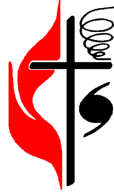
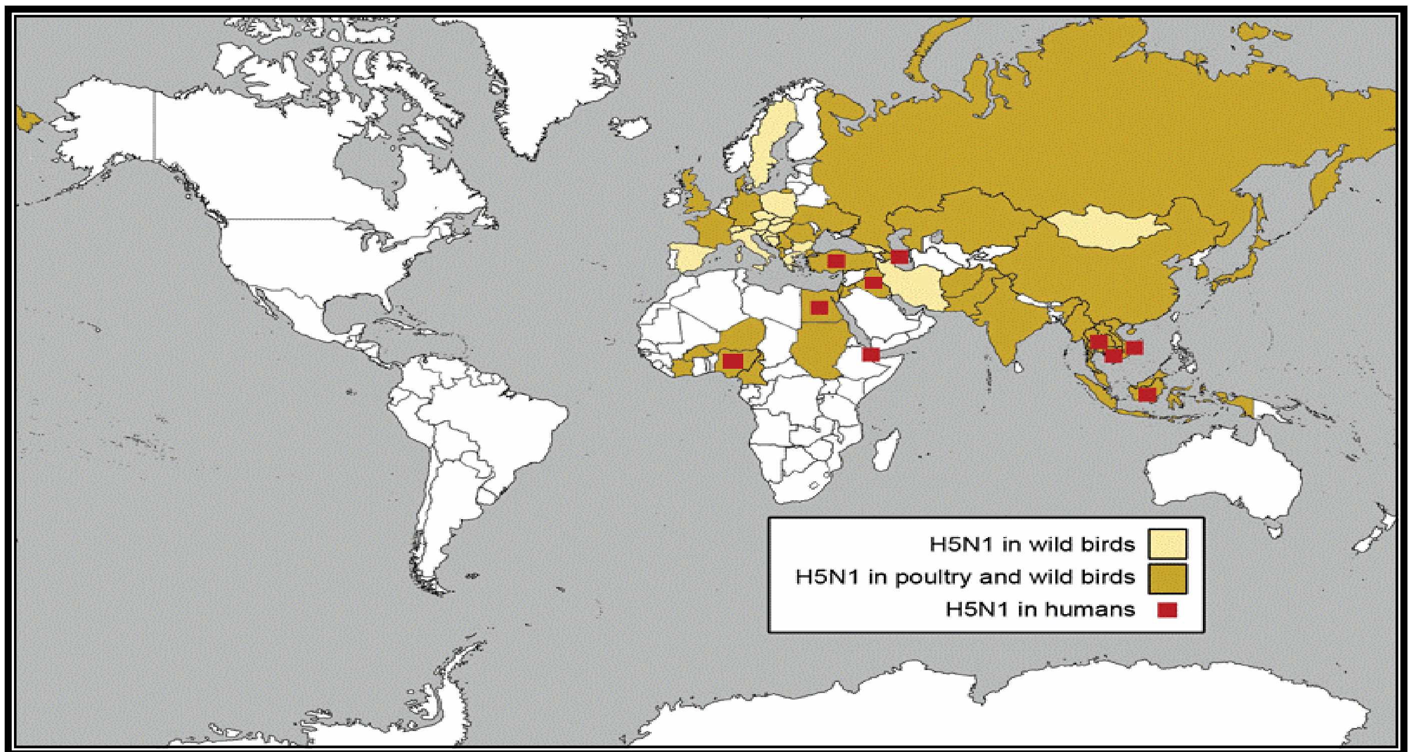


METHODIST PANDEMIC PLANNING

For Pastors, Church Council, Trustees, and Missions/Outreach

NORTH GEORGIA CONFERENCE

AVAIN INFLUENZ (H5N1)



World Health Organization February 2007

North Georgia Disaster Response Committee

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Methodist Pandemic Planning

EXECUTIVE SUMMARY OF POTENTIAL PANDEMICS

The concept of a pandemic is a new disease that has little or no immunity that quickly spreads across the world and causes sickness and death. There have been three influenza pandemics since 1900. They were the Spanish (1918 - 1919), Asian (1957-1958), and Hong Kong Flu (1968-1969). The Spanish was the most destructive in that one may become sick in the morning and be dead by evening but the disease was actually contracted several days before. The Spanish flu targeted healthy individuals between the ages of fifteen and thirty-five, whereas the other two influenzas targeted infants, elderly, pregnant, and sick. Communities that reacted quickly (isolation, quarantine, no public gatherings) had the lowest levels of sickness and death. As influenza, we know now enters the body through the eyes or nose, mouth, or cuts.

There are several diseases today that have the possibility of becoming pandemic with the avian or bird flu (H5N1) being the most likely. Since its appearance in 1957 in chicken flocks in Asia, there have been several outbreaks in Southeast Asia, China, Russia, Egypt, Germany, and the UK. It has become even stronger as it has adapted and spread to migratory birds, some mammals, and to bird handlers and those around bird flocks. Only in very limited instances has there been human-to-human transference, which is necessary for a pandemic. This is the mutation event, for which the World Health Organization is closely monitoring. Once it happens and without a fast response, the influenza is expected to spread worldwide within several months so planning and preparation are absolutely necessary.

So far, 274 people have contracted the avian flu and 157 (57%) have died from it. For this group, the contracting pattern has been children and young adults. It appears that the incubation period is longer than the seasonal flu and is estimated as seven days. Once the flu symptoms appear, it is quickly followed by secondary actions – pneumonia, kidney failure, liver shut down, and death. There is much more to learn as to why some live and others don't, what works and doesn't work, what slows it down.

Countermeasures for a pandemic are vaccine development, social etiquette changes, and population isolation. There will be no exact vaccine for at least the first six months after the outbreak; however a vaccine has been developed for the avian flu family of viruses. The current vaccine may have varying degrees of effectiveness for the mutation that goes human-to-human and the furthering mutations. It is available only to the federal government.

The social etiquette changes address the action of uncovered coughing and sneezing. Both are primary avenues of infecting others. Public education by the American Red Cross, Public Health, the church and others is underway and should have the side benefit of minimizing the impact of seasonal flu on the community and the economic loss that is incurred.

Preparation for a pandemic began in earnest in several years ago. It is expected that communities will move quickly from individual isolation, to quarantine, and shut down of all public gatherings (church services and events). In the case of a large outbreak, it may even be necessary for everyone to be confined to their home except for essential services in the case of a large outbreak. With this possibility, everyone is being encouraged to stock up on food, water, prescriptions, and other needs for a period of two weeks or longer. Many families already have enough even though the menus might not be very appetizing. There will be a need for the church to identify and address various special needs groups before and during a pandemic and for churches, agencies, and governmental organizations to plan so that the work is divided and no group is left without. Some counties have been forming task forces to address this.

Without church services, contact and communication with the congregation will require more innovative means. Some of those will phone conference, web page (replacing newsletters, information, sermons-online, pay tithe, church needs, and outreach needs), radio, TV. Developing those capabilities will have to be done in advance, as there will be no time to prepare once the flu is in the community.

The planning and preparation is not a waste of time. As for a pandemic, it is when not if. Preparing for other disasters also overlaps with pandemic preparation and prepares our church buildings, our staffs and congregations, and outreach to our members and communities.

Methodist Pandemic Planning

PLANNING CHECKLIST

1. Plan for the impact of a pandemic on your church and its mission
    - **a.** Appoint key staff and congregation leadership and provide authority to develop, maintain, and acit upon an influenza pandemic preparedness and response plan
    - **b.** Determine the potential impact on your usual activities and services and how they might change
    - **c.** Determine the impact of not receiving or reduced amounts of supplies that the church depends upon (office supplies, food, utilities, trash pickup, etc.)
    - **d.** Outline the organizational structure doing an emergency with key contacts and multiple back-ups, role and responsibilities, and reporting structure
    - **e.** Identify essential staff positions (full-time, part-time, volunteer) needed to carry on the work of the church during a pandemic and if they can work from home. Include cross training of other staff and volunteers and work that can be dropped (no bulletins, newsletter on web page, etc.)
2. Educate Staff, Members, and person in community that are served by the church
    - **a.** Find current, reliable pandemic information and make available to staff, members, and others
    - **b.** Distribute or make available of website materials with basic information and pandemic influenza
    - **c.** When appropriate, include basic information about pandemic influenza in public meetings (sermons, classes, training, announcements).
    - **d.** Share information about pandemic preparedness and response plan with staff, members, and others.
    - **e.** Develop tools to communicate information about pandemic status and the actions of your church (website, flyers, etc.).
    - **f.** Consider your church's unique contribution to address rumors, misinformation, fear and anxiety.
    - **g.** Advise staff, members, and person in the communities you serve to follow information provided by public health authorities to your community leadership.
    - **h.** Ensure what is communicated is received appropriately by the culture, languages, and reading level of you staff, membership, and others.
3. Plan for the Impact on the Staff, Members, and Community that you serve
    - **a.** Plan for staff absences during a pandemic due to personal or family illness (caregiver), school shut down, quarantines, business closures, and loss of public transportation.
    - **b.** Encourage yearly influenza vaccinations to minimize back to back illnesses.
    - **c.** Review access to community health and social services during a pandemic and improve access to these services as needed.
    - **d.** Identify persons with special needs (e.g. elderly, disabled, limited English, etc.) and address their needs in your plan. Relationships with them should be established prior to a crisis.
4. Review/revise employee policies to address pandemics
    - **a.** Policies addressing staff leave for personal illness or care of sick family member during a pandemic (number of days, non-penalized, etc.)
    - **b.** Mandatory sick leave policy for staff suspected to be ill or who became ill at worksite. Employee should remain at home until symptoms resolved and physically ready to return (Check CDC recommendations)
    - **c.** Set up policies for flexible work hours and working from home
    - **d.** Evaluate services and activities to identify what might facilitate virus spread and set up policies regarding respiratory hygiene and cough etiquette, and instructions for persons who are sick to stay home).
    - **e.** Set procedure for activating the response plan when an influenza pandemic is declared and alter operations.
5. Allocate resources to protect staff, members, and others
    - **a.** Determine what should be stock and quantities to promote respiratory hygiene and cough etiquette and how to obtain them.
    - **b.** Consider how your outreach efforts will be focused (mental, spiritual, social, and physical)
6. Coordinate with external organizations (churches, agencies, etc.) to help the community.
    - **a.** Understand what to expect and not to expect as the pandemic waves go through a community.
    - **b.** Understand the plans of county agencies, communicate yours including community outreach.
    - **c.** Coordinate on availability of medical advise and treatment of staff, membership, and others

Methodist Pandemic Planning

BACKGROUND FOR INFLUENZA PANDEMICS

1 There have been three influenza pandemics since 1900. They were

Pandemic	World Deaths	Influenza	Target Group
Spanish Flu (1918-1919)	40-50 million died	H1N1	15-35 years old and healthy
Asian Flu (1957-1958)	1-2 million died	H2N2	Infants, elderly, pregnant, sick
Hong Kong Flu (1968-1969)	about 1 million died	H3N2	Infants, elderly, pregnant, sick
Avian Flu (not yet)	Potentially high	H5N1	Children and young adults but all are at risk if there is further mutation

A pandemic is a public health emergency that rapidly takes on substantial political, social, and economic dimensions to the extent that everyone in the community will be affected.

2 Influenza (flu) is a disease that attacks the respiratory tract (nose, throat, and lungs) in humans. The influenza usually comes on suddenly and may include fever, headache, tiredness, dry cough, sore throat, nasal congestion, and body aches, and complications such as pneumonia. The virus is generally heavier than air because it is attached to moisture droplets, so they will eventually settle on flat surfaces such as counter tops, desks, tables, banisters, etc. Other points of contact include phone handle if used by several, computer keyboard if used by several, grocery cart handle, restaurant table, door push plate, and door knob, etc. The virus enters the body through the mouth, nose, eyes, or any open cut or sore. If you need to be around people during a pandemic, you must wear face protection, which will include a face mask (N95 or N100) and goggles (anti-fogging sports goggles or safety glasses with shields). Hands should be considered as oftentimes the virus is transferred from the hands to an entry point by hand feeding or scratching your nose or rubbing around the eyes. Hands can be kept clean by wear gloves, using a strong sanitizer, or frequently washing. The washing should take at least 20 seconds to scrub with soap and running water. Thoroughly rinsing the soap away is necessary, as the soap will contain trapped pathogens.

3 Transmittal of the virus is by direct or indirect contact with infected areas and persons and by airborne droplets (sneezing and coughing). Airborne droplets may remain in the air for as much as 30 minutes, long since the person has coughed or sneezed and possibly has left the area.

4 Susceptibility to the avian flu (H5N1) virus will be almost universal as this will be a new strain for which there has been no previous exposure unlike the seasonal influenza. Since it emerged in 1997, it has infected 274 people and killed 167 of them. April 14, 2007 statistics from countries below. The latest case was in Egypt and resulted in a death.

Cambodia	7 cases	7 deaths
China	24 cases	15 deaths
Egypt	34 cases	14 deaths

5 When comparing the 1997 versions of H5N1 viruses to early 2004 viruses now circulating, the 2004 viruses are more lethal to experimentally infected mice and to ferrets (a mammalian model) and survive longer in the environment. The H5N1 viruses appear to have expanded its host range, infecting and killing mammal species (cats, pigs, and minks) previously considered resistant to infection with avian influenza viruses. The behavior in its natural reservoir, wild waterfowl, appears to be changing as well with large die-offs in Hong Kong (2002-2003) and China (2005). Prior to these events, the only recorded die-off was in South Africa in 1961 (H5N3).

6 The avian flu is predominantly in the bird population but has transmitted to those caring for the birds. It is believed that those who had the avian flu have handled sick or dead birds or eaten diseased birds without proper protection (bird to human). There has been one case of child to mother (human to human) but there was no further sickness from this situation. The mutation that everyone is awaiting is a sustainable human-to-human transference of the avian flu.

7 Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of cases of severe disease and death in humans. Unlike normal seasonal influenza, where infection causes only mild respiratory symptoms in most people, the disease caused by H5N1 follows an unusually aggressive clinical course, with rapid deterioration and high fatality. Primary viral pneumonia and multi-organ failure are common. In the present outbreak, more than half of those infected with the virus have died. Most cases have occurred in previously healthy children and young adults. So far, fatal pneumonia is seen in cases of H5N1 infection has resulted from the effects of the virus, and cannot be treated with antibiotics. Nonetheless, since influenza is often complicated by secondary bacterial infection of the lungs, antibiotics could be life saving in the case of late-onset pneumonia. However, it is not as lethal as the Spanish flu where the first symptoms might appear in the morning and the person is dead by evening.

8 The incubation period for H5N1 avian influenza may be longer than that for normal seasonal influenza, which is around two to three days. Current data for H5N1 infection indicate an incubation period ranging from two to eight days and possibly as long as 17 days. However, the possibility of multiple exposures to the virus makes it difficult to define the incubation period precisely. The World Health Organization (WHO) currently recommends that an incubation period of seven days be used for field investigations and the monitoring of patient contacts.

9 In previous pandemics, infected individuals, on average, have transmitted infection to approximately two other people before, during, or after the their illness unless efforts are undertaken to change social etiquette, implement social distancing, quarantine, and curtail public activities. Communities that previously undertook these measures early on had sufficiently lower levels of sickness during previous pandemics and shorter periods of sickness.

10 In an affected community, a pandemic outbreak will last about 6 to 8 weeks. It should start with remote cases, move to isolation of those affected and possibly their families or the designated caregiver or others. It is recommend that only one person, the designated caregiver, have contact with the individual that is sick in order to minimize the possible spread of the virus through a family. Visitations by phone or other means will be preferred over physical contact.

11 Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting from 6 weeks to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

12 A vaccine has been developed to which is anticipated to reduce the risk of exposure but not eliminate the possibility of catching the disease. The vaccine was obtained from a human strain and is intended to immunize people 18 through 64. The vaccine consists of two injections give approximately one month apart. The manufacture will not sell the vaccine commercially; instead the vaccine has been purchased by the federal government for inclusion within the National Stockpile for distribution by public health officials. A totally effective vaccine for the avian flu probably will not be available until about six months after the outbreak occurs.

13 The World Health Organization (WHO) has a monitoring system with a warning scale of six levels. Currently, the monitoring system is at Phase 3, which is at the low end of the warning level. When the monitoring system moves to Phase 4, containment measures will commence which will include border control measures of various countries. Efficient and sustained person-to-person transmission will signal an imminent pandemic (Phase 6). More than likely this will occur outside the United States but can quickly spread to this country.

14 While H5N1 is the greatest current pandemic threat, other avian influenza subtypes have also infected people in recent years.

- In 1999, H9N2 infections were identified in Hong Kong
- In 2003, H7N7 infections occurred in the Netherlands
- In 2004, H7N3 infections occurred in Canada

Such outbreaks have the potential to give rise to the next pandemic, reinforcing the need for continued surveillance, ongoing vaccine development efforts against these strains, and preparation by the community.

Methodist Pandemic Planning

PLANNING ASSUMPTONS FOR A PANDEMIC

1. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus and so far this virus has displayed high rates for both. Most patients diagnosed with H5N1 infection have required hospitalization because of the severity of their illness. Antiviral drugs are given to slow down the spread of the virus. Antibiotics are given only to treat secondary infections. Hospitals isolate infected individuals, restrict visitors, and use precautions such as masks, goggles, gowns, and gloves to prevent transmission to health care workers and other patients. Two antiviral medications (Relenza and Tamiflu) are thought to be effective but must be given within 36 hours of symptom development. However some strains of the virus have already developed resistance to these drugs.

2. It is anticipated that current hospital space will be overwhelmed by the patient surge that will occur soon after the arrival of the virus. Patient triage will be the first step and from there the patient will be assigned to specific treatment (medical center, clinic, long-term care, home care, alternate care sites). Effective outpatient mgt may reduce demand for inpatient care and home base treatment provided by families, and supported by primary care practitioners, public and home health agencies, or other health professionals will be an essential resource during a pandemic. Hospitals and other healthcare providers will experience staffing shortages thru the pandemic and into the recovery period. Volunteers, retired healthcare professionals, and trained, unlicensed personnel may be used under specific emergency conditions to augment patient care in a variety of healthcare settings. Alternative practitioners, volunteers, and newly recruited will also be needed.

3. Treatment facilities will include both traditional and alternate care sites (outpatient or lower levels of healthcare, temporary structures, reopened health facilities, school gyms, armories, hotels and motels, convention centers. Other considerations will be beds, ventilators, HVAC, food service, medical supplies, and protective equipment for staff.

4. The priority in an influenza pandemic is to reduce the impact on public health; so to prevent the patient surge, measures (isolation, quarantine, etc.) aimed at slowing the spread of a pandemic may buy valuable time, and help services to cope, even if it prolongs the duration of the pandemic while attempting to continue essential services..

5. It is expected that social etiquette changes and social distancing should have a positive effect on the number that become ill and will be highly effective deterrents. Social distancing is a distance of three feet between another person and yourself. Implementation will depend on the individual and risk level in the community. Social etiquette changes will entail the following:

Protect <u>all</u> coughing and sneezing by use of tissues, handkerchiefs, or corner of arm
Encourage the carrying of tissues or handkerchiefs
Proper disposal of tissues
Those that do not feel well or are sick <u>will</u> avoid any group contact and stay home
(i.e. school aged children, etc.).
Those that are sick and are being transported should wear a mask.
Mask wearing will become acceptable in public and will be useful in crowded public places.

6. Rates of absenteeism will depend on the severity of the pandemic but at least a 10% family care absenteeism is anticipated. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40%overall during the peak weeks of a community outbreak and pockets for certain organizations as high as 60%, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining households, confining infected individuals, "snow days") are likely to increase rates of absenteeism.

7. Shipments of fuel, food, and other supplies may be reduced or disrupted to varying degrees by sickness in the transportation industry. This may result in periods where various stocks and supplies may be reduced or depleted for short periods of time that could lead to some breakdown of law and order.

8. Depending on the severity of the level of sickness, power and water could be disrupted and/or boil water orders might be necessary. Plans will also have to be made to insure that essential services to homes, such as utilities, will not be disconnected during the pandemic and for some period afterward due to failure to pay bills.

9. Families are encouraged to stockpile nonperishable and easy to prepare food, water, prescriptions, cash, first aid supplies including fever reduction medication, personal protective equipment, and other essential supplies for a minimum period of two weeks. Most have sufficient food already on hand to meet this requirement but some of the menus might not be very tasty. Programs like Meals-On-Wheels will continue and possibly expanded to others with special needs in the community; however more of the foods may be packaged with one delivery to last several days in order to minimize fuel use whenever possible.

10. Basic on guidance from the Public Health Department to address the situation on a county-by-county basis, public officials (Mayor, Chairman of County Commissioners, and Governor) will provide direction on the level of threat to the community and actions to be taken.

- **a.** Those individuals that are sick will remain at home or are sent home from work or school.
- ***b.*** Certain schools or business or organizations will temporarily close.
- ***c.*** Certain families with illness will be isolated or quarantined
- ***d.*** All public gatherings will be curtailed (school, church, concerts, plays, dances, etc.)

10 North Georgia has a poultry industry that is expected to be impacted to some degree. This will result in the loss of flocks, direct job losses, and indirect job losses for some period of time.

Methodist Pandemic Planning

PLANNING FOR A PANDEMIC An influenza pandemic will create a high demand for accurate information and advice from health professionals, businesses, and various churches and other organizations. Rapid and effective communications will be a critical part of the plan. The plan should also be flexible so that as the pandemic evolves and knowledge of effective countermeasures surface, the plan can also evolve. Over time, the plan will need to be reviewed as new information becomes available.

Another means of using the plan would be for a terrorist attack where a disease is brought into in the county and released or carriers spread out and seek public events to contaminate as many as possible. Preparedness for a pandemic flu makes us safer and healthier for other national health concerns, natural disasters, or a terrorist attack.

A. Plan for the Impact on your Organization and its Mission

1 **Develop Plan** Assign key individuals within the organization with the authority to develop, maintain and act upon influenza Pandemic preparedness and response plan. This effort will have to be divided among a number of committees within the church; however there should be a small group (5 or less) who will oversee and see that the planning is complete and thorough. Assistance for plan development may be obtained from the local county task force or other levels of the church organization.

2 **Church Change Required** Determine the potential impact of a pandemic on your organization's usual activities and services. Evaluate your organization's usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)

Pastor Care
Visitation – Take printouts of Bible portions and prayers that might be useful and left with the patient
Visitation – Use masks and gloves when visiting infected members at home
Consider how best to give pastoral care to those who are quarantined
There may be more funerals and pastors should seek support and practice self-care to be emotionally equipped
Carefully and frequently wash or sanitize hands and/or wear gloves
Consider all direct/indirect contact (hugs, handshakes, door knobs, push plates, grocery cart, phone handle, etc)
No spitting or uncovered coughing or uncovered sneezing to be allowed any time
When sick, avoid worship, community work and church work and delegate to backup

Worship and Gatherings
Choose an alternative loving greeting to shaking hands, hugging, and kissing
Discourage passing offering plates, attendance registers, and other items (drop offering in convenient box)
Counting of offering with be done with masks and gloves
Plan an alternative way of sharing Communion that limits physical contact (no common cup or bread, consider use of pre-packaged plastic containers)
Consider service with or without choir – dependent on sickness level in community
How to handle baptisms – family only, wait until after pandemic
How to handle funerals as well as higher number of funerals
When directed, close nursery, church school, day care, and Sunday School
As alternative to Sunday School consider smaller group meetings in homes, elsewhere to reduce potential on Sundays or during week
Weekly events may be curtailed as community risk increases, and phone conferences for bible studies, etc.
Social Etiquette Change Will Be Absolutely Necessary
Emergency sermon pre-taped for distribution on CD or DVD. Sermon will address situation, scriptures that apply, hope, faith, prayer, and the plan of action.

Physical Facility
Turn off water fountains and encourage those that may need water to bring theirs or provide small containers of bottled water
Sanitize toys and nursery equipment frequently

Regular disinfections of desk/table tops, door hardware, push plates, surfaces, and other points of hand contact.
Use gloves and masks when emptying trashcans with used tissues
Provide tissues for service and lined containers for them to be dropped into
Provide both soap and sanitizers in restrooms

Use technology to rethink how group events might continue without the group at the same location
Telephone (teleconferencing),
Radio, TV, web recording of service (audio, video) or web streaming
Distribution of recorded service (Cassette, VHS, DVD)
Email service as attachment if less than 2 meg.

Membership and Staff
Update all contact information – address with long zip code, email, phone, next-of-kin contact information
Develop/revise/expand skills database with particular emphasis on congregational and community care
Identify individuals such as nonpracticing members with medical skills
Identify individuals such as church disaster team, shelter team, other skills
Develop search methods to identify certain groups within the church

Outreach
Sick and Shut-In Ministry – determine what to adjust and plan on it increasing by 500%
Health care ministry may be volunteered to Health Department or other services
Day care for child and seniors - determine measures to identify those who are sick and measures to take
Church school – determine measures to identify those who are sick and measures to take
Shelter, possible healthcare site using church building, particularly rural areas – address with public health
Meal preparation for those individual with special diets, home alone, special needs
Delivery of meals (most prepackaged) such as Meals on Wheels, etc. – address issues such as fuel, etc.
Drive thru pickup of food, water, etc. with stockpile contained in trailers, PODS, etc.
Use of church vehicles in community services – address issues of liabilities, fuel, etc.
Healthcare volunteers
Preparation for dual emergencies (i.e. disease/winter storm)
Continued use of gym at church
Possible vaccination site
Review of agencies and services provided to agencies and how that support should continue during emergencies
Disaster work trips and international mission trips – review risks and determine appropriate actions.
Review and determine new ways to serve the community

Financial
Review budget for areas where spending may need to be increased or decreased during the emergency
Gradually build the checking account reserve to cover two months of anticipated bills and expenses.

Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.
Service held depending disbursing membership (increase, decrease number, inside/outside depending on season
Bus service should be discontinued at a certain level of sickness

3 Supplies and Services Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
Depending on the sickness level, groceries, supplies, gasoline, water, and power might be in limited or no availability. Determine if there are supplies that need to be stocked or stock levels increased

Review stock levels and when to increase stock levels to counter shortages

Food	Soap
Paper	Paper hand towels
Ink	Paper napkins
Office supplies	Paper towels

Cleaning supplies
Light Bulbs

Additional supplies not normally stocked in sufficient quantities.
Disposable surgical or N95 masks (not to be reused)
Gloves (latex, nitrite, vinyl, or other synthetic material), assorted sizes
Gloves (latex free for those that need it) assorted sizes
Sanitizer,
Tissues
Safety glasses or goggles for eye protection

Services that might be reduced or
Trash pickup
Cleaning service and type of cleaning done

4 Develop a Cross-Functional Church Leadership Team Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom. This document should be reviewed every six months and revised accordingly. Members of this team may become ill so the formation of a cross-functional team with decision-making power is important. The team should work on the premise that normal church activities and ministerial duties may change several times as the illness rate increases and even the role of the church building may be transformed.

Pastor(s)
Chair of Council
Chair of Trustees
Church Maintenance
Sunday School Chair or Program Chair
Disaster Response Coordinator
Others

5 Essential Task and Staff Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Train church members so that they can do pastoral work in places the pastor cannot access.

Develop a telephone plan for the pastor and leadership team and advise everyone about it.
Place heavy emphasis on web page communicating instead of bulletins and weekly/monthly magazine during the pandemic, web sign-on areas for other needs and payment of tithes and offerings, phone conferencing for telecommuting staff and volunteers
Back up plans for staff that are sick or taking care of family sick (telecommuting, cross-training particularly for critical jobs -Receptionist, web page developer, financial etc., volunteers who have the ability to pick up the work, coordinating services with shut-ins, and handling funerals, visitations, etc.
Use email and attaching files.

6 Testing Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

Test plan during portion of seasonal flu.

B. Educate your Staff, Members, and Persons in the communities that you serve.

1 Provide Information Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Fear is dangerous and has no plan. Being prepared releases the fear and creates an attitude that is ready to move forward.

Learn and follow global, national, and local warning systems and be ready to respond

Develop a variety of available information (brochures, documents, web information, etc.)
Learn which local radio and TV Stations will broadcast updates
Develop information on church web page and link to the source.(www.cdc.gov, etc.)

2 Distribute Basic Information Distribute materials to staff and church with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.

3 Public Training When appropriate include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).

Learn what resources are available: organizations (Red Cross, Church, Public Health), experts, volunteers, supplies, and information
Hold planning and educational seminars for staff, congregation, and community
Communicate organizational decisions

4 Share Information Share information and network with other local churches and organizations that are involved with the care of the community about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.

5 Develop tools Develop tools to communicate information about pandemic status and your organization's actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.

6 Rumors and Fear Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.

7 Conflicting Directions Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and CDC.

8 Effective Communication Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.

C. Plan for the impact on your Staff, Members, and the Communities that you serve

1. Absences Plan for staff absences during a pandemic due to personal and/or family illnesses; quarantines; and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.

2. Vaccination Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.

3. Needs Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.

4. Special Needs Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.

5. Fatigue and stress Be sure that everyone gets sufficient rest and means of reducing stress (debriefing, etc). Rotate teams to provide rest and recovery.

D. Review and/or Revise Organizational Policies for Use during a Pandemic.

1 Staff Policies Review policies for staff leave (paid or non-paid) Include mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).

Personal illness
Care for sick family members during a pandemic.

2. Review Policies and Assistance Review all medical, disability, and life insurance policies to ensure that contracted providers can assist with care for this type of event. It may be that certain options are not available and a lesser alternative might be necessary (i.e. unavailability of primary physician, etc.). Know what types of crisis support the church can provide to employees and define and communicate.

3. Travel Advisories Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.

Mission Trips
Missionary Travel
Travel to meetings and conferences

4 Start Plan Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly as more severe levels are reached.

E. Allocate Resources to Protect your Staff, Members, and Persons in the Communities that You serve during a Pandemic.

1 Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.

Tissues
N95 masks

2 Consider focusing your organization's efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).

F. Coordinate with external organizations and help your community

1 Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.

Local Health Department
County Commissioners/Mayer
Local Emergency Manager

2 Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.

3 Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.

4 Share what you've learned from developing your preparedness and response plan with other Faith- Based and Community Organizations to improve community response efforts.

5 Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.

Methodist Pandemic Planning

RESPONSE TO PANDEMIC

A. <u>Continue to review and revise plan as necessary</u>

1. Begin plans for recovery

B. <u>Continue to provide accurate information to the community served</u>

1. Basic information
2. Critical infection control techniques
3. Information on community situation regarding isolation, quarantine, and no public assembly
4. Information regarding target patterns to prevent spread of disease
5. Information regarding ways to minimize the effect of the next wave
6. Information regarding antiviral effectiveness
7. Information regarding vaccine, effectiveness, and distribution of it

C. <u>Implement plans for the impact on staff, members, and community</u>

1. Social Etiquette and Infection Control
2. Services and other member gathering
3. Cleaning of church and stock levels
4. Outreach
5. Staff and membership needs
6. Counseling to manage grief, exhaustion, anger, fear, physical and mental care of self and loved ones.

D. <u>Coordinate with external organizations</u>

E. <u>Support programs that were committed to during the planning phase and be ready to add additional if needed.</u>

F. <u>Effectively address burn-out and fatigue</u>

1. Staff rotation to rest

Methodist Pandemic Planning

RECOVERY TO PANDEMIC

Pandemic may last for more than a year and occur in several waves. Recovery begins while the pandemic is still in progress and continues between waves and afterward.

A. <u>Continue to review and revise plan as necessary</u>

1. Begin review what happen well and what did not and what would have been a more effective action.

B. <u>Continue to provide accurate information to the community served</u>

2. Basic information
3. Critical infection control techniques
4. Information on community situation regarding isolation, quarantine, and no public assembly
5. Information regarding target patterns to prevent spread of disease
6. Information regarding antiviral effectiveness
7. Information regarding vaccine, effectiveness, and distribution of it

C. <u>Address the impact on staff, members, and community</u>

1. Social Etiquette and Infection Control should continue as there will be another wave
2. Services and other member gathering should return to a regular program
3. Cleaning of church and stock levels – A thorough cleaning should be untaken

D. <u>Continue to coordinate with external organizations</u>

E. <u>Effectively address burn-out and fatigue</u>

1. Staff rotation to rest
2. Counseling for post traumatic stress disorders