



International Disaster Relief Committee

Sathya Sai International Organisation

January 2015

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

Disaster Relief Operations Manual

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Glossary of Terms

- SSSWF: Sri Sathya Sai World Foundation
- PC: Prasanthi Council
- IDRC: International Disaster Relief Committee
- 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

Chapter I: Introduction & Disaster Relief Committee 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 Committee Charter

In view of major natural calamities occurring frequently all around the world, the Sathya Sai International Organisation (SSIO) formed the International Disaster Relief Committee (IDRC) in order to render aid to communities stricken by natural disasters.

The IDRC's primary objective is to develop a core disaster relief team in each country, who can provide prompt relief in natural disaster situations. Working together in unity is an important aspect of this effort through sharing of information, resources, and experiences. To support this mission, the IDRC developed guidelines and disaster relief training requirements for 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 Prasanthi Council (PC) of the SSIO. The IDRC will follow directions from SSSWF/PC regarding these efforts.

c. Vision for IDRC

The goal is for the SSIO to implicitly follow the divine directions given by Bhagawan Sri Sathya Sai Baba to serve our brethren in their time of greatest need and render aid in times of natural disasters.

Within the first year of releasing the guidelines, the IDRC will request each SSIO zone to appoint a Zone Disaster Relief Coordinator (ZDRC). The ZDRC, along with the Zone Chairs, will appoint disaster relief coordinators for each country. In turn, these coordinators in collaboration with the local SSIO organization will form national disaster relief teams and initiate training.

By the end of the second year, all countries worldwide should achieve a state of basic readiness in order to assist in most natural disaster scenarios. As experience is gained from relief missions across different parts of the world, these initial guidelines will continue to evolve. The IDRC will receive an annual Disaster Relief Preparedness Report from each Zone.

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 SSSWF has continued its relief missions after major disasters such as typhoon Haiyan in the Philippines in November 2013, and the floods in the Balkans in Europe in 2014.

e. Our Responsibilities as Disaster Relief Coordinators

Most countries have an Interagency Standing Committee (IASC), which coordinates the preparation for potential disasters in their respective country. They will also arrange meetings with relevant government agencies, the United Nations, Red Cross and other NGOs. Each country's Disaster Relief Coordinator should contact their respective IASC committee and participate in their meetings. There will be opportunities to participate in training and coordination efforts with other agencies. Such interactions will also allow the SSIO to become recognized as a reliable service and disaster relief organization.

We can avoid duplication of efforts by maintaining good communication with government agencies and other relief organizations. Reference should be made to websites such as www.digitalhumanitarians.com, which provide information on geographical location of disaster events, available relief infrastructure and live crisis maps so that each national SSIO Disaster Relief Committee can deploy help in the most effective manner.

Chapter II: Introduction to Disasters

a. Most Common Types of Disasters

Some of the most common types of natural disasters are: cyclones (tropical storms, tornados, hurricanes, and typhoons), earthquakes, tsunamis, floods and landslides, wild fires, sink holes and volcanic eruptions.

For example, in 2012, which was only a moderate disaster year, there were 905 natural catastrophes worldwide, 93% of which were weather-related disasters, which can be further subdivided as: 45% were meteorological (storms), 36% were hydrological (floods), 12% were climatological (heat waves, cold waves, droughts, wildfires), and 7% were geophysical events (earthquakes and volcanic eruptions).

Additional information about natural disasters can be found at:

<http://environment.nationalgeographic.com/environment/natural-disasters/>.

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 and contact based); 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 and utility services, leaks and spillage of gases and hazardous materials, and nonoperational financial services, among others.
- **Resources Impact:** Contaminated water, unavailability of 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

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 Sri Sathya Sai Baba.

After Sri 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.

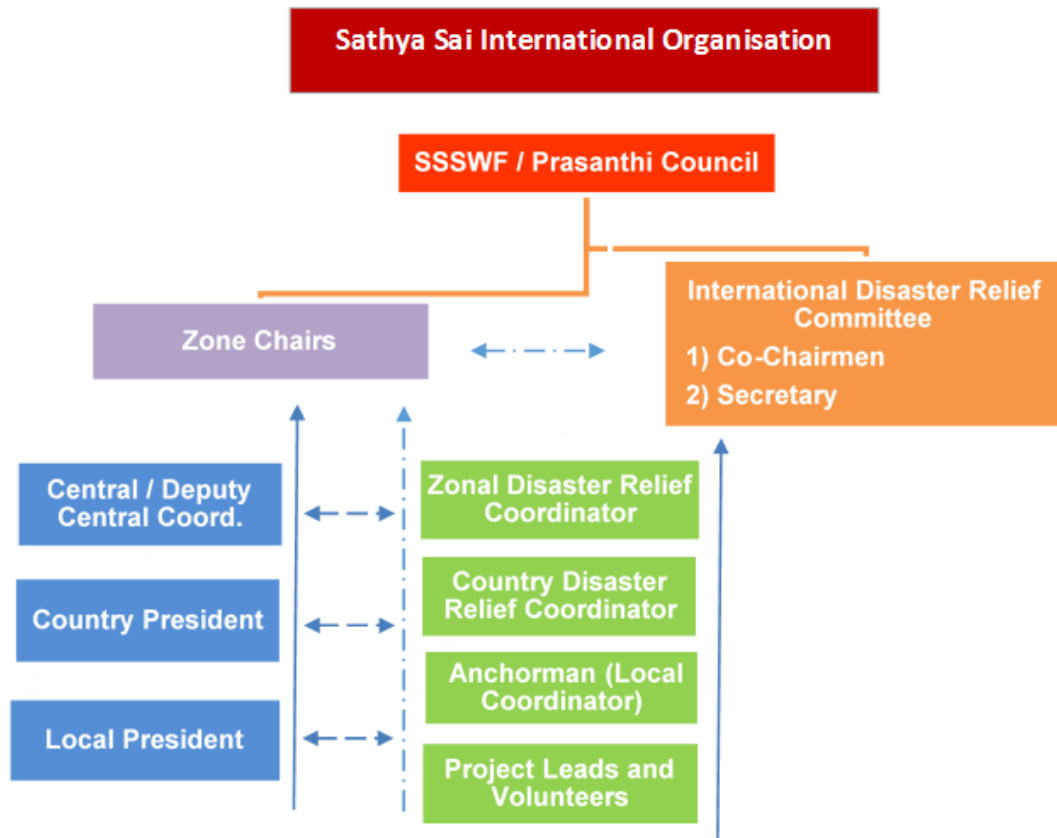
When the tsunami of 2004 hit Tamil Nadu beaches, they were the first organized responders on the scene within 24 hours of the disaster. These well-prepared volunteers recovered over 1000 bodies, some of which were cremated and others were buried according to their faith traditions. Many survivors were 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 III: Guidelines for SSIO Leadership

a. Disaster Relief Team 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. Role of Coordinators

i. Local Coordinators

Starting at the disaster site, the local DR coordinator or Anchorman, after receiving instructions from his country DR coordinator (CDRC), is responsible for directing the work of the volunteers on his/her team, making sure they do not take any unnecessary risks. They should be involved in the initial assessment of the disaster site and assessment of the needs in the area, which should be communicated to the country DR coordinator. The local coordinator maintains ongoing discussions with the CDRC. Arranging for food, clean water, transportation and reasonable sleeping quarters, and establishing safety measures for the volunteers are his/her primary responsibilities. The local coordinator will also evaluate the need for and the location of medical camps and other service opportunities, and communicate with local leaders. Additional duties of the Anchorman are listed in Chapter VI.

ii. Country Disaster Relief Coordinators (CDRCs)

The CDRC will interact with other NGOs and government agencies, either directly or through the local ISAC Committee, in order to determine the areas of highest need. She/he will then relay the information to the Central Coordinator and Deputy Central Coordinator and the local coordinators. The CDRC should 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. Prior to activating an international mission, the CDRC should first have clearance from the SSSWF/PC via the ZDRC/ IDRC and then contact the affected country's Sai Organization President in order to immediately mobilize local aid. She/he should ensure that the local DR coordinator and volunteers are aware of any government regulations and essential requirements prior to deployment.

The local or country volunteer teams should have a mix of medical professionals, social service workers, and other professional health care volunteers, as well as people with other skills. DR team members may also be officers of the Sathya Sai Organization.

iii. Zonal Disaster Relief Coordinators (ZDRCs)

ZDRCs will oversee the activities of their respective CDRCs and ensure that all directions received from the SSSWF/ PC and the 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.

iv. Volunteers and Disaster Relief Teams

Chapter VI 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.

c. 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 Country President in consultation with the Zone Chair, Central Coordinator, and Deputy Central Coordinator will appoint the CDRC and select the national team.
- 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” stated in section (c)(i) of this Chapter (and 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 know them
- Be at least 18 years old, with recommendations from their local Sai Organizational President if they are between the ages of 18 and 21
- Must be a good team member and serve in accordance with SSIO 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
- If bio-data is not available, volunteers must provide a brief description of their background and what they can help with.
- Additional criteria for local coordinators, such as Anchormen and Team or Project Leaders, and for various volunteer roles are provided in Chapter VI.

All information that is requested for registration purposes is kept confidential and will not be shared with any other organization.

d. Required Training and/or Certification

i. Identifying Suitable Courses

Understanding IDRC guidelines is a starting requirement. First aid training is mandatory for all volunteers. Additionally, search, rescue and recovery volunteers must be further certified in basic disaster relief.

CERT (Community Emergency Response Team) for example is a disaster relief training program offered in the USA (www.citizencorps.fema.gov/cert/about.shtm). This program is free of charge and available through most local government agencies. Addendum C includes a summary outline of the CERT program. However, most countries offer similar training and certificate-based courses, which can be made available to all volunteers.

The CDRC is responsible to identify the most suitable courses available and require all permanent volunteers to complete this training within six 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 advice from 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 organizational facts, and the IDRC guidelines. Chapter IX provides an initial basic outline for such orientation training.

iii. Refresher Courses - Maintaining Skill Levels

Local disaster relief leaders must bring their teams and volunteers together at least once a year in order to review their status and introduce any required new protocols. Disaster relief team volunteers are also encouraged to maintain current skills by attending additional training and refresher courses. These courses can be arranged individually by the volunteers or for the group by the local DR coordinator and/or the CDRC.

e. Managing Disaster Relief Teams

i. Activation Decision and Procedures

When a disaster happens, the local and country disaster relief teams will initiate action. The affected country's CDRC will mobilize teams around the country immediately after having been contacted by the local DR coordinator in the affected area. No DR team should be sent into areas prohibited by the government, due to danger or other restrictions. Local DR Coordinators can assess needs on the ground so that duplication of effort is avoided.

Should international help be required, the ZDRC, with the permission of their SSIO leadership, will formally request support from the IDRC, who will in turn request authorization from the SSSWF/PC.

It may be determined by CDRC and local office bearers 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 possible, even while waiting to take larger action. Soup kitchens and distribution of supplies are usually necessary at shelters, medical personnel may attend to evacuees in their hospitals, among others.

ii. Representing the SSIO

In any service activity, including disaster relief operations, the objective is not publicity. We should just serve with love and compassion without propaganda. When asked who we are, we should identify ourselves as members of the Sathya Sai International Organisation and be prepared to describe the SSIO, the work done by the SSIO, and if requested, talk about Sri Sathya Sai Baba. The volunteers' behavior and demeanor should be consistent with Sathya Sai principles and SSIO guidelines. SSIO banners at relief sites help the public identify and relate to the

SSIO organization in an unknown area. Additional guidance about interacting with other organizations and the general public is offered in Chapter VIII.

It is acceptable to display the Sarva Dharma symbol and the name of the Organization at medical camp sites or on operation centers. However and most importantly, we must always reflect the basic Sai principles. Among other 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
- Be sensitive to the privacy and comfort of other volunteers and local staff resources supporting the SSIO

iii. Government and Legal Considerations

Each country has its own procedures and laws for disaster management, and they can vary widely across countries. This will also include local laws pertaining to requirements for doctors to practice medicine during disaster relief. It is the responsibility of the CDRCs to remain intimately familiar with the latest disaster management laws, to prepare a summary of these requirements for the SSIO disaster relief team and to train volunteers on compliance with the law. We must respect the laws of the land and pay customs duties where required.

There are also additional policies that countries may implement depending on the scope of a disaster. For example, some countries may temporarily relax import duties and visa requirements for foreign volunteers in the aftermath of a disaster. Therefore, foreign volunteers should verify with the affected area's ZDRC and CDRC on any customs and visa permit items prior to traveling.

Although some countries may have few or no restrictions on certain relief matters (such as building temporary housing, food provisions or medical requirements), we must ensure that these are all checked prior to service. If rebuilding is going to be undertaken for example, local building codes and laws should be respected.

f. 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 must be timely and clear. The disaster relief communication procedures will be as follows:

i. SSIO Leaders

Immediately after a disaster, the IDRC will communicate with the affected zone's ZDRC and Zone Chairman in order to evaluate the immediate situation. Responses between the Zone 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 ZDRC will maintain continuous communication with its Central/Deputy Central Coordinators and CDRC's counterparts and jointly execute any decisions made by the SSSWF/ PC, IDRC and Zone 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 and Sai Organization Country Presidents will closely share information and decision-making responsibilities in times of disaster.

iii. Anchorman Reports

Anchormen must submit an official summary report of activities to the IDRC Chain of Command every two weeks. These reports must be simple in language, provided in bullet or dot form (not paragraph form) and be accompanied by relevant high-resolution pictures and media. The IDRC will in turn work with the zone media coordinator to submit these reports to the SSIO media team at MediaTeam@sssio.org

iv. SSIO Membership

The website www.sathyasaihumanitarianrelief.org will have available all published reports and pictures regarding disaster relief operations. CDRC's and local DR coordinators should provide current information to their counterparts in the SSIO regarding all relief mission(s) developments. The SSIO officers in turn should communicate this information to the members of Sathya Sai Centers and groups and inspire and motivate more participants. Leaders from the SSIO or the DR Chain of Command can also be invited to speak to groups of volunteers, if time and circumstance permit.

g. Documentation

i. Ongoing DR Team Documentation

DR coordinators at all levels must maintain a current roster 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 include data such as contact information, skills and specializations, training and certifications, special circumstances and deployment restrictions, among others.

ii. During Disaster Relief Missions

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 volunteers should be kept by the team leader. It is also important to keep a written inventory of all items used and needed in an operations center for general documentation, medical and other supplies and for reference by future teams.

Similarly, an inventory of all medical supplies including medications available must be taken after each medical camp in order to determine the necessary supplies to be purchased for the next camp. Pre-ordering supplies allows the SSIO to evaluate multiple provider sources and prompt fulfillment of inventory at the most reasonable cost.

h. Finances and Insurance

i. Accounting for Donations

Disaster relief committee should use the 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 Chairmen, SSSWF/PC must authorize larger purchases, such as home building 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 accountant and sent to the senior SSIO leaders and IDRC.

ii. Insurance

Depending on the disaster conditions, group liability insurance coverage will be obtained by each DR team.

Chapter IV: 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 1). 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 ongoing lack of resources or by the devastation of the disaster site's medical infrastructure.

Medical cases and needs vary greatly depending on countless conditions including: the type and size of the disaster, available resources and medical infrastructure of the area, length of time after disaster event, etc. As an example (although not to be seen as typical), just a three-day medical camp in June of 2014 in the Philippines (after November 2013 Typhoon Haiyan) showed the following medical cases:

- Respiratory diseases – cough, asthma, TB
- Gastroenteritis and gastric problems
- Ear, Nose and Throat disorders
- Musculoskeletal problems (often seen in farmers)
- Dermatology (Skin) problems
- Gynecological disorders
- Cancer
- Urological disorders– UTI, Hernia
- Neurological disorders – Parkinson disease, Post meningitis sequelae, stroke
- Dental diseases
- Hypertension
- Cardiac cases with elevated cholesterol levels
- Endocrine disorders (Thyroid disease and DM)
- Emergency Trauma Care
- Some other more severe cases that necessitated transfer to local hospital.

b. Phases of Disaster Recovery

Medical needs will change depending on the phase of the disaster recovery in the mission, which are: Search and Rescue, Emergency Relief (providing basic needs), Early Relief efforts (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.

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. Doctors in the immediate vicinity of the disaster are in the best position to provide this type of relief and SSIO doctors should immediately report to their local hospitals, or temporary emergency clinics. 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

In recovery, the affected population is in a more stable period of transition. They have a place to get food, 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 establish a good relationship with a local doctor or health facility.

iv. Community Development:

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 III and VI, all medical and dental professionals volunteering for medical camps must have:

- i. State or Provincial License to practice medicine in their specialty area
- ii. Appropriate malpractice insurance

Further, all medical and health-professional volunteers interested in being part of any disaster's medical mission must register at www.sathyasaihumanitarianrelief.org.

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 may also provide meals during medical camps or other relief missions, but volunteers are encouraged to plan for their own meals.

The IDRC 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 Committee 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 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 V: 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 a 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 B.

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

Chapter VI: 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, such as: rescue and recovery, leading a command post, coordinating tasks and communications, research and networking (identifying and prioritizing needs and solutions), managing or supporting food, shelter and medical camps, coordinating movement of resources and 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, reconstruction of homes and critical-use facilities (such as schools and hospitals), educational initiatives and skills training.

b. Volunteer Roles

i. Volunteer Roles On the Ground

1. The Anchorman

The Anchorman is the lead coordinator for all relief activities on the ground and for communicating the status, needs and requirements to the SSIO Chain of Command. The anchorman oversees the following day to day activities:

- a. Managing all aspects of the central “Sai Home” or “Sai Camp”, including resources, budgets, logistics and activities
- b. Assigning and coordinating local volunteer tasks
- c. Forecasting the number and skills of volunteers required in days/weeks/months to come
- d. Guiding and assigning tasks to the Project/Team Leads
- e. Identifying new areas of need and prioritizing resources
- f. Directing any SSIO search, rescue and recovery operations
- g. Representing the SSIO and interacting with local officials and community leaders in relief efforts
- h. Overseeing multiple simultaneous projects ranging from: Community kitchens (Narayana Seva), reconstruction projects, medical camps, educational initiatives, inventorying and/or distributing supplies, among others

2. Team/Project Leaders

Team/Project Leaders are assigned a specific initiative within the overall SSIO relief efforts, reporting to the Anchorman and/or CDRC. The specific initiative and scope of responsibility will vary with each disaster. However, the Anchorman's areas of responsibility described in the earlier section provide a good reference as to the types of specific initiatives that could be assigned to a Team/Project Leader. The Disaster Relief Chain of Command will announce the skill-sets needed for any given disaster.

3. Rescue Volunteers

Rescue volunteers are volunteers with experience and/or training in disaster relief operations, including health, and public and social service professionals. The SSIO Disaster Relief 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 search, rescue, recovery, emergency triage, victim transportation and care, supply distribution, make-shift shelter management and any immediate relief needed. Rescue volunteers report to the assigned Rescue Project/Team Lead on the ground and their tasks are more short-term in nature (days or weeks).

4. General Volunteers

General volunteers support all other relief activities that go beyond immediate rescue needs. 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 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 IDRC during each disaster. General Volunteers report to an assigned Project/Team Lead or directly to the Anchorman.

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

6. Accounting and recordkeeping
7. Photography and reporting
8. Website maintenance

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, section(c). 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 experienced member of the SSIO, be well versed with SSIO Guidelines, protocols and practices, and ideally, have leadership experience as a SSIO Officer
3. Have basic Disaster Relief and First Aid training

ii. Additional Qualifications for Rescue 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. Rescue volunteers must be experienced in disaster relief scenarios, and/or certified in basic disaster relief and first aid training, and/or be a health, social or public safety professional.

2. 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.).
3. 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

As discussed in Chapter III, first aid training is required for all volunteers and specific disaster relief training is required for search, rescue and recovery volunteers. These training courses can be arranged locally in most countries.

Disaster Relief training must include understanding the science of disasters, their causes, and results. It helps us identify ways to survive different events, and to bring aid to survivors. Disaster relief training must include what to expect, dangers, working with minimal resources, and becoming aware of potential fraudulent activity, among others. Disposal of bodies, health and hygiene issues, pest control, animal survivors and evacuation of the sick and injured will also be learned. 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 V.

As a sample training program, Addendum C includes a summary outline of the CERT (Community Emergency Response Team) disaster relief training program offered in the USA. This program is free of charge and available through most local government agencies. We expect similar programs to exist in different countries. You may also visit the official CERT website: www.citizencorps.fema.gov/cert/about.shtm.

e. Deployment Requirements

i. Approval and Mission Registration

As stated in Chapter 3, all volunteers must be approved by their local office bearers and DR coordinators prior to service, for which it is necessary to complete the application form in Addendum A.

Further, volunteers must register online prior to each mission, by submitting basic personal information, desired volunteer role and their requested dates of service at: www.sathyasaihumanitarianrelief.org. 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.

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:

<http://www.cdc.gov/az/p.html>.

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 Addendum E. However, volunteers should assess the specific needs of each mission prior to finalizing their traveling supplies.

iii. Disaster-Specific Checklist

In addition to the General Disaster Checklist, other items may be required for a specific country or mission. Should these exist, the International Disaster Relief Committee will post such requirements at www.sathyasaihumanitarianrelief.org.

iv. Compliance with SSIO Guidelines and Local Laws

Volunteers must read, understand and comply entirely with the Disaster Relief Guidelines, in addition to any other SSIO guidelines and 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 guideline 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 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 VII: Field Operations

a. Decision-Making

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

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 objective and length of the particular relief target. DR Teams 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 survival supplies. A suggested list of potential supplies and equipment is listed in Addendum F. Please note that this is a comprehensive list and that not all such supplies and equipment will be needed for all missions.

Volunteers must check the essential recommendations for the latest mission posted on www.sathyasaihumanitarianrelief.org.

c. Identifying the Needy

Although need for assistance is quite prevalent when disaster strikes, often those with the highest need are not the ones getting the fastest or best help, particularly since they tend to live in remote areas. Therefore, some effort will be required to adequately identify the areas of highest need and scope the SSIO relief mission.

In this regard, it is important to do some level of networking and investigation at the disaster site to try to identify a respected person in the community who knows their way around and who is likely to have the latest information. This person can help us find survivors who need help and find ways to reach them when roads are blocked. Similarly, journalists can be of great help in identifying areas of need.

d. Essentials of Search & Rescue and Recovery Operations

The recommendations for basic search and rescue operations provided in Addendum H are based on the USA CERT Basic Training Manual, Chapter 5, pp 185–230, published in January 2011. Several other such procedural manuals may exist in different countries, however the basics outlined here will be applicable in most common disaster scenarios. The full manual can be downloaded through this link: http://www.fema.gov/media-library-data/20130726-1839-25045-8729/pm_combined.pdf.

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 I provides a detailed list on how to cope with many of these potential hazards.

Chapter VIII: Guidelines for Interaction with Other Groups and Cultures

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

Volunteers who are not members of the SSIO may be considered to join the SSIO disaster relief effort, depending on need and upon recommendation by senior officers of the SSIO, after obtaining adequate information to assess their eligibility to serve.

The minimum requirements for guest volunteers are as follows:

1. Must be at least 18 years old if traveling with a known SSIO member or at least 25 if traveling alone
2. Must be a good team member and agree to abide by SSIO leadership decisions
3. Must certify the review and abidance of the SSIO Guidelines
4. Must be able to bear the cost of travel and other personal expenses
5. Must possess the necessary skills and/or experience for the specific required tasks in the disaster relief mission
6. Must meet the same qualities and requirements as SSIO volunteers, described in Chapter VI, Sections (b) and (c)

Guest volunteers may only volunteer as Rescue, Medical, and/or General Volunteers, not as Anchormen 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.

In addition to any individual research, volunteers may visit the following site as starter guides: www.kwintessential.co.uk/resources/country-profiles.html, www.pbs.org/ampu/crosscult.html. 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. As an example, 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 form partnerships or formal alliances with other organizations. Its activities must be executed independently from other organizations, while abiding by the laws of the land. In this regard, 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 G offers some answers to frequently asked questions, which all leaders and volunteers must read and use as guidance when appropriate.

Chapter IX: 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 are 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 J 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 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

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

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 woman 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 C – (Sample) CERT Training (USA) Program Summary

www.citizencorps.fema.gov/cert/about.shtm

The **Community Emergency Response Team** concept was developed and implemented by the Los Angeles City Fire Department (LAFD) in 1985. The training program increases the citizens' ability to safely help themselves, their family and their neighbors. The US Federal Emergency Management Agency (FEMA) recognizes the importance of preparing citizens.

The CERT course will benefit any citizen who takes it. This individual will be better prepared to respond to and cope with the aftermath of a disaster. Additionally, if a community wants to supplement its response capability after a disaster, civilians can be recruited and trained as neighborhood, business, and government teams that, in essence, will be auxiliary responders. These groups can provide immediate assistance to victims in their area, organize spontaneous volunteers who have not had the training, and collect disaster intelligence that will assist professional responders with prioritization and allocation of resources following a disaster. Since 1993 when this training was made available nationally by FEMA. The CERT training for community groups is usually delivered in 2 1/2 hour sessions, one evening a week over a 7 week period. The training consists of the following:

Session I, DISASTER PREPAREDNESS: Addresses hazards to which people are vulnerable in their community. Materials cover actions that participants and their families take before, during, and after a disaster. As the session progresses, the instructor begins to explore an expanded response role for civilians in that they should begin to consider themselves disaster workers. Since they will want to help their family members and neighbors, this training can help them operate in a safe and appropriate manner.

Session II, DISASTER FIRE SUPPRESSION: Briefly covers fire chemistry, hazardous materials, fire hazards, and fire suppression strategies. However, the thrust of this session is the safe use of fire extinguishers, sizing up the situation, controlling utilities, and extinguishing a small fire.

Session III, DISASTER MEDICAL OPERATIONS PART I: Participants practice diagnosing and treating airway obstruction, bleeding, and shock by using simple triage and rapid treatment techniques.

Session IV, DISASTER MEDICAL OPERATIONS, PART II: Evaluating patients by doing a head to toe assessment, establishing a medical treatment area, performing basic first aid, and practicing in a safe and sanitary manner.

Session V, LIGHT SEARCH AND RESCUE OPERATIONS: Participants learn about search and rescue planning, size-up, search techniques, rescue techniques, and most important, rescuer safety.

Session VI, DISASTER PSYCHOLOGY AND TEAM ORGANIZATION: Covers signs and symptoms that might be experienced by the disaster victim and worker. It addresses CERT organization and management principles and the need for documentation.

Session VII, COURSE REVIEW AND DISASTER SIMULATION: Participants review their answers from a take home examination. Finally, they practice the skills that they have learned during the previous six sessions in disaster activity.

ADDENDUM D – 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 E – Suggested General Supplies for Disaster Volunteers

- Food and water purifier sufficient for the length of your stay
- 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
- Mess kit (knife, fork, spoon, plate, cup, cooking utensils)
- Self-sealing plastic bags (e.g. Ziploc), electric tape, pocket notepad 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)
 - Passport & four passport-size photographs; airline ticket/booking
 - Credit card / cash

ADDENDUM F – 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
- Knee Pads
- Light-sticks
- Masking Tape
- Medical Gloves Latex or Nitrile
- Medical Supply Kit (Band Aids, 4x4's, Triangle bandage. Etc.)
- Multi-Function Tool and Knife
- Sun Screen
- Triage Tags
- Water Purification Tablets
- Waterless Hand Cleanser
- Wrench or Pliers

ADDENDUM G – SSIO Brief Introductory 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 126 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 126 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 H – 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 6, 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 Manual, pages 185-230, published in January 2011:
http://www.fema.gov/media-library-data/20130726-1839-25045-8729/pm_combined.pdf.

ADDENDUM I – 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, or chemically treated water and bottled or canned carbonated beverages. When using bottled drinks, make sure that the seal has not been broken.
- Avoid tap water, fountain drinks, and ice cubes.
- 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 treated water to wash dishes, brush your teeth, wash and prepare food, or make ice.

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 diarrhea-causing bacteria. Relief workers who are handling remains should take 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.
- 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.

ADDENDUM J – (Sample) Home and Workplace Preparedness, USA Federal CERT Training Manual (January 2011) Chapter 1, Pages 14-27

http://www.fema.gov/media-library-data/20130726-1839-25045-8729/pm_combined.pdf

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.
www.fema.gov/areyouready/	<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	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.
www.pandemicflu.gov	The Centers for Disease Control and Prevention (CDC) established this Web site as a hub for national information on pandemic influenza.

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 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 3-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 K – 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@gamil.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 imbedded in the narrative report, please send high resolution JPEG files of all pictures separately. We need JPEG files for all pictures taken.

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.