Faith In Practice
Life Changing Medical Mission

Emergency Response and Continuity Plan (ERCP)

Purpose:

This Emergency Response and Continuity Plan (ERCP) outlines the protocols to ensure the safety, coordination, and continuity of Faith In Practice (FIP) mission operations in Guatemala in the event of natural disasters (earthquakes, volcanic activity, floods), civil unrest, medical emergencies, and other unanticipated disruptions. It is designed specifically for volunteers traveling through La Aurora International Airport (GUA) and serving in Antigua, Retalhuleu (Reu), and surrounding rural areas.

Scope:

Faith In Practice operates in a country with significant natural and political risk exposure.

ERCP Guiding Principles:

- Protect the health and safety of all volunteers, staff, and patients.
- Preserve operational integrity and continuity.
- Maintain clear, timely, and accurate communication.
- Respond in coordination with local authorities and experts.
- Uphold our mission and values even in times of crisis.

Key threats include:

- Earthquakes and seismic aftershocks (frequent in Antigua and western Guatemala)
- Volcanic eruptions (notably Fuego and Pacaya volcanoes)
- Inclement Weather and landslides during rainy season
- Civil protests and political demonstrations
- Public health emergencies (e.g., pandemics, epidemics)
- Limited rural infrastructure

Response Activation & Communication Protocol:

The ERCP is activated immediately upon:

- Seismic activity of Magnitude ≥5.0 near a mission site
- Reports of political unrest in Guatemala City or cities within 10 miles of FIP operations
- Any confirmed threat from local or international authorities

Incident Command Chain:

- CEO (U.S.-based lead)
- Managing Director of Programs (Guatemala)
- Safety Officer (appointed per team leader)
- Team Leaders who are in-country during the time of declared emergency/event
- All communications go through WhatsApp alert groups and are confirmed via SMS/email within 15 minutes of event awareness.

1. **Applicability:**

- Surgical missions at Obras Sociales del Santo Hermano Pedro in Antigua
- Surgical missions at Hospital Hilario Galindo (HHG) in Reu
- Village medical clinics across rural Guatemala
- All supporting staff and volunteers in-country

2. Preparedness Measures

A. Before Travel

- All volunteers are HIGHLY encouraged to attend a Virtual Emergency Orientation to be held during pre-trip meetings.
- FIP staff provides country-specific safety briefings, including:
    - Emergency contacts
    - Local alert systems
    - Political and weather updates
- Registration of Volunteer Passports with United States Embassy in Guatemala

B. On Arrival in Guatemala

In-country orientation includes:

- Facility-specific evacuation plans (Obras, HHG, and Casa de Fe) along with facility tour
- Communication protocols during emergencies
- Review of "Go-Bag" contents (ID, meds, flashlight, passport, etc.)
- Use of local INSIVUMEH early warning app

- Team leaders are briefed separately with regional risk assessments.

C. Risk Monitoring Tools

Partnership with local emergency agencies:

- CONRED (Coordinadora Nacional para la Reducción de Desastres)
- CNPAG (Consejo Nacional para la Protección de Antigua Guatemala)
- Local Firefighters (Bomberos Municipales)
- Ongoing alerts monitored by Guatemalan leadership and FIP leadership team.

3. Emergency Response Protocols

A. During Natural Disaster

- Immediate shelter in place unless unsafe
- Follow local staff to designated evacuation zones
- Emergency check-ins via WhatsApp and phone trees
- Activate triage and patient safety protocols (at surgical sites)

B. In Case of Civil Unrest

- Teams will shelter in place at lodging or hospital grounds
- Movement restricted until cleared by FIP leadership
- Evacuation plans activated if unrest persists or escalates

C. Medical Emergencies

- Closest private and public hospitals identified for each region
- Emergency transport arranged via partner agencies or private ambulances
- All teams equipped with first responder kits and basic trauma supplies

4. Communication Plan

- INSIVUMEH app for early warning notifications
- Local WhatsApp groups created per team (pre-loaded upon arrival)
- Redundant contact list (print + digital) provided to team leaders
- Daily check-in protocol for surgical and village teams

5. Continuity of Operations

A. Facilities Assessment

- All hospitals and facilities are evaluated post-incident before resuming service
- Clearance provided by CONRED, CNPAG, or local authorities

B. Relocation Strategy

- Quinta Hotel, IRTRA Hotel, Casa de Fe, Casa de Milagros, and HHG have contingency beds and supplies
- Local backup facilities identified for mission continuation
- Non-critical missions may be paused while surgical continuity is prioritized

C. Resumption of Trips

Regularly-scheduled trips will resume or continue only after:

- Structural safety assessments completed
- Emergency supplies restocked
- Volunteer confidence and briefings reinforced

6. Recovery and Debrief

- Post-event virtual debrief held with team leaders and medical directors

- Emotional wellness and spiritual care support available
- Incident review conducted with executive leadership
- Lessons integrated into future preparedness updates

7. Volunteer Responsibilities

Each volunteer agrees to:

- Participate fully in orientation and meetings
- Comply with in-country emergency protocols
- Keep the INSIVUMEH app active on their phone while in-country
- Keep emergency contact info updated with FIP
- Practice a spirit of calm, compassion, and service even under stress

8. Plan Oversight and Revision

This ERCP is overseen by:

- CEO
- FIP Executive Leadership Team
- Director of In-Country Programs
- Safety and Risk Management Consultants (e.g., SETRAC)

It will be reviewed bi-annually or after every major event to ensure best practice approaches are still being upheld.

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Appendix A: Earthquake Magnitude Decision-Making Matrix

Magnitude	Proximity to FIP Operations	Expected Impact	Response Actions	Activation Level
< 4.0	Any	- Typically not felt or only slightly felt.	- No action required. - Continue monitoring local alerts.	Level 0 – Routine Monitoring
4.0–4.9	Within 50 km of Antigua, Reu, or clinic areas.	- Mild shaking, possible alarm. - Low structural risk.	- Notify in-country staff. - Review latest alerts from INSIVUMEH. - Reassure teams; no disruption unless advised by CONRED/CNPAG.	Level 1 – Heightened Awareness
5.0–5.4	**Within 100 km of mission sites.**	**- Moderate shaking possible - Older structures may be affected.**	**- Initiate facility walkthroughs. - Field team check-in via WhatsApp. - Temporary halt on patient movement if**	**Level 2 – Moderate Response**

			needed. - Inform incoming volunteer teams of potential delay	
5.5–5.9	Within 100 km OR in seismic cluster.	- Noticeable shaking - Damage to non-load bearing walls, roadways.	- Activate on-ground inspection teams - Coordinate with CONRED and CNPAG - Suspend non-critical movement and activities - Notify all stakeholders - Assess viability of next 7–10 day missions	Level 3 – Emergency Preparedness
6.0–6.9	Any proximity.	- Significant shaking likely.	- Suspend all FIP activities. - Begin volunteer/staff accountability check.	Level 4 – Emergency Response

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		- Damage to infrastructure, potential casualties.	**- Initiate ERCP evacuation protocols. - Cancel upcoming trips within 14 days. - Engage SETRAC and local officials.**	
≥7.0	**Any**	**- Severe shaking - Widespread damage and threat to life**	**- Full-scale evacuation - Suspend all operations - Activate Crisis Communications Plan - Deploy emergency funds and supplies - Schedule BOD and Emergency Response Team meetings**	**Level 5 – Critical Incident Response**

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Appendices: Threat-Specific Response Protocols

This section outlines detailed, best-practice response protocols for key threats relevant to Faith In Practice operations in Guatemala, including earthquake, volcanic activity, severe weather/flooding, and public health emergencies.

Prepared July 2025

Appendix A – Threat-Specific Response Protocols

- Appendix A1: Earthquake Response Protocols
- Appendix A2: Volcanic Eruption Response Protocols
- Appendix A3: Inclement Weather & Flooding Response Protocols
- Appendix A4: Public Health Emergency Response Protocols

Appendix A – Threat-Specific Response Protocols

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Appendix A1: Earthquake Response Protocols (Best-Practice Based)

A. Immediate Response During Earthquake

General Actions (All FIP Facilities)
Drop, Cover, and Hold On.
Stay Indoors Until Shaking Stops.
Avoid Elevators and Stairwells.
Monitor Alerts using the INSIVUMEH mobile app.

Hospital-Based Care During Earthquake:
Operating Room (OR):
- Suspend Surgical Procedure Immediately.
- Maintain Anesthesia Care.
- Protect Patient.
- Do Not Move the Patient Until Shaking Stops.

ICU/Recovery Room:
- Monitor all patients.
- Secure equipment and power connections.
- Prepare emergency manual ventilation.

General Wards/Clinics:
- Protect patients from overhead risks.
- Secure patients in bed.

Volunteer and Staff Safety:
- Follow Drop, Cover, and Hold.
- Medical volunteers secure self, then assist.
- Activate WhatsApp group roll-call.

B. Post-Earthquake Response Actions

1. Patient Care Prioritization:
- Assess anesthetized patients first.
- Maintain airway and pain control.
- Group by triage code.

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2. Facility and Safety Assessment:
- Visual inspection and utility checks.

3. Communication and Coordination:
- Incident Command Team activates.
- Send updates to HQ and CONRED.

4. Evacuation Protocols (if required):
- Use Rally Points.
- Prioritize patient movement by condition.

5. Psychological First Aid:
- Debrief volunteers.
- Offer chaplain support.

6. Debriefing & Recovery:
- Submit incident reports.
- Update ERCP.

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Appendix A2: Volcanic Eruption Response Protocols

A. Immediate Response During Eruption

- Monitor alerts via INSIVUMEH app and radio communications.
- Shelter in Place if ashfall or pyroclastic threat is active.
- Use N95 masks or cloth for nose/mouth protection.
- Turn off ventilation/air-conditioning to prevent ash intrusion.
- Move ambulatory patients to enclosed, windowless rooms.
- Suspend surgeries; keep patients in place under care.
- Use goggles and masks for all staff and volunteers.

B. Post-Eruption Actions

1. Patient and Volunteer Safety
- Continue PPE use until air quality is verified safe by local authorities.
- Check for respiratory issues from ash exposure.

2. Structural and Environmental Review
- Evaluate facility air filtration, roof integrity, and ash accumulation.
- Clear ash using approved procedures (no water on live ash).

3. Communication & Public Health Surveillance
- Coordinate with local health authorities and CONRED.
- Alert teams about travel restrictions and evacuation routes.

4. Reopening Protocols
- Reassess safety before full mission resumption.
- Sanitize surgical spaces and equipment thoroughly.

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Appendix A3: Severe Weather and Flooding Response Protocols

A. Immediate Response During Threat

- Monitor real-time weather alerts (INSIVUMEH/radio).
- Suspend outdoor village clinics and travel.
- Elevate critical equipment above flood levels.
- Relocate patients from low-lying or leaking rooms.
- Ensure generators and backup lighting are functional.

B. Post-Event Actions

1. Patient and Facility Safety
- Check for electrical hazards, mold risk, and roof leakage.
- Inspect oxygen systems, suction units, and waste storage.

2. Transportation and Clinic Resumption
- Verify road clearance with local authorities.
- Use alternate travel routes if needed.

3. Facility and Volunteer Debrief
- Document and communicate safety lessons.
- Distribute updated preparedness checklist.

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Appendix A4: Public Health Emergency Response Protocols

A. Immediate Response During Outbreak or Pandemic

- Activate infection control protocols immediately.
- Screen all incoming staff, volunteers, and patients for symptoms.
- Provide PPE (N95 masks, gloves, gowns) to all frontline personnel.
- Isolate suspected or symptomatic individuals immediately.
- Limit clinic/hospital access to essential personnel only.
- Suspend non-urgent procedures, especially those aerosol-generating.
- Implement social distancing measures in waiting and work areas.

B. Post-Threat Actions

1. Continued Monitoring and Infection Prevention
- Continue daily health checks of exposed individuals.
- Reinforce hand hygiene, environmental cleaning, and PPE compliance.

2. Debrief and Policy Review
- Document outcomes and evaluate outbreak control effectiveness.
- Update ERCP and training materials based on lessons learned.

3. Resumption of Operations
- Resume regular services only after clearance from public health authorities.
- Communicate clear reopening protocols to all volunteers and partner sites.

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Appendix B: U.S. Embassy Guidance and Earthquake Preparedness from STEP

In alignment with recommendations from the U.S. State Department and recent STEP alerts (July 2025), the following resources are now part of the Emergency Response and Continuity Plan for Faith In Practice volunteers in Guatemala.

A. Earthquake Safety Overview

Guatemala is seismically active due to fault lines like the Motagua and Chixoy-Polochic. Earthquakes may occur at any time and without warning. It is essential to have a personal plan, including a 72-hour go-bag and knowledge of evacuation procedures.

B. During an Earthquake

Indoors:

- DROP: Get on your hands and knees to prevent being knocked down.
- COVER: Protect your head and neck with your arms. Crawl under sturdy furniture.
- HOLD ON: Hold onto your shelter and be ready to move with it.

Outdoors:

- Move to a clear area away from buildings and power lines.
- Avoid bridges, overpasses, and trees.
- If driving, pull over in a safe area and remain in the vehicle until shaking stops.

C. After the Earthquake

- Expect aftershocks and repeat DROP, COVER, HOLD ON.
- Evacuate buildings only when safe.
- Report your status through assigned WhatsApp groups.
- Be prepared to shelter in place up to 72 hours.
- Follow all local authority instructions and monitor INSIVUMEH and CONRED.

D. U.S. Embassy Assistance

- U.S. Embassy Guatemala City: +502-2354-0000
- Smart Traveler Enrollment Program (STEP): https://step.state.gov/
- Follow updates at: https://gt.usembassy.gov/
- Travel preparedness info: https://www.ready.gov/kit
- U.S. Citizens Services Navigator: Available by phone or email

E. Insurance and Evacuation Planning

- Volunteers are responsible for evacuation costs in accordance with U.S. law.
- Obtain travel and medical evacuation insurance before deployment.
- Maintain a copy of your passport and key documents in your go-bag.
- Communicate with your assigned team leader and hotel staff during emergencies.