.

Leaders on the ground must be capable of managing the emotional and other mental and physical conditions experienced by the disaster victims and volunteers who may also face difficulties due to extreme conditions. The leader must be able to quickly assess the conditions and debrief volunteers. The team leader must have balance and be approachable. He/she should be physically strong and be able to adapt to extreme conditions.

Therefore, leaders on the ground must also:

1. Have management experience
2. Be an experienced member of the SSIO, be intimately familiar with the SSIO and NDRT Guidelines, and the NDRT Operations Manual, the protocols and practices, and ideally, have leadership experience as a SSIO Officer
3. Have [CERT, \(Community Emergency Response Team\)](#) certification and advanced/management level training, such as [FEMA's Incident Command System \(ICS\) courses](#)

ii. Additional Qualifications for Rescue, Response and General Volunteers

Many of the qualities outlined above for leaders on the ground are also valuable for Rescue and General volunteer roles. Above all however, in these roles, volunteers must be disciplined and focused. They must be able to follow the instructions of the Project/Team Lead, of the SSIO Chain of Command, and of the local authorities.

Additionally:

1. All volunteers must read and be well-versed with the SSIO and NDRT Guidelines.
2. All Rescue and Response volunteers must be experienced in disaster relief scenarios, have a [CERT, \(Community Emergency Response Team\)](#) certification (at a minimum) and may also have other basic disaster relief and first aid trainings. Rescue and Response volunteers may also be a health, social, government agency or public safety professional.
3. General volunteers should be generally skilled in the tasks for which they are volunteering, or which are required on the ground at any point in time (i.e. cooking, construction labor, etc.). Further, general volunteers must read the SSIO recommended literature on basic disaster relief and meet all SSIO guidelines prior to deployment.

d. Training and Certification Requirements

In the USA, the most complete basic disaster relief training course is [CERT \(Community Emergency Response Team\)](#). Addendum D includes a summary outline of this program. It is widely available, free of charge and available through most cities, counties and/or other local government agencies. You may visit the official CERT website for more information: <https://www.fema.gov/community-emergency-response-teams>. Other disaster relief training courses may also be available through local government agencies or specialized NGO's.

Disaster relief training must:

- Provide an understanding of the science of disasters, their causes, and impact.
- Identify ways to survive different events, and to bring aid to survivors.
- Describe what to expect in various disaster scenarios, dangers, working with minimal resources, health and hygiene issues, pest control and animal survivors, evacuation, attending to the sick and injured., and becoming aware of potential fraudulent activity should all be part of the learning.
- Outline how to prepare an effective team, communication, and staying in contact are also part of the training.
- Psychological first aid is useful, in order to help our own team members as well as survivors who are not able to cope with the situation. This is described in Chapter 6.

e. Deployment Requirements

i. Approval and Mission Registration

All volunteers must be approved by their Center and Regional SSIO officers and DR coordinators prior to service.

To become a pre-committed/permanent member of the NDRT team or to serve in individual missions (whether National or International), volunteers must register through this form: <https://tinyurl.com/SaiNDRT>

Unless the official SSIO channels specify to the contrary or unless “any and all” approved volunteers are called to service, this registration process is essential to scheduling volunteers in a balanced manner.

Volunteers must be in good health and should consult their medical professionals prior to traveling to any disaster zone. The vaccinations required for volunteers will vary by geographical area, type of disaster and local conditions at the time of the disaster.

For international missions, the routine vaccinations generally recommended are measles/mumps/rubella (MMR), diphtheria/pertussis/tetanus (DPT), polio, seasonal and H1N1 flu, and varicella, current tetanus shot, hepatitis A and B,

typhoid, Japanese encephalitis and yellow fever. In some countries, proof of certain vaccines is a requirement. For a complete current list of vaccinations and medical recommendations by area of the world, please visit the [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov).

ii. General Supply Checklist - What to Bring

Volunteers and other travelers will need to be self-sufficient. Generally, volunteers should pack basic supplies, including some of the items listed in Addendums F and G. However, volunteers should assess the specific needs of each mission prior to finalizing their traveling supplies.

iii. Other Deployment Checklists

In addition to the General Supply Checklist, other items may be required for a specific mission or country. Should these exist, the NDRT will communicate and post such requirements at www.sathyasaihumanitarianrelief.org or at www.sathyasai.us.org. The CDRC should also provide specific instructions regarding vaccinations and preventive medications.

iv. Compliance with SSIO Guidelines and Local Laws

Volunteers must read, understand and comply entirely with the SSIO and NDRT Guidelines and with any local regulations that may be applicable. Failure to comply with these guidelines and regulations may result in revocation of permission to serve in SSIO disaster relief missions.

Should an SSIO policy be in conflict with a local custom or regulation, volunteers must request direction from the SSIO leadership before proceeding with any actions that may compromise SSIO principles or local laws.

v. Expenses

All volunteers must be able to meet their travel and personal expenses for the duration of their deployment. These expenses include but are not limited to food and water, accommodations, transportation, clothing, medications, personal supplies, personal first aid supplies and equipment, among any other personal needs. Although in some circumstances the SSIO will secure a local facility that can accommodate and provide food and safe drinking water for volunteers, circumstances may vary from disaster to disaster.

Therefore, it's required that volunteers check the specific circumstances prior to each relief mission with their local DR leaders and be prepared to meet all expenses necessary.

Chapter 8: Field Operations

a. Decision-Making

Operational decisions follow the Disaster Relief Chain of Command stated in Chapter 3.

b. Essential Items to Carry to a Mission – Recommended “Backpack” Kit

The type of items to carry in a typical relief mission or so called “backpack kit” will depend on the specific location, objective and length of the particular relief area. The Anchorman/Local Coordinator must assess the suitable equipment and supplies needed for any given mission. Requirements will also vary according to the volunteer role; for example, search and rescue volunteers may need more specialized and safety equipment than general volunteers.

However, all volunteers should carry a well sourced backpack kit, containing a minimum set of daily essential personal, work and safety supplies. A suggested list of potential supplies and equipment is listed in Addendums F and G. Please note that this is a rather comprehensive list and that not all of these supplies and equipment will be needed for all missions.

Volunteers must also check the supply recommendations for the latest mission posted on www.sathyasaihumanitarianrelief.org and www.sathyasai.us.org.

c. Identifying the Needy

Although most people in a disaster affected areas will need some type of assistance, it is often those with the highest need who are the last ones to receive help - primarily because they live in remote areas. Therefore, some effort will be required to adequately identify and assess the areas of highest need - one of the key aspects of the SSIO DR mission.

In the USA, accessing and serving in a disaster site, depends not only the team’s preparation and readiness, but also on the community relations that have been developed prior to such a disaster. Given the advanced response protocols and regulations in the USA, local authorities will rarely allow access to anyone who isn’t authorized by a recognized local or government emergency response agency. There is no badge or certification – even CERT – that can guarantee access to a particular site. Only knowing and regularly participating with the local emergency relief forums can open the doors to the SSIO and its volunteers.

To this end, it is imperative to maintain ongoing relationships with key government agencies, as well as any NGO’s and faith-based groups active in disaster relief – particularly VOAD (Voluntary Organizations Active in Disaster). More information about VOAD is discussed in Chapter 10.

Absent any pre-existing relationships, the SSIO DR team will require some level of networking and investigation on the ground, trying to identify the most suitable persons or organizations in the affected community who can provide guidance, access

and approvals. SSIO teams may need to use creativity in finding information and such contacts (for example, journalists can be of great help in certain circumstances)

d. Essentials of Search & Rescue and Recovery Operations

For extreme emergencies and *force majeure* (chance occurrence, unavoidable circumstances) only (as described in Chapters 4-b and 5-b), the recommendations for basic search and rescue operations provided in Addendum I are based on the USA [CERT Basic Training Participant Manual, Chapter 5, pp 185–230](#), published in January 2011. The full manual can also be downloaded [by Unit, here](#).

e. Preventing, Identifying and Managing Hazards

Volunteers must be prepared to confront a variety of potential or existing hazardous situations while serving in devastated and often contaminated disaster areas, including: food and drink, insects and animals, injuries, human remains, heat and psychological issues, among others. Addendum J provides a detailed list on how to cope with many of these potential hazards.

Chapter 9: Guidelines for Interaction with Other Groups and Cultures

a. Approval Procedures for non-SSIO (“Guest”) Volunteers

Volunteers who are not SSIO members can be considered to join the SSIO disaster relief effort, depending on need and upon the recommendation of SSIO officers.

The minimum requirements for guest volunteers are as follows:

1. Must be at least 18 years old if serving alongside a related SSIO member or at least 21, if serving alone
2. Must be a good team member and agree to abide by SSIO leadership decisions
3. Must certify the review of and abidance by the SSIO Guidelines
4. Must be able to bear the cost of travel and other personal expenses
5. Must possess the necessary skills/experience for the mission-required tasks
6. Must meet the same qualities and requirements as SSIO volunteers, described in Chapter 7.
7. Guest volunteers may only volunteer as Response Medical, and/or General Volunteers, not as Anchorman or Team Leaders.

b. Awareness/Sensitivity of Local Cultural and Societal Norms

Cultures and societal norms vary widely from community to community, even within the same country. All volunteers must research and gain a basic understanding of the culture and type of societal norms in the country in which they will serve. Volunteers must not assume that they understand a particular culture from hearsay or by having interacted with members of that culture in the past. Individual experiences can vary from the general norm.

Therefore, it’s highly recommended that volunteers research the local culture of the affected site prior to deployment, in order to ensure a harmonious and fruitful relationship with the local community.

For international missions, volunteers are also highly encouraged to visit their country’s State Department or Foreign Relations Department website for basic information and safety communications about a particular area of the world. In the US Department of State (www.state.gov) offers comprehensive information and real-time warnings about varying world conditions.

c. Interaction with Other Organizations

Unity and service are not possible without collaboration – this is especially true in cases of disaster relief. In times of chaos, every volunteer and government organization make up a small part of the overall solution. In such environments, organizations may depend on each other for information and some level of resource management.

The SSIO must remain a unifying force and collaborate with others in order to secure the larger benefit of the community. Volunteers are ambassadors of the SSIO and must exemplify at all times the qualities and values taught by Sri Sathya Sai Baba.

Volunteers must exude love, joy, compassion and the spirit of sacrifice through every thought, word, and action.

The SSIO should not enter formal partnerships with other organizations. Its activities must be executed independently from – though in understanding and with a collaborative spirit – with other organizations, while abiding by the laws of the land. More details about working with other government or relief and agencies and NGO's is provided in Chapter 10.

In this matter, Sri Sathya Sai Baba has said:

It is best that Seva activities of our Organization are kept free from contact or involvement with other Seva Organizations in the country. For, other Organizations do not have the same strict rules and regulations regarding many matters. The environment which makes their service programs and the atmosphere created thereby may not be congenial to the Seva of this Organization.

-Sanathana Sarathi, January 1978

d. Understanding SSIO Outreach

As followers of Sri Sathya Sai Baba, most volunteers may feel comfortable and adequately prepared to talk about Him, His message and the SSIO. However, when interacting with the general public, under stressful circumstances and/or cross-cultural barriers, delivering a concise and precise message may require some preparation.

In fact, such preparation is critical when interacting with public officials, community and other organizations' leaders, as our responses may impact our credibility and role across the local relief efforts. Our message and actions must reflect utmost universality and only a desire for selfless-service, without being perceived as promoting our group or any other agendas.

Thus, Addendum H offers some answers to frequently asked questions, which all SSIO leaders and volunteers must read and use as guidance when appropriate.

Chapter 10: Working with US Government and Emergency Management Agencies

a. FEMA VAL's and NVOAD: National Voluntary Organizations Active in Disaster

In the USA, FEMA maintains [Voluntary Agency Liaisons \(VAL's\)](#) across the country, to guide and coordinate relief efforts across voluntary, faith-based, and other community organizations. The SSIO-USA and each of its Sai Regions and Sai Centers should maintain ongoing contact with their respective regional VAL and subscribe to their notifications' network at: VAL-Team@fema.dhs.gov. A map of all VAL's by region can also be found [in this link](#).

In addition, the SSIO-USA, NDRT and all National, Regional and Sai Center DR coordinators must join and actively participate with [VOAD – Voluntary Organizations Active in Disaster](#), at all levels. NVOAD is: "An association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster."

Although there is an overarching National VOAD (NVOAD) association, [state-based VOAD's](#) have been formed and in some states even city or county level VOAD's exist. Collaboration with the local VOAD's will keep the SSIO DR teams abreast of the latest developments about local relief needs and protocols, and facilitate the expedient participation of the SSIO DR teams in disaster events.

Members of VOAD receive [different benefits](#), including educational opportunities and help coordinating and facilitating communication among member organizations, emergency management agencies other organizations.

b. NIMS: National Incident Management System

In the USA, all incidents whether at a local level or at a national level follow FEMA's [National Incident Management System \(NIMS\)](#) program, which provides a comprehensive and common approach to managing incidents across the country. As soon as a disaster strikes in the USA, first responders set up an Incident Command Center at a facility near the event. The Incident Command Center uses [Incident Command System \(ICS\)](#), which itself manages NIMS' on-site resource and prioritization protocols. ICS is a standardized management tool for meeting the demands of small or large emergency or non-emergency situations. It represents "best practices" and has become the standard for emergency management across the USA.

The NDRT and all DR teams must be set-up to mirror the ICS structure, so that when a disaster strikes, the SSIO can simply plug into the established network and protocols – while remaining in compliance with the SSIO guidelines. Online resources are available on ICS and NIMS and ideas from these can be used by the SSIO and NDRT for training, forms, etc.

c. Working with other Relief NGO's in the US

Relief organizations in the US can include non-governmental organizations (NGOs), non-profit organizations (NPOs), community-based organizations (CBOs). These organizations themselves may also partner with individuals, VOAD's, government agencies, faith-based agencies and civic groups. Generally, NGO's partner with NPOs and CBOs and write proposals for joint grants in order to access state or federal funding in the US.

It is the SSIO's policy to foster collaboration with these agencies but steer away from forming any formal partnerships. The SSIO follows a strict set of guidelines provided by Sathya Sai Baba, which must be followed by the NDRT and its volunteers at all times. Given the US environment, it will be difficult to work entirely alone, so effective coordination with other agencies during disasters will be necessary. However, with the understanding that collaboration and networking are important components of our service, the NDRT and its teams aim at maintaining autonomy in its work.

Chapter 11: SSIO Membership – General Disaster Preparedness

When a disaster strikes, there's no substitute for preparation. If it is true that disasters generally come unannounced, some basic level of forethought, planning and readiness can go a long way in minimizing their impact and maximizing everyone's wellbeing. The Sathya Sai volunteers and members of the SSIO can begin to prepare themselves and their immediate community today, by following some of the recommendations below.

a. Home and Family Preparedness

According to a government survey in the USA, only a small fraction of citizens is familiar with their community disaster warning systems, most under the impression that a natural disaster would be highly unlikely in their area. Further, the majority of respondents expressed high confidence in their local authorities and neighbors to assist in time of disaster, although most of them seemed equally unprepared for such an event. Therefore, preparedness at home is critical and the first step towards community assistance.

The "Home and Workplace Preparedness" recommendations stated in Addendum K come from the CERT (Community Emergency Response Team) training manual, published by the Government of the United States. Various other such programs exist that can help families prepare for disasters and each country will certainly have plenty of government resources available. We recommend all members of the SSIO to read and implement these basic guidelines and subsequently increase disaster preparedness awareness in their immediate communities.

b. Orienting our Immediate Community towards Preparedness

Preparing for a disaster is everyone's responsibility. If it is true that the government is tasked with the responsibility of setting up the necessary organizations, resources and EOP's (Emergency Operations Plan) that will lead the response in times of disaster, other community leaders and the general public also bear the follow important duties:

- i. Participate in community readiness initiatives and contribute unique experiences and talents
- ii. Increase awareness and training opportunities about disaster readiness within their organizations and circles of influence
- iii. Volunteer and identify additional support resources

c. Disaster Preparedness for Sathya Sai Centers

The CDRC, RDRC and SCDRC must inform all SSIO members, whether active volunteers or not, of the available disaster relief/preparedness training courses in their local communities. All SSIO members are highly encouraged to undertake such professional training, not only for their own readiness, but in order to better serve their local communities in times of need. Additionally, the local disaster relief laws are encouraged to provide all SSIO members with a basic disaster preparedness module to be reviewed across local Sathya Sai Centers.

ADDENDUM A – (Sample) Disaster Relief Team –Volunteer Form

The form below provides a sample that can be used by local DR Coordinators in their respective Countries or Regions. **In the US however, the official NDRT Volunteer Form to be completed is: <https://tinyurl.com/SaiNDRT>**

I would like to be added to the Servicedatabase of the Sathya Sai Organization Austria (for Sai Challenge projects, catastrophes, service projects, internal meetings). The data will be treated confidentially.

personal data

| | |
|-----------------------------|--|
| first name, last name: | |
| member C/G, responsibility: | |
| address: | |
| postcode, town: | |
| telephone number: | |
| mobilephone number: | |
| e-mail: | |
| date of birth (dd/mm/yyyy): | |
| occupation: | |

job: yes ☐ no ☐

available at short notice: yes ☐ no ☐ maybe ☐

driving licence: yes ☐ no ☐

own car: yes ☐ no ☐

languages:

where I want to help, what I can do

| internal meetings | administration: | trade: | housework: |
|--|---|---|--|
| <input type="checkbox"/> logistic services | <input type="checkbox"/> accommodation | <input type="checkbox"/> painter's work | <input type="checkbox"/> cooking |
| <input type="checkbox"/> organization | <input type="checkbox"/> office work | <input type="checkbox"/> handy work | <input type="checkbox"/> cleaning |
| <input type="checkbox"/> translation | <input type="checkbox"/> translation | <input type="checkbox"/> plumber's work | <input type="checkbox"/> laundry |
| <input type="checkbox"/> graphic design | <input type="checkbox"/> authority contacts | <input type="checkbox"/> electrician's work | <input type="checkbox"/> shopping |
| <input type="checkbox"/> media desk | <input type="checkbox"/> EDP-work | <input type="checkbox"/> fitter's work | <input type="checkbox"/> snow clearing |
| <input type="checkbox"/> documentation | <input type="checkbox"/> bookkeeping | <input type="checkbox"/> | <input type="checkbox"/> |

| farming: | educare: | healthcare: (please specify) | sociocare: |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> garden work | <input type="checkbox"/> projects with children | <input type="checkbox"/> medical care: | <input type="checkbox"/> old people |
| <input type="checkbox"/> harvesting | <input type="checkbox"/> singing, music | | <input type="checkbox"/> ill people |
| <input type="checkbox"/> stable work | <input type="checkbox"/> drawing, painting | <input type="checkbox"/> psychological care: | <input type="checkbox"/> children |
| <input type="checkbox"/> | <input type="checkbox"/> pottery | | <input type="checkbox"/> handicapped p. |
| | <input type="checkbox"/> handicrafts | <input type="checkbox"/> physiotherapy, massage: | <input type="checkbox"/> poor people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

date:

signature:

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

Acknowledgment and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved in participating in disaster relief service activities and missions.

I understand that disaster relief service activities involves certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in these activities, I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

I understand that the Sathya Sai International Organization, Sathya Sai World Foundation or any other of its affiliate organizations may not insure participants in disaster relief activities, that any coverage would be through personal insurance, and the above-mentioned organizations and any of their affiliates has no responsibility or liability for injury resulting from these activities.

I voluntarily elect to participate in these activities with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **Waive, release, and discharge the Sathya Sai International Organization, Sathya Sai World Foundation or any other of its affiliate organizations** and its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and
- b. **Defend, indemnify, and hold harmless the Sathya Sai International Organization, Sathya Sai World Foundation or any other of its affiliate organizations**, its agencies, officers, and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name: _____ Signature _____

Date: _____

ADDENDUM B – NDRT Response Protocols by Disaster Phase

| Day (Event +/- Days) | Communications / Media / Decisions | Volunteers/Human Resources | Logistics/Supplies |
|---|--|--|---|
| Phase 1) PRE-EVENT (SSIO Focus = Sai-EP, Awareness, Preparation, Injury Prevention, Resource Planning, Response Readiness) | | | |
| T-5 (or ASAK) | <ol style="list-style-type: none"> 1. C&T sends alerts to NDRC Ntwk + REG per public/VOAD info. C&T Starts tracking event and collecting media and materials. 2. C&T sends event-specific EP guidance to REG members 3. LC invokes Prep Meeting for LC + REG, to be held on T-3. | | |
| T-(4,3,2,1) | <ol style="list-style-type: none"> 1. LC + REG: Pre-Assess Mtg, Review Protocols/Templates. Directs OPS to conatct VOAD and LCOL. 2. NDRC invokes standby protocols to ST's 3. C&T sends daily evening updates to NDRC Ntwk. 4. C&T + REG: Open "Sai Hotlines" for anticipated needs | <ol style="list-style-type: none"> 1. OPS: Contact/align with VOAD and LCOL 2. OPS: Issues standby of all VOL & MED teams 3. OPS: Prep Mtg. with L&R-VOL and L&R-MED 4. MED: Checks State Emergency Requirements 5. OPS: Prelim potential ET/IRT prep: Level (L-R-N), composition, size, scope. | <ol style="list-style-type: none"> 1. LOGS: Verifies for all R/L-INV on-hand and potential transportation routes 2. LOGS+MED: Contact VEN, orders essential SUP to add to basic INV. Pre-Orders HOLD on expected SUP GAP (as per historical location and disaster type). SCDRC and L-VOL + Sai Centers start collecting Essential 1st Response Supply List. 3. LOGS: Verifies NDRC EQP, location and availability 4. LOGS+SCDRC/L-VOL: Identify STO+HQ for shipments and operations |

| Day (Event +/- Days) | Communications / Media / Decisions | Volunteers/Human Resources | Logistics/Supplies |
|----------------------|------------------------------------|----------------------------|--------------------|
|----------------------|------------------------------------|----------------------------|--------------------|

Phase 2) IMMEDIATE AFTERMATH (SSIO Focus = Safety, Emergency Response, Communications, Impact Assessment, Immediate Unmet Needs, Clean-Up, Moral/Spiritual Support, Basic Supplies Provision: Water-Cooked Food-Canned Goods-Essential Family/Children Supplies-Medications)

| | | | |
|--------------|--|--|--|
| T=0 | <ol style="list-style-type: none"> C&T + REG: Open/Route "Sai Hotlines" (SSIO Internal) for help guided by SSIO Members (until T+30) C&T (+REG info) sends 'Disaster Event Report' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Daily briefing/exchanges w L&R-VOL. Initiates database consolidation of potential volunteer teams. OPS: Respond/route Sai Hotline requests until T+30 | None - assess |
| T+(1, 2) | <ol style="list-style-type: none"> LC+REG: Immediate Post-Event Status Meeting C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests SCDR/SCDR/L-VOL: Daily 'Safety' call. Must provide LC, CDRC and NDRC assessment on security, safety. SCDR/L-VOL: (If safe) 'Immediate Needs Assessment' template to REG+OPS | <ol style="list-style-type: none"> OPS+LOGS+SCDR/L-VOL: Contacts COL. Assesses immediate SUP needed and locations. Activates STO facilities. SCDR/L-VOL: If safe, distributes any available SUP on hand + FOOD to affected areas, through available STO. |
| T+(3, 4) | <ol style="list-style-type: none"> LC+REG: Decide short term aid/response scope, as per needs assessments: Local-Region-Nation LC: Activates or calls-off Standby of ST's C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests L&R VOL: Updated 'Immediate Needs Assessment' template to REG+OPS OPS: Updated ET/IRT deployment prep | <ol style="list-style-type: none"> SCDR/L-VOL: If safe, distributes available SUP on hand to affected areas, through available STO. LOGS: If known, adjusts/releases 1st Batch GAP SUP on-hand purchases w VEN, send to available STO. |
| T=S(Safe) | <ol style="list-style-type: none"> LC + REG Mtg: Decide Safety and if/when/timing/scope of ET C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests SCDR/L-VOL: Issues 'Safe for Reconnaissance' L&R VOL: Completes 'Immediate Needs Assessment' Template to REG+OPS OPS: Confirm final ET crew/mission | <ol style="list-style-type: none"> OPS+LOGS+SCDR/L-VOL: Re-assesses/tracks w COL immediate SUP needed and locations SCDR/L-VOL: Distributes available SUP to affected areas, through available STO. |
| TS + (1-3) | <ol style="list-style-type: none"> C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. C&T preps 'Disaster Event Communication' for SSIO members NC approves/emails 'Disaster Event Communication' | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests REG and SCDRC/L-VOL plans ET visit: Locations, meetings, early relief exploration, etc | <ol style="list-style-type: none"> OPS+LOGS+SCDR/L-VOL: Distributes available SUP on hand to affected areas, through available STO. LOGS: Adjusts/releases 2nd Batch GAP SUP on-hand purchases w VEN, to available STO. SCDR/L-VOL: Sets-up FOOD+WAT stations/areas |
| TS + (4-6) | <ol style="list-style-type: none"> LC+REG: Pre-ET/IRT Meeting: Immediate needs + ET/IRT mission guidance C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests ET deploys for 2-day assessment (or 1 week in international), meets and plans with COL ET submits 'Ground Report and Projected Needs Assessment' template (Sh-T, Mid-T, L-T) at end of mission | <ol style="list-style-type: none"> OPS+LOGS+SCDR/L-VOL: Re-assesses/tracks w COL immediate SUP needed and locations, through available STO. OPS+SCDR/L-VOL: Distributes available SUP to affected areas, through available STO. SCDR/L-VOL: Sets-up FOOD+WAT stations/areas |
| TS + (7-15) | <ol style="list-style-type: none"> LC+REG: Weekly Meeting (Tue): ET Debrief + Immediate Needs + IRT mission guidance/debrief T+7, C&T publishes 1st website '1st Mission Report' C&T (+REG info) sends 'Daily Update/Needs' to NDRC Ntwk. | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests IRT Team 1 deploys for 1st Mission and SUP for immediate needs (Weekend) IRT provides '1st Mission Report' (Mon) | <ol style="list-style-type: none"> OPS+SCDR/L-VOL: Weekly teams distribution SUP to affected areas LOGS: Orders weekly or bi-weekly batches of GAP SUP w. VEN SCDR/L-VOL: Runs daily FOOD+WAT stations/areas/kitchens |
| TS + (15-30) | <ol style="list-style-type: none"> LC + REG: Weekly Mtg. (Tue): Short/Mid Term Needs C&T (+REG info) sends 'Weekly Update/Needs' to NDRC Ntwk. C&T Publishes website 'Mission Updates' <u>per each mission</u> "Sai Hotlines" close at T+30 | <ol style="list-style-type: none"> OPS: Respond/route Sai Hotline requests – Closes on T+30 IRT Teams 1 and 2 deploy as per needs urgency, weekly or bi-weekly (Weekend) missions (for int'l missions, shifts of 1-2 full weeks will be required) OPS+SCDR/L-VOL+MED: Set-up emergency medical camp, as required | <ol style="list-style-type: none"> OPS+SCDR/L-VOL: Weekly teams distribution SUP to affected areas, through available STO. OPS: Orders weekly or bi-weekly batches of GAP SUP w. VEN, to available STO. SCDR/L-VOL: Maintains daily FOOD+WAT stations/area/kitchens |

| Day (Event +/- Days) | Communications / Media / Decisions | Volunteers/Human Resources | Logistics/Supplies |
|----------------------|------------------------------------|----------------------------|--------------------|
|----------------------|------------------------------------|----------------------------|--------------------|

Phase 3): EARLY RESTORATION (SSIO Focus: Medical Camps, Mid-Tier Furnishings and Equipment Provision, Reconstruction Support)

| | | | |
|--------------|---|---|---|
| TS + (30-90) | <ol style="list-style-type: none"> LC + REG: Weekly Mtg. (Tue): Mid/Long-Term Needs T+30, C&T preps 'Disaster Relief Update' for SSIO members NC approves/emails 'Disaster Event Communication' C&T (+REG info) 'Bi-Weekly Update/Needs' to NDRC Ntwk. C&T Publishes monthly website 'Mission Updates' | <ol style="list-style-type: none"> OPS+SME+SCDRC/L-VOL: Joins hands with COL in reconstruction phase, while maintaining project/adoption autonomy. OPS: Creates VOL+MED shifts and focused teams. Schedules are weekly or bi-weekly (weekend) visits, depending on needs. OPS+VOL+MED: Set-up follow-up medical/dental camps, as required VOL+MED shifts deploy as per OPS schedules VOL+MED: Send 'Mission Update Reports' (Mon) OPS+PSY: Deploy and introduce mental health, trauma and health recovery programs. | <ol style="list-style-type: none"> OPS + SCDRC/L-VOL: Identify specific group of families or neighborhoods in highest material need around city, to assist/adopt. OPS + SCDRC/L-VOL: Evaluate mid-tier and essential home needs, and reconstruction materials to sponsor, not covered by other sources or Gov or NGO's. Place delivery orders from VFN to available STO OPS + SCDRC/L-VOL: Personally collects, distributes, installs mid-tier items OPS: Continues ordering bi-weekly batches of GAP SUP or MED SUP w. VEN, through available STO. |
|--------------|---|---|---|

Phase 4) COMMUNITY REHAB (SSIO Focus: Education/Tutoring/Awareness Programs, Family/Home Rehabilitation Services, Skills Development, Essential/Affordable Infrastructure, Remote Support, 'Adopt a Community/Neighborhood/School', etc.)

| | | | |
|----------------|--|---|--|
| TS + (90-180) | <ol style="list-style-type: none"> LC + REG: Monthly Mtg. (Tue): Assess needs, deploy, timeline T+90, C&T preps 'Disaster Relief Update' for SSIO members NC approves/emails 'Disaster Event Communication' C&T (+REG info): 'Bi-Weekly Update/Needs' to NDRC Ntwk. C&T Publishes website quarterly 'Mission Updates' | <ol style="list-style-type: none"> OPS+SME+SCDRC/L-VOL: Continue any remaining reconstruction, disaster-related work, along w COL. Identify opportunities for basic infrastructure replacement - such as water filtration, technology, school and community equipment, etc. OPS+MED+SCDRC/L-VOL: Host follow-up medical/camps and begin search, collaborative and referral process with local hospitals, health programs and Doctors for I-t treatment and chronic conditions. Also, with the city, such as mobile clinics, etc. OPS+SCDRC/L-VOL: Identify w COL opportunities for more permanent FOOD + WAT programs, such as soupk kitchens, etc. OPS+SCDRC/L-VOL: Find opportunities for 3-6 (finite) month educational, tutoring and life skills programs to help families readjust to community standards. Possibly remote educational programs, where extended community/friends to Sai family can participate. OPS+SCDRC/L-VOL: Begin SCDRC/L-VOL and local community training of ongoing activities for hand-over at T+180 | <ol style="list-style-type: none"> OPS + SCDRC/L-VOL: Re-evaluate specific group of families or neighborhoods in highest need around city, to assist/adopt. |
| TS + (180-360) | <ol style="list-style-type: none"> LC + REG: Monthly Mtg. (Tue): Assess needs, deploy, timeline T+180, C&T preps 'Disaster Relief Update' for SSIO members NC approves/emails 'Disaster Event Communication' C&T (+REG info): 'Monthly Update/Needs' to NDRC Ntwk. C&T Publishes website quarterly 'Mission Updates' C&T Publishes website quarterly 'Mission Updates' | <ol style="list-style-type: none"> OPS: Hands over ground activities to SCDRC/L-VOL and local SSIO. NDRC becomes an advisory and support body. SCDRC/L-VOL+Local SSIO initiate process of transition and self-sufficiency for local communities, along w COL | <ol style="list-style-type: none"> OPS + SCDRC/L-VOL: Provide self-sufficiency tools and long-term support resources |
| TS + (360+) | Unlikely – Steps based upon LC and REG discretion | Disaster Relief ends between T+(180-360). Subsequent initiatives, if identified, become part of mainstream SSIO/Sai Center activities. | Disaster Relief ends between T+(180-360). Unlikely need for emergency supplies or reconstruction or rehab materials. |

Phase 5) PROJECT CLOSE/ADJURN

Complete mission and "lessons-learned" report covering all core areas: Various Services, Communications, Deployment, Human Resources, Logistics, Financials

ADDENDUM C - STRESS ALLEVIATION INTERVENTION (S.A.I.) PROTOCOL

These protocols must be conducted only by trained and designated individuals.

Survivors of traumatic events including natural and man-made disasters frequently need psychological and mental health assistance. They often have strong reactions to the life-threatening situations of the disasters that, in many cases, last long beyond the threat itself. They form a psycho-physiological response that can be crippling to the individual. This is called either acute stress disorder or post-traumatic stress disorder, depending on when the symptoms appear.

The most common symptoms of PTSD are depression, anxiety, anger and isolation. Sleep is often interrupted and the body's immune system is compromised. Somatic symptoms can include stomach-aches, digestive problems, headaches, and backaches, cardiology problems including high blood pressure, problems with vision, and a host of other similar medical conditions.

There is a distinct need for psychological counselling following traumatic events but ongoing counselling is usually not available. Teams of volunteers from the Sathya Sai Organization, including physicians and mental health professionals, may spend up to two weeks working with survivors on the scene of the disaster. Ongoing and consistent counselling is usually not feasible.

Traditional treatment for PTSD and other stress related conditions due to traumatizing and life threatening events are all based in relieving the mind and body of the stress created by the initial event, and empowering the individual to continue to release stress due to this event and other similar events that may occur in the future. A method to teach survivors traditional exercises to reduce stress is the Stress Alleviation Intervention (S.A.I.) Protocol.

Stress Alleviation Intervention (S.A.I.) Protocol Instructions

Patient selection and screening are based on measurements of pulse and blood pressure, reports of anxiety, panic attacks, sleeplessness, restlessness, sadness, loss of energy, lack of enjoyment, and difficulties in relationships, as well as other similar stress related issues. The following information and instructions are given to the patient in an individual session. Preferably, if possible, patients can be seen within a group setting in order to reach out to more people within the same period of time.

Introduction:

Stress, trauma and shock all affect us in many ways. Dealing with it is critically important as it can lead to many diseases and disorders such as high blood pressure, _____ (fill in with what the specific patients being treated are referred for). If you have received medication to help, it is important to follow your doctor's advice with this. The medication can be very helpful. There also are exercises which can be very beneficial. The medication by itself is good. The exercises by themselves are good. When you combine them, it becomes very powerful. (This direction is given to encourage compliance with the medical regime prescribed.)

So, let's look at these exercises. I am going to suggest three. One for each of three systems that are powerfully impacted by what you have gone through – the muscular, nervous and respiratory systems.

Exercise 1 - For the Muscular System

Whenever the body is shocked, stressed or traumatized, there is a tendency for the muscles to tighten. This is

normal. Unfortunately, when the event has passed, the tension may remain. This is especially true for those muscles in the stomach area, neck, lower back, shoulders and jaw. This tension can create pain in all those areas as well as contribute to high blood pressure. The following exercise is specifically aimed at helping to relieve the tension in the muscular system.

Step 1. *Take a deep breath and tighten all of your muscles – squeeze your eyes, tighten your fists, shoulders, chest, stomach, etc. (Have them do this for a very short time and check to see if there are any problems or pain. If so, suggest an adaptation such as pressing one hand against the other, e.g., in a case where a person could not close one hand due to joint stiffness. In the case of pain, suggest that they not tighten that part of their body but instead focus on tensing another part.)*

Step 2. *Now Take a deep breath and tighten. Hold it for a count of 5 (Count this out loud very slowly)*

Step 3. *Let the breath out and completely relax. (You can use the term “be like a noodle.” If the translator has difficulty translating this correctly, this can be cleared up by demonstrating what is meant. Also suggest they make an “ah” sound on the exhale as this helps loosen the throat. It is important to watch them do this, as there is a tendency to not loosen the hands. Bring their attention to wherever they are still holding tension and ask them to do steps 2 & 3 again.)*

Have them repeat this 2-3 times, and once you see that they are doing it somewhat correctly, ask if there are any questions. Then advise them to do this 5 times consecutively, 3-5 times per day. Tell them that this exercise is for the muscular system and there are other systems involved in this tension they are experiencing. *The next one we will look at is the nervous system.*

Exercise 2 - For the Nervous System

During stressful or traumatic experiences, the nervous system goes into a “shock-like state” - almost as if it is stunned. This can result in a hyper-alert state with an exaggerated startle reflex (Demonstrate this). This keeps you on edge and prevents you from relaxing. This tension contributes to high blood pressure and can negatively affect your ability to sleep. It can leave you feeling anxious, nervous, drained and depressed. It keeps you in a “worried” state of mind. This next exercise helps soothe and relax the nervous system. This exercise is over 5000 years old.

Step 1. *With your thumb of your right hand, press gently on your right nostril causing it to close. Exhale all the air out through the left nostril. Do this easily and gently.*

Step 2. *Keeping your right nostril closed, inhale easily through the left nostril.*

Step 3. *Now take your ring finger of the same hand and close the left nostril.*

Step 4. *Exhale gently out of your right nostril.*

Step 5. *Gently inhale through your right nostril.*

Step 6. *Repeat steps 1-5 for 2-3 minutes, 3X or more a day.*

The things that people have problems with in this exercise are the coordination, and wrongfully forcing the breath. Practice takes care of the coordination problem, but it is important to stress that they do this exercise gently and easily for maximum benefit. *Now that we have learned the exercises for the muscular and nervous systems, we turn our attention to the respiratory system.*

Exercise 3 - For the Respiratory System

The respiratory system is also impacted by traumatic events and stress. Generally, what happens is that you start to breathe a bit quicker and the breaths become shallower, not as deep. (Demonstrate what is meant with your hands on your chest, and showing the breathing rate and depth.) This results in less energy and contributes to anxiety and high blood pressure. It can cause your pulse to quicken and contribute to a sense of nervousness and worry. This next exercise will help you deepen and slow down your breathing.

Step 1 - *Sit in as relaxed a position as possible. (Ideally it would be best, if they could lie down). Now listen to the sound your breath makes on the inhalation and exhalation. (If they can't hear it, they can plug their ears with their fingers).*

Step 2 - *Allow the sounds to become longer. (If needed suggest that they make the sounds longer consciously, or slow down the breath to make the sounds longer depending on what works best.) Remind them to stay relaxed and allow the breath to be gentle and easy going in, and even more gentle and easy going out. (There is a tendency for people to force the breath and that defeats the purpose of this exercise.)*

Step 3 - *Relax and continue to listen to the sound, allowing the sound to get longer and the breath to get deeper (Elongate those words to emphasize the feeling of this exercise). Do this for a minimum of 2 to 3 minutes, 4 to 5 times a day. This exercise can be done as much as you feel comfortable and every day, if you want. (Basically, it is a form of Sathya Sai Baba's "So-Hum" meditation.) In areas predominantly Christian, it may be helpful to ask the patients to imagine the sound "Ah-men" (Amen) during the exercise as was done effectively in the Philippines during medical camps to treat survivors of the typhoon.*

At the close of the stress alleviation session, we review each exercise, answer any questions, and emphasize practicing these techniques of breathing regularly. Most of the participants feel the relaxation and relief within the class, and this usually encourages them to continue. Also mention that while these exercises can be practiced at any time of the day, it is a good idea to do them right before going to bed, as well.

ADDENDUM D – (Sample) CERT Training (USA) Program Summary



About CERT Training

In 95 percent of all emergencies, the victim or bystander provides the first immediate assistance on the scene. Would you know what to do? The [Community Emergency Response Team \(CERT\)](#) program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.

The CERT course is taught in the community by a trained team of first responders who have completed a CERT Trainer course conducted by their state training office for emergency management, or FEMA's Emergency Management Institute (EMI).

CERT Training is for Everyone!

CERT training is for everyone, regardless of age or occupation - whether you're an active relief volunteer or simply interested in personal/family preparedness. CERT is a non-strenuous training that provides keen insight and preparation to deal with any kind of emergency.

What can CERT Trained Teams do?

Under the direction of local emergency responders, CERT teams help provide critical support by giving immediate assistance to victims, providing damage assessment information and organizing other volunteers at a disaster site. Volunteers trained in CERT also offer a potential workforce for performing duties such as shelter support, crowd control, and evacuation. The role of a CERT volunteer is to help others until trained emergency personnel arrive.

CERT Benefits for Individuals

CERT training takes about 20 hours to complete and provides critical skills in emergency preparedness and response. Among others, participants learn how to:

- Identify, reduce and anticipate hazards
- Extinguish small fires
- Assist emergency responders
- Conduct light search and rescue
- Set up medical treatment areas and apply basic medical techniques
- Help reduce survivor stress

CERT Benefits for the Community

In addition to supporting emergency responders during a disaster, the CERT program builds strong working relationships between emergency responders and the people they serve. CERT teams also help the community year-round by helping with community emergency plans, neighbourhood exercises, preparedness outreach, fire safety education, and workplace safety.

ADDENDUM E – Steps for Maintaining Disaster Relief Team Wellbeing

1. Management of Workload

- Set task priority levels and create a realistic service plan
- Encourage all team members to check on each other
- Balanced Lifestyle during Volunteer Service
- Exercise and stretch muscles when possible
- Eat nutritionally adequate meals and have available protein snacks
- Obtain adequate sleep and rest

2. Stress Reduction Strategies

- Reduce physical tension by deep breathing, meditation, walking
- Join in devotional singing sessions and converse on the teachings of and personal experiences with Sathya Sai Baba
- Talk about emotions and reactions with team members at appropriate times
- Ask one of the mental health professionals to teach the S.A.I. Protocol to team members

3. Self-Awareness

- Recognize and heed early warning signs for stress reactions
- Accept that one may not be able to self-assess problematic reactions
- Be careful not to identify too much with survivors/victim's grief and trauma
- Examine personal prejudices and cultural stereotypes
- Be vigilant not to develop vicarious traumatization or compassion fatigue

ADDENDUM F – Suggested General Supplies for Disaster Volunteers

- Food and water purifier sufficient for the length of your stay. The ideal water purification system for personal use consists of a microfiltration or ultra-filtration system capable of filtering out suspended impurities, viruses and most forms of bacteria, with capability of self-cleaning (Example: Water filters made by Sawyer, for individual use as well as the units that could be fitted to a 5 gallon clean plastic container). Always carry a clean, reusable plastic bottle to store up to two liters of purified water.
- Sleeping bag, pillow
- Soap and an alcohol-based hand cleaner (containing at least 60% alcohol)
- Personal hygiene items (toilet paper, towel, baby wipes, deodorant, sanitary napkins)
- Insect protection: insect repellent (with DEET) and a bed net.
- Possible Medications/Vaccinations (All volunteers should first check the requirements for the specific country and mission and check with their health professionals. Similarly, volunteers should be evaluated for potential allergic reactions to some of these): Malarial prophylaxis and emergency malaria treatment anti-diarrheal (e.g., Loperamide and an antibiotic), personal prescriptions (including extras), HIV post-exposure prophylaxis, any preferred over-the-counter medications, and copies of all your prescriptions.
- An extra set of prescription eyeglasses and/or contacts.
- Water purification tablets (iodine or chlorine), bleach, or a water purifier.
- Sunscreen, hat, lightweight clothing, rain gear
- Flashlights, headlamps, batteries, matches or lighter
- Mobile phone with text messaging capabilities
- Food kit (knife, fork, spoon, plate, cup, cooking utensils)
- Self-sealing plastic bags (e.g. Ziploc), electric tape, pocket notepad, disinfecting wipes and pens
- Persons with pre-existing health conditions should consider wearing an alert-bracelet and make sure this information is on a contact card in their wallet or travel documents. A contact card should include the following information:
 - Name and contact information of family member or close contact.
 - Name and contact information of personal health-care provider.
 - Pre-existing health conditions and treatment.

- Important documents should be kept on your person at all times in a discreet waterproof travel pouch or a sealed zip-lock type bag:
 - ID cards (hospital ID, driver's license, health insurance, copy of medical license)
 - Credit Card / Cash
 - If attending to an international mission, Passport and travel details.

ADDENDUM G – Suggested Mission-Specific Supplies for Disaster Relief Volunteers

- Ample water and on-the-go food or energy bars for the mission
- Electrolyte packets
- Back Pack
- Hard Hat
- Safety Goggles or Safety Glasses
- Flashlight with batteries
- Reflective vest
- Work Gloves
- Whistle
- Pen, Pencil, Marker and Note Book
- 12 or 14 inch Pry Bar
- CERT Forms (available on the website)
- Colored Markers or Marking Crayons
- Duct Tape
- Dust Masks
- Emergency Blanket
- Hammer
- Hard Hat Light
- Hand Towels
- Insect Repellant (per Addendum I details)
- Knee Pads
- Light-sticks
- Masking Tape
- Medical Gloves Latex or Nitrile
- Medical Supply Kit (Band Aids, 4x4's, Triangle bandage. Etc.)
- Medical/Surgical Masks
- Multi-Function Tool and Knife
- Sun Screen
- Triage Tags
- Water Purification Tablets and Systems (such as those described in Addendum E) and 2-Liter Reusable Water Bottle
- Waterless Hand Cleanser
- Disinfecting Wipes
- Wrench or Pliers

ADDENDUM H - Sathya Sai Baba and SSIO : Introductory Summary Script

WHAT IS THE SATHYA SAI INTERNATIONAL ORGANIZATION (SSIO)?

- **SHORT:** The SSIO is an international spiritual organization following the teachings of Sri Sathya Sai Baba, which can be summarized as: *Love All and Serve All*. We have presence in over 120 countries.
- **EXPANDED:** Inspired by Sri Sathya Sai Baba, the Sathya Sai International Organization (SSIO) spreads His universal message of pure love and selfless service through 2,000 Sathya Sai Centers in over 120 countries outside of India. Members of these Centers are united by a common bond of love for God and the goals of selfless service and self-realization through transformation of the heart. Center activities include study of the teachings of Sri Sathya Sai Baba and the sacred literature of all religions, group devotional singing, meditation, education in human values, and selfless service to the needy with love and compassion.

WHO IS SRI SATHYA SAI BABA?

- **SHORT:** (Sri Sathya Sai Baba) is a universal spiritual teacher who dedicated His entire life to serving others. His core message is to *Love All and Serve All*.
- **EXPANDED:** Sri Sathya Sai Baba is a highly revered spiritual leader and teacher, whose life and universal message are inspiring millions of people throughout the world to turn Godward and to lead constructive and virtuous lives. His core teachings are: To love and serve all beings, the unity of all faiths and the unwavering practice of the five universal Human Values – Love, Truth, Right Conduct, Peace and Non-Violence – with the ultimate goal of discovering our innate divine nature. For more information about Sri Sathya Sai Baba, please visit:
www.sathyasai.org/intro/message.htm

WHAT ARE SRI SATHYA SAI BABA'S MAIN TEACHINGS?

- The Truth: We are all ONE, we are all divine
- The Path: To Love All and Serve All
- The Practice: 5 Human Values – Truth, Right Conduct, Peace, Love and Non-Violence.
- The Goal: Discover our innate divinity – self-transformation leading to self-realization

WHAT ARE THE PROJECTS/ACTIVITIES OF THE SSIO?

Following His example, Sathya Sai Centers around the world dedicate themselves to service initiatives in the areas of Education, Healthcare and Social-care; with thousands of projects currently undertaken worldwide. [BE READY TO PROVIDE YOUR BEST EXAMPLES OF YOUR LOCAL SERVICE PROJECT AND ITS IMPACT].

HIS WORKS: (Among many other initiatives) Sri Sathya Sai Baba founded a network of internationally renowned educational and medical institutions, where all services - including complex surgeries at super-specialty hospitals – are rendered free of charge to all. He also initiated a water-supply system to provide free water for hundreds of underprivileged villages in Southern India.

ADDENDUM I – Basic Steps for Search and Rescue Operations

Any search operation must carry three major components, in the specified order:

1. Sizing-Up the Situation

Volunteers must systematically and in a disciplined manner follow this nine-step process at every critical juncture of the mission. The checklist that follows can help assess these steps in an organized manner.

1. Gather facts
2. Assess damage
3. Consider probabilities
4. Assess your situation
5. Establish priorities
6. Make decisions
7. Develop a plan of action
8. Take action
9. Evaluate progress

2. Rescuer/Volunteer Safety

By following these steps, volunteers can generally remain safe in most situations.

1. Know your limitations - ensure that you are feeling physically, mentally and emotionally fit for the operation.
2. Follow safety procedures:
3. Work in teams, never isolated
4. Be alert for the many potential accidents, resulting from the conditions discussed in Chapter 5, many of which may not be immediately apparent, such as: Power lines, gas leaks, hazardous objects and materials, falling debris, unstable grounds, etc.
5. Stay away from fire, rising water and inclement weather
6. Always use your safety equipment, outlined in section b) of this Chapter
7. When rescuing a victim:
 - i. Triage and treat only in lightly damaged buildings.

- ii. In moderately damaged buildings, triage only and remove victims as quickly as possible.
 - iii. Never enter an unstable structure.
 - iv. Lift by bending the knees, keeping the back straight, and pushing up with the legs.
 - v. Carry the load close to the body.
- 8. Lift and carry no more than is reasonable.
 - 9. Remove debris as needed to minimize risk to rescuers and to free entrapped victims.
 - 10. Have a back-up team and know your back-up plan

3. Victim Safety

There are a number of different and extremely important triage requirements in order to ensure the safety of victims. Volunteers should not rush to move an injured person without proper evaluation. Movement or a specific first aid treatment may in fact result in further damage, allergic reactions and further complications. Similarly, volunteers may also get injured by not applying the correct victim triage procedures.

Similarly, when the victim's condition is unknown, volunteers must make every attempt to contact specialized assistance prior to proceeding further, up until the point where other adverse conditions may further endanger the victim's wellbeing.

For a complete list of precautions and techniques in victim triage, please refer to Chapter 5 of the USA [CERT Basic Training Participant Manual](#), pages 185-230, published in January 2011

ADDENDUM J – Recommendations for Coping with Hazardous Situations

Foods and Drinks

- Eat foods that are packaged or that are freshly cooked and served hot.
- Do not eat raw and undercooked meats and seafood or unpeeled fruits and vegetables.
- Drink only bottled, boiled, purified and chemically treated water and bottled or canned carbonated beverages. When using bottled drinks, make sure that the seal has not been broken.
- Completely avoid tap water, fountain drinks, and ice cubes. Assume it's unsafe.
- To disinfect your own water: boil for 1 minute or filter the water and add 2 drops of household bleach or ½ an iodine tablet per liter of water.
- Use bottled, boiled, or chemically disinfected water to wash dishes, brush your teeth, wash and prepare food, make ice or take showers

Insects and Animals

- Insect-borne diseases such as malaria and dengue are risks in the several countries. Prevent insect bites by using insect repellent (bug spray) that contains one of the following active ingredients: DEET, Picaridin (KBR 3023), Oil of Lemon Eucalyptus/PMD, or IR3535. Always follow the instructions on the label when you use the repellent.
- Direct contact with animals can spread diseases like rabies or cause serious injury or illness.
- Displaced animals may revert to the wild and go about in packs. They will also be hungry and may be searching for food and may be more likely to bite. It is important to prevent animal bites and scratches.
- Stay away from all animals, including dogs and cats. Even animals that look like healthy pets can have rabies or other diseases.
- If you are bitten or scratched, wash the wound well with soap and clean water and Povidone-iodine solution (such as Betadine).

Injury

- The risk of injury after a disaster is high. Hazards such as electrocution from downed power lines and structural damage to buildings and roads all pose a risk. Accidents and violence are documented risks for humanitarian workers and cause more deaths than disease and natural causes. According to the World Health Organization, injuries are among the leading causes of preventable death in travelers.

- Avoid unstable structures if possible and never assume that damaged structures on ground are stable.
- Other potential hazards to be aware of in collapsed buildings include standing water from water system breaks, natural gas leaks, airborne smoke and dust, hazardous materials such as ammonia or leaking fuels, exposure to germs from sewer line breaks, and exposed wiring.
- Watch out for unstable ground (not firm or firmly fixed) or flooring that could give way and cause entrapment or a fall to a lower level.
- Leave immediately if you hear shifting or unusual noises - A COLLAPSE MAY BE OCCURRING.
- Smoldering debris may remain for weeks and could reignite if combined with combustible materials or if oxygen becomes available (i.e. disturbing debris during cleanup operations)
- Use personal protection equipment, such as hard hats and steel-toed boots, if in areas with damaged buildings.

Human Remains

- Human remains may contain blood-borne viruses and gastrointestinal illness (esp. diarrhea)-causing bacteria. Relief workers who are handling remains should take universal precautions to avoid being exposed to these organisms.
- Protect your face from splashes of body fluids and fecal material by using a plastic face shield or a combination of eye protection and surgical mask. In extreme situations, a cloth tied over the nose and mouth can be used to block splashes.
- Protect your hands from direct contact with body fluids and from injuries that break the skin by using a combination of a cut-proof inner layer glove and a latex (or similar) outer layer.
- Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove the gloves. An alcohol-based hand cleaner is to be used if the bare hand has touched a patient/ injured person.
- Protect your feet and ankles against sharp debris by wearing foot wear that covers the entire foot and has thick soles.
- Give prompt care—including immediate cleansing with soap and water, and a tetanus booster if indicated—to anyone who is injured during work with human remains.

Heat

- Keep well hydrated. Drink before becoming thirsty. Avoid caffeinated drinks or heavy meals.
- Wear lightweight, light-colored, loose-fitting clothes and a hat, if available.
- Monitor yourself and coworkers, use the buddy-system. Use monitoring, such as body temperature readings.
- Block out direct sun or other heat sources, and take shelter in shaded areas.
- Use cooling fans/air-conditioning and rest regularly
- Get medical help for symptoms, such as altered vital signs, confusion, profuse sweating, excessive fatigue, or rapid heartbeat.

Psychological/Emotional Issues

As a first responder or relief worker, you may encounter extremely stressful situations, such as witnessing a tremendous loss of life, serious injuries, missing and separated families, and destruction of whole areas. It is important to recognize that these experiences may cause you psychological or emotional difficulties.

Some Common Normal Reactions to a Disaster

- Profound sadness, grief, and anger
- Not wanting to leave the scene until the work is finished
- Trying to override stress and fatigue with dedication and commitment
- Denying the need for rest and recovery time.
- Ways to Help Manage Your Stress

Ways to Help Manage Your Stress

- Limit on-duty work time to no more than 12 hours per day.
- Rotate work assignments between high stress and lower stress functions.
- Drink plenty of water and eat healthy snacks and energy foods.
- Take frequent, brief breaks from the scene when you are able.
- Keep an object of comfort with you such as a family photo, favorite music, or religious material.
- Stay in touch with family and friends.
- Pair up with another responder so that you can monitor one another's stress.

Working in Flooded Areas After Hurricanes, Tornadoes, Storms and Heavy Rains

- Drinking supplies can get disrupted, sanitary wastewater plants may get damaged which can spill untreated sewage in flood waters. In many cases flooded waters can carry deadly bacteria such as E-Coli, hazardous chemicals, etc. Homes with dry walls can develop mold and mildew (typically after 24 hours of constant exposure to water and moisture) behind the walls. Bacteria can become airborne which can spread disease. Always exercise caution when entering flooded premises. Wear protective air breathing mask, gloves, eyeglasses and protective clothing.
- Disinfect the affected areas including floors, appliances, dry walls, and cabinets by spraying approved disinfection chemical, typically 15 mg/l of sodium hypochlorite (household bleach).
- If you have cuts or bruises, apply disinfection agent to the affected area and take immediate medical care.

ADDENDUM K – (Sample) Home and Workplace Preparedness

[USA Federal CERT Basic Training Participant Manual \(January 2011\) Chapter 1, Pages 14-27](#)

Regardless of the type of disaster, important elements of disaster preparedness include:

- Having the skills to evaluate the situation quickly and to take effective action to protect yourself
- Having a family disaster plan and practicing the plan with drills
- Assembling supplies in multiple locations
- Reducing the impact of hazards through mitigation practices
- Getting involved by participating in training and volunteer programs

It is also always important to address specific needs for yourself and people you know, including any access or functional needs, considerations for pets and service animals, and transportation.

More information on preparedness is available online.

Websites of Interest (Home and Workplace Preparedness)

| URL | Description |
|--|---|
| www.ready.gov/ | FEMA's national Web site for disaster preparedness. Excellent general advice and a good place to start. |
| https://www.fema.gov/pdf/areyouready/areyouready_full.pdf | <i>Are You Ready?</i> Is a 200-page FEMA publication that provides a step-by-step approach to disaster preparedness and specific information by disaster type. |
| http://www.redcross.org https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4540081_repairing_FloodedHome.pdf | The American Red Cross has a Web site full of excellent tips and information related to most of the natural disasters that occur, including a few topics not covered at FEMA's www.ready.gov Web site. Example: <i>Repairing Your Flooded Home</i>. |
| https://www.cdc.gov/ www.pandemicflu.gov | The US Centers for Disease Control and Prevention (CDC) is the national professional authority regarding disease prevention and treatment matters. Example: <i>Pandemic Influenza</i>. |

Protective Actions

Because many disasters occur with little or no warning, individuals need to have the knowledge and skills to take immediate protective actions in the first critical moments after a disaster has occurred, before you have instruction from authorities. While the specific action to take is based on the disaster type, the amount of warning, whether you are inside, outside, or driving, and the amount of training you have, the following list provides a good overview of the protective actions you should be familiar with. These should be your objectives in assessing your post-event environment.

- Assess the situation. When something occurs without notice, it is important to take a few seconds to assess the situation to determine your most effective next steps. This includes identifying the type of event and whether air or a building structure has been compromised.
- Decide to stay or change locations. In some instances you should stay where you are (if you are inside and an event has occurred outside, you may need to stay inside) and in other circumstances you should change location (if you are inside and the event is inside, you may need to evacuate the building). All disasters have unique attributes, so it is important for you to realize that you may need to evaluate the circumstances to determine the best course of action.
- Staying or changing location is a critical early decision in disasters. If you are not in immediate danger, you should stay where you are and get more information before taking your next steps. Thinking through the likely hazards in your community and where you might be when an event occurs may help you visualize your response. While you may need to make the first, immediate decision to stay inside or go outside, or to shelter in place by sealing a room without authoritative instruction, it is important that you listen to local authorities when that information is provided. If experts tell you to evacuate from your location, LEAVE!
- Seek clean air and protect breathing passages. Regardless of the type of disaster, clean air is a critical need. Actions to protect your breathing passages and seek clean air may include covering your mouth with a cloth or mask, vacating the building, or sheltering in place by sealing an internal room while the airborne contaminant dissipates.
- Protect yourself from debris and signal rescuers if trapped. Protecting yourself from falling or precarious debris is a critical protective action. If you become trapped, protect your airways, bang on an object, or blow a whistle. Yelling should be a last resort.
- Remove contaminants. If contaminants have been released into the area or you have made contact with liquid or solid contaminants, it is critical that you remove the contaminants as quickly as possible. Remove contaminated clothing and wash with soap and water starting at the head and working toward the feet.
- Practice good hygiene. Good hygiene is a preventive measure for spreading disease, and it's important to be mindful of hygiene in a post-disaster environment. Clean drinking water and sanitation are important protective actions

Sheltering

There are different types of sheltering, and different types are appropriate for different disasters.

- Shelter in place: sealing a room. Sealing a room is a way to protect yourself from contaminants in the air for a short period of time until the contaminants dissipate. You should identify an internal room in your home, at work, or other locations where you spend a great deal of time. If sheltering-in-place is needed, you will be in this room for only a few hours, but it is important that you be able to seal the room quickly. Storing specific items in the room is helpful. You should have snacks and water; a battery-operated radio, a flashlight, and pre-cut plastic sheeting and duct tape to seal off vents and door and window openings.
- Shelter for extended stay. Sheltering for an extended stay means that you would stay where you are for several days or, in the case of a pandemic, you may be asked to limit your time outside the home for up to 2 weeks. It is important to store emergency supplies for these possibilities
- Mass care/community shelter. These are congregate care facilities that house many people in one location. These shelters often provide water, food, medicine, and basic sanitary facilities but, if possible, you should take your multi-day disaster supplies kit with you so that you will be sure to have the supplies you require.

Developing a Disaster Plan

In addition to knowing immediate protective actions that you may need to take, an emergency plan can mean the difference between life and death in a disaster. For example:

- Where will you meet family members? You should have a location outside the house and another location outside the neighbourhood
- Identify an out-of-state “check-in contact.”
- Plan for all possibilities: extended stay, shelter-in-place, or evacuation.
- How will you escape buildings where you spend time: your home, workplace, school, place of worship?
- What route (and several alternatives) will you use to evacuate? Do you have transportation?

Family safety is the most important factor when disaster strikes. In an effort to make the best decision regarding your family’s safety, you should always first consider what is best given the situation. It is also essential that you practice your plan with your family - evacuating the home and contacting all family members using your “check-in contact.” Practicing your plan now will improve your performance when it matters most.

Creating a Family Disaster Plan

1. Contact your local emergency management office and your local chapter of the American Red Cross

- Find out which disasters are most likely to happen in your community.
- Ask how you would be warned.
- Find out how to prepare for each type of disaster.

2. Meet with your family

- Discuss the types of disasters that could occur.
- Explain how to prepare and respond.
- Discuss what to do if advised to evacuate.
- Practice what you have discussed.

3. Plan how your family will stay in contact if separated by disaster

- Pick two meeting places
 - A location a safe distance from your home in case of fire
 - A place outside your neighbourhood in case you can't return home
- Choose an out-of-State friend as a "check-in contact" for everyone to call
 - Make sure that the person selected understands that they are your out-of-State contact in case of emergency and what you would expect of them should such an emergency arise
 - Give your "check-in contact" person a list of pertinent people to contact. Be sure to include phone numbers
 - Periodically practice using your local and out-of-State contacts as if it were an emergency situation.

4. Complete the following steps

- Post emergency telephone numbers by every phone.
- Show responsible family members how and when to shut off water, gas, and electricity at main switches.
- Install a smoke alarm on each level of your home, especially near bedrooms; test them monthly and change the batteries two times each year. (Change batteries when you change your clocks in the spring and fall.)

5. Contact your local fire department to learn about home fire hazards.

- Learn first aid and CPR. Contact your local chapter of the American Red Cross for information and training.

6. Meet with your neighbours.

- Plan how the neighbourhood could work together after a disaster. Know your neighbours' skills (medical, technical).
- Consider how you could help neighbours who have special needs, such as elderly or disabled persons.
- Make plans for child care in case parents can't get home.

Evacuation Activity

Generate a disaster scenario given and decide what things to bring with you and/or what to do in the time available.

ESCAPE PLANNING

Develop an escape plan that provides for escape from every room. As part of your escape plan:

- Consider the needs of children and individuals with disabilities.
- Inform all family members or office co-workers of the plan.
- Run practice escape drills.

Practice your plans after you develop them. Conduct family fire drills, follow the local evacuation routes, and locate the nearest shelter to ensure that, when a disaster occurs, you know what to do.

ADDENDUM L – Guidelines for Sri Sathya Sai International Medical Camps

I. GOAL

- a. Health promotion, education and preventive services
- b. The services are carried out on the principle of “Help Ever-Hurt Never”
- c. All the service activities at the camps are rendered free of charge to the attendees at the camp.

II. PROPOSED ACTIVITIES

- a. Health education regarding diet, exercise, weight control, meditation, dental hygiene, and immunization, smoking cessation, stress and anger management, and general cleanliness
- b. Preventive screening that may include body weight, height, body mass index, blood pressure, blood sugar, lipid profile, audiovisual and dental screening, bone densitometry, mammograms and pap smears
- c. Training in basic lifesaving skills such as first aid, basic life support, CPR, and disaster preparedness
- d. Bone marrow screening (for minorities only) and blood donation drive
- e. At this point in time only allopathic medicine is allowed. Practice of Alternative medicine like Ayurveda, Homeopathy, Acupuncture, and Herbal Therapy are not allowed in these camps.

III. PROTOCOL

1. Categories of Health Camps By Risk Stratification

Since the Rules & Regulations vary from country to country and state to state, a check list of requirements are tabled according to the extent of diagnostic & therapeutic services rendered at the health fairs. These requirements could be modified for compliance with the prevailing government regulations in the State/Country and the prevailing practices and available resources in places where the medical camps are held.

2. Categories of Medical (Health) Camps

- i. Health Screen only without invasive diagnostic procedures or immunization or medical treatment
- ii. Health Screen with invasive diagnostic procedures such as I. V. Blood draw & or Immunizations or Treatment limited to oral Medicines and or vitamins
- iii. Full-fledged Health Clinics

3. Basic Requirements for All Categories

1. Designation of an insured (liability and malpractice) health campsite under supervision of a licensed physician as the Medical Camp Physician in Charge.
2. Determine the health needs through the local public health and social welfare departments or other sources as indicated.
3. Comply with the local, state, and federal laws pertaining to work related health hazard, waste disposal management, privacy of Individuals' Health Record etc. in all camp activities.
4. Notify a nearby hospital emergency room in advance if available.
5. Utilize standard registration form, a brief demographic sheet and a consent form. (Models provided by Sri Sathya Sai International Medical Committee)
6. Establish a mechanism for proper follow-up and care for those who need further medical attention. Referral to local free clinics or local community clinics is preferred. If none are available then this should be done with the help of local clinics, hospitals and physicians.
7. Collect and maintain the data collected with documentation of counseling and proper referral in a safe place ensuring confidentiality & easy access for follow up if needed at a later date.
8. While filming the medical camps with video and still photography, only a designated film crew appointed and approved by the Medical Camp Physician in Charge. In all cases it is required to get permission preferably written, from the local authority in charge or concerned attendees whether filming or photography is allowed in the said event. (Model provided by SSSIMC)
9. All licensed medical professionals (such as doctors, nurses, laboratory and radiology technicians, etc.) have Professional license in the state where they practice. Some countries may require local temporary registration in medical council in their State to render even Good Samaritan services.

4. Requirements & Storage of Documents sorted by Risk Categories

| Requirement | Category 1 [Health Screen without I.V. Blood Draw or immunizations] | Category 2 [Health Screen with I.V. Blood draw or immunizations or treatment limited to oral medications or vitamins] | Category 3 [Full Fledged Health Clinics] |
|---|--|--|---|
| Informed Consent Form | Recommended (as applicable in the area of relief effort) (Required in USA Camps). | Required (as applicable in area of relief effort). | Required. |
| Place & Period of Storage of Health Record | Physician in Charge of the camp (as applicable in the area of relief effort) - until the subsequent camp. | Camp site – comply with local Federal/State laws. | Clinic Site - Comply with local Federal/State laws. |
| Verification & Storage of Professionals' Licenses | Verify at site. | Copies verified electronically prior to the event and stored electronically by Physician Coordinator/Physician-in-charge. | Copies collected prior to the event and stored at site. |
| Verification & Storage of Professionals' Liability Insurance for the event. | Not mandated. | Professional's written affirmation electronically (as applicable). | Copies collected prior to the event and stored at site (as applicable). |
| General liability insurance for the date and location of the camp. | Required (as applicable in the area of relief effort) unless the local venue authority waive and take full responsibility for any "occurrences". | Required (as applicable in the area of relief effort) unless the local venue authority waive and take full responsibility for any "occurrences". | Required (as applicable in the area of relief effort). |

5. Medical Camp Physician-in-Charge Responsibility

1. Notify the Medical Director and SSIO Officers in charge a minimum of 8 weeks in advance of the camp
2. Facilitate recruitment of required physicians and ancillary personnel
3. Ensure that the Guidelines for Sai Medical Camps are followed
4. Responsibility for organizing, supervising, and ensuring proper emergency contact, free or low cost follow-ups, and adequate compliance with local, state, and federal laws
5. Verify that all licensed medical professionals (such as doctors, nurses, laboratory and radiology technicians, etc.) have:
 - i. Professional Liability Insurance for the medical camp or medical clinic.

- ii. Professional license in the state where the camp is being held.
- 6. Obtain and retain copy of license and professional liability insurance for all participating medical personnel, and provide copies of this information to Regional Medical Director.
- 7. Must assure general liability insurance for the date and location of the camp
- 8. Summary Report for Camp must be sent to the following individuals within one week of conclusion of Medical Camp
 - i. Zonal Medical Director
 - ii. National Council President
 - iii. Dr. Venkat Sadanand, Medical Director, Sri Sathya Sai International Medical camps: saiwork@gmail.com
 - iv. Dr. Narendranath Reddy, Chairman, Prasanthi Council: nreddysai@yahoo.com

6. This summary of the medical services provided shall include:

- Date and location of the medical camp
- Services provided
- Total number of patients seen
- Total number of medical doctors and other medical professionals
- Total number of non-medical volunteers
- Physician in Charge of medical camp
- Short narrative summary in addition to above statistics
- Pictures of the service being performed, if possible. If the pictures are embedded in the narrative report, please send high resolution JPEG files of all pictures separately. We need JPEG files for all pictures taken. All pictures and media must be accompanied by a signed consent form from all individuals depicted in the pictures/videos.

If clarification of these guidelines is required, consult with the Regional/Zonal Medical Director who in turn may consult with Medical Director of Sathya Sai International Medical Camps as needed. If any further clarification is needed, the Medical Director of Sathya Sai International Medical Camps as the case may be will consult the Chairman of the International Medical Committee of the Sathya Sai International Organization.

It is understood that these guidelines are only a roadmap and may be subject to modification. The International Medical Committee of the Sathya Sai International Organization will review these periodically for suggestions and improvements.

ADDENDUM M – Water Purification Procedures & Standards

In most communities limited resources may be available to perform basic water analysis including pH, total dissolved solids (TDS), conductivity and most importantly, chlorine residual. If such services are not readily available, then the ZDRC should collect the raw water samples and coordinate with the CDRC to get the samples analyzed. The other option is to maintain basic analytical instruments or test kits at the project site, to verify the raw water quality as well as the treated water quality.

The purpose of conducting such analysis is to determine A) The extent of contamination and B) Select the most cost-effective technology to achieve the desired purity of water.

NOTE: In the USA, water purification components and potable water systems will need to be built in accordance with the Local, State and Federal codes and standards. Please verify these requirements before undertaking any project.

1. Drinking Water Standards

Most communities in the USA follow the guidelines for drinking water that have been established by the World Health Organization (WHO). Such guidelines are well documented, but fairly complex in nature. [These guidelines](#) cover wide variety of inorganic and organic impurities, bacteria, viruses, metals, gases and so on. Unfortunately it is not practical or even possible to follow ALL of the criteria in the emergency response situation.

[The SPHERE PROJECT](#) provides excellent guidelines for emergency response situations, including the selection of water source, water quality and the goals of water purification. The following note from the SPHERE PROJECT is repeated here: *"For piped water supplies, or all water supplies at times of risk of diarrheal epidemics, undertake water treatment with disinfectant so that there is a chlorine residual of 0.5mg/l and turbidity is below 5 NTU (nephelometric turbidity units) at the tap. In the case of specific diarrheal epidemics, ensure that there is residual chlorine of above 1 mg/l".* It is to be noted here that chlorine residual of 0.5-1.0 mg/l should be CONFIRMED BY DAILY TESTS with the chlorine test strips. Turbidity levels may be checked periodically with the turbidity monitor.

2. Water Sources & Treatment

City Water: City water is typically delivered via pipe line to the various homes or commercial buildings. Under normal circumstances city water may be filtered and disinfected with chlorine prior to leaving the city water treatment plant. However, for the purpose of Disaster Relief operations ALWAYS ASSUME THAT THE CITY

WATER IS UNSAFE UNLESS THE WATER QUALITY IS TESTED WITH PROPER WATER QUALITY TESTING kits or instruments such as Chlorine test strips, pH monitor and turbidity monitor.

RECOMMENDED TECHNOLOGIES FOR WATER TREATMENT:

4.1.1.1 SSIO VOLUNTEERS: Membrane filters, individual pack units (Example: 0.1-micron absolute rated filters by Sawyer Mini filter for individual use or Sawyer Model SP 180 for individual homes). Alternatively, City water could be boiled for 15 minutes for complete disinfection, if that option is available.

4.1.1.2 COOKING, WASHING, SHOWERS FOR SSIO MEDICAL CAMPS:

Disinfection with sodium hypochlorite solution (bleach) if city water turbidity is found to be less than 1.0 NTU.

If the city water turbidity is determined to have turbidity levels greater than 1.0 NTU, then consider disinfection by chlorination AND Filtration with micro filtration or ultra-filtration membrane filters. Refer to 4.1.1.1 for information on Sawyer filters.

4.1.1.3 WATER DISTRIBUTION VIA TRUCKS TO RELIEF CAMPS

Disinfection with sodium hypochlorite solution (bleach) if city water turbidity is found to be less than 1.0 NTU.

If the city water turbidity is determined to have turbidity levels greater than 1.0 NTU, then consider disinfection with sodium hypochlorite solution (bleach), followed by filtration with media filter (Example: Sand filter, Anthracite filter, activated carbon filter) to remove suspended solids.

Well Water: Water from deep wells (100-500 feet) may be relatively free from suspended solids, but high in organics and mineral content. These samples must be tested with Conductivity monitor, pH monitor and turbidity monitor.

Water from shallow wells (30-100 feet) may be moderately high in suspended solids, organics and moderate levels of mineral content. These samples must be tested with Conductivity monitor, pH monitor and turbidity monitor.

Water from open wells (0-50 feet) may be highly contaminated with bacteria, algae, suspended solids and relatively moderate levels of mineral content. These samples to be tested with conductivity monitor, pH monitor and turbidity monitor.

RECOMMENDED TECHNOLOGIES FOR WATER TREATMENT:

4.2.1.1 SSIO VOLUNTEERS: Membrane filters, individual pack units. Well water could also be boiled for 15 minutes for complete disinfection, if that option is available.

4.2.1.2 COOKING, WASHING, SHOWERS FOR SSIO MEDICAL CAMPS:

Disinfection with sodium hypochlorite solution (bleach) if well water turbidity is found to be less than 1.0 NTU.

If the well water turbidity is determined to have turbidity levels greater than 1.0 NTU, then consider disinfection by chlorination AND Filtration with micro filtration or ultra-filtration membrane filters

4.2.1.3 WATER DISTRIBUTION VIA TRUCKS TO RELIEF CAMPS

Disinfection with sodium hypochlorite solution (bleach) if well water turbidity is found to be less than 1.0 NTU. If the well water turbidity is determined to have turbidity levels greater than 1.0 NTU, then consider disinfection with sodium hypochlorite solution (bleach), followed by filtration with media filter (Example: Sand filter, Anthracite filter, activated carbon filter) to remove suspended solids.

Surface Water: Water from surface water sources such as rivers and lakes may have relatively lower levels of mineral content but very high levels turbidity due to the presence of bacteria, algae, silt and suspended solids. These samples must be tested with conductivity monitor, pH monitor and turbidity monitor.

RECOMMENDED TECHNOLOGIES FOR WATER TREATMENT:

4.3.1.1 SSIO VOLUNTEERS: Disinfection by chlorine or iodine tablets, followed by filtration with either microfiltration or ultrafiltration membrane filters. Surface water could also be boiled for 15 minutes for complete disinfection, if that option is available. After boiling, allow the water to cool completely to room temperature prior to filtering with membrane filter, to remove suspended solids.

4.3.1.2 COOKING, WASHING, SHOWERS FOR SSIO MEDICAL CAMPS:

Disinfection with sodium hypochlorite solution (bleach), followed by filtration with media filter (Example: Sand filter, Anthracite filter, activated carbon filter) to remove suspended solids.

4.3.1.3 WATER DISTRIBUTION VIA TRUCKS TO RELIEF CAMPS

Consider disinfection with sodium hypochlorite solution (bleach), followed by filtration with media filter (Example: Sand filter, Anthracite filter, activated carbon filter) to remove suspended solids.

3. Water Quality Testing

Parameters to be tested: Residual chlorine

- [Chlorine Test Strips](#)

- [pH Meter](#)
- [Turbidity Analyzer](#)

4. Storage of Treated Water

Storage of treated water in proper containers is an important aspect of overall water treatment process, since bacteria and algae can easily grow on the side walls and bottom of the container, which could negate the benefits of overall water treatment process.

NOTE: For achieving desired level of disinfection, we recommend 0.5-1.0 mg/l of residual chlorine, measured after 10 minutes of contact time. Always test chlorine residual with chlorine test strips.

SSIO VOLUNTEERS: For the volunteers, we recommend carrying one-liter or two-liter containers, constructed from high-quality plastic or stainless steel or glass interior that could be sealed properly. Periodically rinse the container with 2-3 ppm chlorine residual water to disinfect the container.

COOKING, SHOWERS, GENERAL PURPOSE CLEANING: Water could be stored in 55 gallon plastic drums or stainless steel containers. Disinfect/rinse the drum or container periodically with 5 ppm chlorinated water prior to filling with treated water.

UNDERGROUND CONCRETE STORAGE TANKS OR ABOVE GROUND PLASTIC STORAGE TANKS: In some cases underground storage tanks constructed from reinforced concrete or above ground tanks with plastic construction may be available for storage of treated water. These tanks must be inspected regularly to make sure that there is no algae growth, particularly on the side walls or stagnant corners. If algae is found to be present, mechanical scrubbing with nylon brushes may be required to remove algae growth. These tanks must be disinfected with 5 ppm chlorinated water prior to filling with treated water.

TREATED WATER DELIVERY TRUCKS: In many countries water delivery trucks, constructed from either carbon steel or stainless steel materials, are used for delivery of either raw water or treated water to the remote areas. Always assume that these tanks are contaminated with bacteria, and must be disinfected prior to use for distribution of treated water. Typically 2-5 mg/l level of chlorine residual is sufficient to disinfect the water delivery trucks.

4. Water Treatment Technologies

Selection of water treatment technologies generally requires basic knowledge of the water treatment industry and evaluation of several site specific factors. The final selection of the water treatment technologies will depend upon several factors including, source of water, raw water pressure, level of contaminants that are found in the raw water source, intended use of treated water, availability of electricity to operate larger scale equipment, capacity of the system, space availability, capital and operating costs, skilled operators, etc. However, in the case of emergency management scenarios that may be faced by SSIO, the most fundamental factors include delivery of safe drinking water in a timely manner, within the confinement of extremely limited resources and harsh working environment.

For the purpose of developing general guidelines, the following technologies may be considered.

Sawyer Filters: These filters are excellent for removal of suspended impurities including harmful bacteria and virus that may be commonly found in various water supplies. Sawyer products are made with hollow fine fiber membrane which can remove particles greater than 0.1 micron absolute. This makes it impossible for harmful bacteria, protozoa, or cysts like E. coli, Giardia, Vibrio cholerae and Salmonella typhi (which cause Cholera and Typhoid) to pass through the Sawyer Point ONE™ biological filter. At 7 log (99.99999%) the filter attains high level of filtration. To learn more about this technology, please visit [Sawyer website](#). Sawyer filters, complete with 1 liter pouch and accessories can be [purchased online](#). Sawyer also sells model SP 180 which can be fitted to a 5 gallon (or larger) clean plastic container which can treat up to 5 gallons per hour.

Potable Aqua Disinfection Tablets: Are useful for disinfecting small quantities of water, using iodine tablets. NOTE: Iodine reaction is SLOW, which means we strongly recommend 30 minute contact time before using the water.

These tablets can be [purchased online](#).

13.5% Sodium Hypochlorite Solution: Also available as common household bleach, is one of the most commonly used disinfection chemical that is used in the water treatment industry including larger scale potable water treatment plants around the World. Sodium hypochlorite should be considered for larger scale operations including distribution of chlorinated water for the camps. For pure grade of sodium hypochlorite, visit the [Chemworld website](#), [or another source for reagent grade Sodium Hypochlorite](#)

CAUTION: Some household bleach products in one-gallon container (Example: Clorox) are sold on Amazon or various grocery stores, however, most of those products are scented products, which should not be used for potable use. However, we may consider using such products for general purpose cleaning and showers.

Sawyer Filters For Drinking, Cooking: Sawyer also makes [products that can be fitted on the clean plastic buckets](#). Simply fill the plastic bucket with raw water, and the Sawyer filters can purify up to five gallons of water per hour through this system. However, the filter may get dirty if the raw water has lot of suspended solids. In that case the filter may require manual cleaning operation. Follow instructions provided by the filter manufacturer.

RO Systems For Cooking, Drinking Water, Hospitals: Countertop RO systems can be considered for the very high level of water purification using Reverse Osmosis technologies. These systems will remove most of the impurities including suspended solids, metals, organics, bacteria and viruses and up to 95% of dissolved minerals. However, these systems require pressurized supply of water with substantial pretreatment, including less than 1.0 NTU turbidity, ZERO chlorine and several other restrictions. Treated water could be stored in clean containers as well as pressurized storage tanks. There are several suppliers of pre-engineered, packaged RO systems which can range all the way from 50 gallons per day up to several thousand gallons per day. If pressurized supply of water is not available, then specially designed pumps will have to be supplied. The following is an [example of the countertop RO system that is rated at 50 gallons per day](#). The following is an [example of larger scale RO system, rated at 500 gallons per day](#).

Sediment Filters: In the event that the city water can be delivered via pipeline to the housing complex, [then sediment filters](#) may be considered for removing low levels of suspended solids. These filters are typically installed in the main pipe entering the house. Filtered water can be collected in a larger container (Example: 50 gallon plastic tank or underground concrete tank), where the filtered water could be disinfected by injection of sodium hypochlorite solution. These devices can filter up to 15,000 gallons of water prior to requiring change of cartridge filter.

ADDENDUM N – Master Checklist for Steps for Disaster Relief Efforts

1. From the Media reports and personal research, initiate meetings and plans for relief efforts by identifying disaster areas and scoping the work required based on the resources available
2. Identify all Sai families affected by disaster
3. Assess the amount of damage done to their property, anyone injured requiring special attention and so on
4. Identify interested volunteers with their skills sets within the region
5. Check out if affected families carry property, house content, flood insurance
6. Ensure if help is required with filing the claims or financial assistance
7. Take required steps to help and provide hot food to the needy and volunteers
8. Establish a bank account for the specific disaster, keep receipts and setup procedures to facilitate Audit and Accountability
9. Procure supplies such as food, hygiene kits, clothing, medications etc. and deliver to the needy
10. Seek out the community members needing assistance
11. List all the shelters, churches, etc. and contact them identifying the type of help required
12. If supplies are required, then list items, procure and deliver the required items
13. Provide assistance especially medical help tapping the resources available
14. Identify and contact the local community leaders with the network of underprivileged families
15. Work with them to meet their needs from the aftermath
16. Maintain constant communication with NDRT and USA SSIO senior management
17. Establish a budget for supplies, construction materials, household items and any other expenses
18. With NDRT help, setup financial procedures with the SSWF and Sai Baba Society of America
19. Categorize items required with immediate, short term and long-term needs
20. Through NDRT and SSIO, solicit supplies, volunteers from other regions if required
21. Setup storage facilities if possible where supplies can be shipped from other regions
22. List skilled volunteers with construction, carpentry, painting, insurance, technology, etc. or special matter expertise (SME)
23. Assign tasks to these skilled and general volunteers based on the community needs
24. Seek out the forgotten areas and the communities without any help
25. Provide hot meals, supplies and help to these forgotten families
26. Locate places where volunteers can stay and make arrangements for their meals
27. Arrange their transportation and ensure their safety
28. Explore if there is a need to establish a base (Sai Home) for anchor person and volunteers
29. Ensure sufficient resources available (funds, general and medical supplies)
30. Identify if there is need for medical camps and arrange logistics to host them.