

Congregational Pandemic Response Guidelines

Background

A pandemic is an epidemic of infectious disease that has spread through human populations across a large region, multiple continents, or even worldwide. A pandemic occurs when a new strain of virus, one against which humans possess little or no natural immunity, emerges and has the ability to cause illness in humans and efficiently pass from person to person. The symptoms, fever, cough, and muscle pain, are similar to those seen with seasonal influenza, but, in a severe pandemic, 30 percent or more of the population gets sick and more people suffer from complications or even die. A severe pandemic virus would likely spread around the world in a matter of months. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic. Further, flu pandemics generally exclude recurrences of seasonal flu. A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious and contagious.

The World Health Organization has produced a six stage classification that describes the process by which a novel influenza virus moves from the first few infections in humans through to a pandemic. This starts with the virus mostly infecting animals, with a few cases where animals infect people, then moves through the stage where the virus begins to spread directly between people, and ends with a pandemic when infections from the new virus have spread worldwide.

Pandemic Phases	Transmission in People	Alert Level
Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic Alert New Virus causes human cases	No or very limited human to human transmission	3
	Increased human to human transmission	4
	Significant human to human transmission	5
Pandemic	Efficient and sustained human to human transmission	6

Vaccination is the most effective intervention against influenza in humans. However, once a pandemic influenza virus is discovered, it will take 4-6 months to manufacture a vaccine that is specific for the pandemic virus. Note that the first wave of the pandemic will likely have occurred by that time. Vaccine supply may be limited and designated priority groups will receive vaccine sooner than others.

Basic principles of infections control related to influenza must be communicated over and over. Adherence to infection control practices is essential to minimize the transmission. The vast majority of influenza is spread from person to person by droplets (produced by sneezing, coughing, talking or singing) or by direct contact. Flu virus can survive for 1-2 days on hard surfaces, 8-12 hours on soft surfaces and 5 minutes on hands. Most adults can transmit the virus from 1 day before and up to 3-5 days after the onset of symptoms. The incubation period is 1-3 days. This means that a person may develop symptoms 1-3 days after coming into contact with a person with influenza.

Planning

The following guidelines should be discussed and specific plans put in place before the need arises. Best practices for congregations during seasonal flu or an area-wide pandemic is included at the end and will be referred to as Best Practice Guidelines. Please refer to these guidelines for hygiene, worship and visitation practices before and during a pandemic. An excellent web site to use in the planning process can be found at www.churchpandemicresources.ca. This information was developed by the Mennonite Church Canada.

Congregational Pandemic Management Team

The Congregational Pandemic Management Team (hereafter referred to as “the Team”) should consist of the congregation’s Executive Committee, church board or other leadership team as designated by the congregation’s constitution and any other persons the Team deems as vital to the decision making process. The Team should determine who will serve as the chair and vice-chair.

Pandemic Declaration

Since congregations are located throughout Virginia, West Virginia, and North Carolina the Team needs to be alert to statements and declarations made by their local health districts. Also, communications from Virginia District made by the District Executive, denominational leaders and government offices should be followed. Local health districts and directors information for Virginia may be found at <http://www.vdh.virginia.gov/lhd/>. West Virginia information may be found at <http://www.wvdhhr.org/bcf/county/> and search for the county or print the local county directory. North Carolina may be found at <http://www.ncalhd.org/county.htm>.

Response to Pandemic Declaration

Staff

To limit person to person contact during a pandemic, the Team should determine if the church office and other facilities will remain open or be closed. If the office remains open, the Team should determine who will continue working. By using available technology many tasks can and should be accomplished at home. If the congregation decides to close the office and cancel services, plans must be in place concerning responsibilities and salary of the staff. While the financial resources available to each congregation will play a part in this decision, in the unlikely event of an ongoing pandemic; churches may determine it appropriate to follow the guidelines of the Denomination and provide a 90 day termination notice to the pastor and other staff.

Pastoral Care

Pastors may be unable to care for the entire congregation during a severe event or may be ill themselves. Plans should be in place to address what type of care will be available and by whom. Plans should include identifying who is most at risk both in the congregation and the neighborhood surrounding the church. Those most at risk may include but not limited to the chronically ill, singles, seniors living alone, caregivers needing assistance with their children and those who are developmentally handicapped. Also, consideration should be given to care for the caregivers. As stated before, this planning must be done in advance.

Communication

The District Area Pandemic contact shall be responsible for communications between the District and the churches. The pastor or the chair of the Team should be the official spokesperson for the congregation. It is vital that information is correct and rumors are eliminated. Members should receive information via telephone, email, local media and/or church web sites. Refer to the attached Best Practices Guidelines for further information dealing with communications.

Property and Financial Considerations

The Team should provide direction to the congregation on how to continue sharing their tithes and offerings. Detailed plans must be made regarding the process for making bank deposits, receiving and payment of bills, and sending allocations to outreach ministries. Alternate plans need to be in place in case the treasurer would be unable to carry out his/her duties. A decision should be in place as to how much money from any reserve funds would be spent if tithes and offerings drastically decrease. Once disbursements reach the set limit, the congregation's leadership team should meet to review the status of the pandemic, the financial health of the congregation and determine next steps.

During a pandemic property checks and maintenance must be cared for by designated individuals if at all possible. Throughout this entire process person to person contact should be limited to avoid the spread of any infection.

Return to Normal Activities

Once health officials announce the return to some form of normalcy, the Team will meet to plan a systematic recovery of operations and staffing.

Comment

These guidelines refer to a pandemic, but should be in place and functional in case any event occurs that would prevent extended continuation of normal activities (i.e. natural disasters).

The essential duties for each congregation will include

- a) Meet Financial Obligations
- b) Pastoral Care
- c) Maintenance of Church Property
- d) Communication with the Congregation and the District

Church of the Brethren
Best Practices for Congregations during seasonal flu or area-wide pandemics
Brethren.org/flu resources 2010 (adapted)

Pastors and congregational leaders can play an important role as we move more fully into flu season. Health officials advise extra precautions with the prospect of both seasonal flu and more long term serious health situations (i.e. pandemics).

Pastors and congregational leaders should take the time now to talk with custodial staff, secretarial staff, and church boards/leadership teams about:

- Ordering and stocking extra hygiene supplies, including facial tissues, hand soap, paper towels, alcohol-based hand sanitizers, antibacterial cleaning supplies, and additional waste receptacles with closed lids.
- Checking that hand washing facilities, either sinks with soap and water or hand sanitizer dispensers, are adequate and working properly.
- Frequently cleaning restrooms, handrails, doorknobs, bathroom sink taps, flush toilet handles, and all surface areas touched by many people.
- Removing candy dishes or filling candy dishes with individually wrapped candies.
- Contacting local and regional public health officials to obtain local information regarding meeting cancelation, seasonal and flu immunization availability, as well as, treatment options and locations.
- Planning for cancelation of worship, nursery schools, daycare centers, senior centers, or other congregational activities when health officials call for a limitation of public gatherings.
- Posting the church plan in the event of the need for worship service cancelation and including this information in the worship bulletin, church newsletter, church email, and community newspapers.
- Setting up phone trees, email alerts, text messages, public television and radio announcements for effective communication about congregational cancelations and/or postponements of events and activities.
- Explaining in worship services and congregational events the new plans, precautions, and practices in response to the emergency situation in a calm and reassuring manner.
- Meeting with child care staff and youth group leaders, including leaders of scouting groups, to review expectations about hygiene and meeting cancelation practices.

Hygiene Practices

Prevent the spread of germs and protect the vulnerable members of the congregation, especially pregnant women and those with underlying chronic medical conditions, by encouraging the sick to stay home until they have been without fever for twenty-four hours.

Practice cough and sneeze etiquette. Cover nose and mouth with a facial tissue; cough and sneeze into sleeve; make available boxes of facial tissues in all areas of the building.

Throw the facial tissue into a waste receptacle after you use it; ensure that waste receptacles are located throughout the building; empty waste receptacles frequently.

Wash hands often with soap and water, especially after coughing or sneezing. Use soap and water for 15 to 20 seconds to wash hands or use alcohol-based hand sanitizer.

Worship Practices

Follow public health advice on cancelations of public gatherings and avoiding crowds to evaluate whether to cancel worship services.

Pass the Peace with a simple nod of acknowledgement. Make and maintain eye contact while speaking the words, "the peace of Christ," without the social ritual of a handshake.

Suspend use of the common cup and the practice of "intinction" when celebrating communion. Use plastic disposable communion cups or wash glass cups in very hot water over 110-115 degrees with detergent.

Encourage celebrants to use hand sanitizers before serving communion.

Wash hands before anointing with oil or the laying on of hands and repeat the practice after the rite is completed.

Visitation Practices

Check on vulnerable individuals within the community, especially the elderly, infirmed, shut-in, physically and mentally disabled, and those who live alone.

Encourage pastors and deacons too think carefully about the level of personal risk that is appropriate during visitations.

Follow all hospital infection control protocols. Do not visit hospitals or personal care homes if experiencing symptoms of influenza.

Encourage all people to get immunizations for both the seasonal flu and other illnesses as appropriate.