COMMUNICATIONS PLAN TEMPLATE

The purpose of this document is to address the communication plan for (insert House of worship name) to be informed and inform others of any and all disasters that may arise and the actions that will be taken to ensure the preservation of human life and property.

“The single biggest problem in communication is the illusion that it has taken place.” – George Bernard Shaw
If an emergency or disaster arises, this communication plan will be activated to inform all parties associated with [insert house of worship name here], according to diagram below.

The [house of worship leadership team] will contact and/or gather with the media liaison and leaders of the house of worship to develop one consistent message about the event. Community stakeholders will then be included to discuss the next steps in the process of handling the situation and disseminate the information that needs to reach the community.

These leaders will then communicate to the congregants of the house of worship and the community to inform them on how the situation is being handled and any warnings or precautions as well as instructions that the congregants and rest of the community need to be aware of.

*Community stakeholders include local emergency management agency, first responders (police, fire, emergency medical technicians), local media, other faith-based organizations*

- Tip: Consider using an automated messaging service to communicate with congregants about the disaster event at hand.
- Examples of other pre-determined forms of communication are: email, Facebook, Twitter, and house of worship website
Emergency Telephone Numbers

For all emergencies, Dial 9-1-1

Other Important Numbers:

(Provide names and contact numbers for both daytime/business hours as well as night time/24 hr. emergency contact)

Building Maintenance/Trustees:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Head of Establishment:

__________________________________________________________________________________________

__________________________________________________________________________________________

Associate Heads of Establishment (if applicable):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Building Coordinator:


Medical Response Team Members:


Emergency Response Team Members:


Local EMA:


Communications Plan Template
Local Media:


Other Emergency Contacts:


