

PRACTICALLY SPEAKING...

How Can the Local Church Respond?

CORONAVIRUS PREPAREDNESS



FAITH EMERGENCY PREPAREDNESS INITIATIVE (FEPI)

Bridges of Love Ministry Society

March, 2020

*"So do not fear, for I am with you; Do not be dismayed, for I am your God.
I will strengthen you and help you; I will uphold you with my righteous right hand."*

Isaiah 41:10

Love Your Neighbour...

We know in the days of the early church, the thing that most impressed their neighbours was the community of love they witnessed among believers. In every age, the most persuasive evidence for the gospel is not words or arguments but a living demonstration of God's character through Christian love for one another, expressed not only in word, but demonstrated in tangible and practical ways.

Reports state that government officials taking charge for a Pandemic will let the public know when to move into isolation or what they call the '*social distancing phase*', as essential services are implemented. Will the orders to take refuge and seek isolation be our mandate? Will Christians retreat into seclusion for safety and protection against this devastating virus? Or will we help a neighbour who might be without food or needing assistance during a pandemic? Will we be prepared to step out with a touch of God's Love? How would Jesus respond if he were walking with us today?

Churches have an opportunity like never before to put our faith into action. A pandemic is a civic responsibility that everyone needs to address but as followers of Christ, we are to be His example, as the shining light in our community. How does that play out individually as well as corporately as the body of Christ? Are we willing to let down our nets and follow Him? Please join on a mission of joining hands with our Christian brothers and sisters to meet people where they are – our neighbours next door...

Business and Health Care as Usual

In 1918, half the world became infected with a flu which killed an estimated 50 – 100 million people. This virus killed more people in 25 weeks than AIDS has killed in 25 years. According to one academic reviewer, this 'single, brief epidemic generated more fatalities, more suffering, and more demographic change in the world than all the wars of the Twentieth Century.'

The scope of a major pandemic will be by definition and historical records alike, unlike any other emergency; it happens, then it happens some more, and it keeps on happening. Just when it looks like it is going to recede, it returns even more severely than before. It happens in virtually all communities, leaving little possibility for outside help; and with it, being a novel (new) infectious disease, comes a fear of infection for self and family.

Fear

Fear of the unknown will hinder our witness and ability to care and minister to our neighbours. By being informed, prepared and having a solid foundation in our faith will help alleviate our fears and ineffectiveness. In Psalm 91 God has promised to protect those who are His own.

Because Christians have a hope that is super-natural our response will be dictated not only by how merciful we are but more importantly by how much we love God. Coming from a Biblical perspective gives Christians such a unique vantage point.

Informed Christians with practical tools for impacting our communities have the potential to make a huge impact across our country. Can you imagine the witness that the faith community could have to a watching world? Can you imagine what effect solidarity within the body of Christ could have to the health/medical community and the government? Can you imagine caring for those in your community and showing them that churches are willing to work together demonstrating the love of Christ?

"...I have become all things to all men, that I might by all means save some."

1 Corinthians 9:22

An excellent book written by doctors Vincent Lam and Colin Lee, **'The Flu Pandemic and You' - A Canadian Guide** is a great educational resource.¹ The information in this book is intended to help readers understand scientific issues and make informed decisions about their health. I have included the summary of four chapters from this book to aid in the planning process. This little synopsis gives a quick over-view so I would recommend their entire book for further reading in order to become as informed as possible.

"The fear in the hearts of people just withered them. They were afraid to go out, afraid to do anything... You just lived from day to day, did what you had to do and not think about the future. If you asked a neighbour for help, they wouldn't do so because they weren't taking any chances..." Susanna Turner, Philadelphia Hospital volunteer during the 1918-19 Pandemic.

Will History Repeat Itself? Influenza Pandemics over the Centuries

(The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 4)

1. Influenza pandemics have occurred repeatedly over the centuries.
2. There were three pandemics in the 20th century. The first one was especially devastating, and the other two were much milder.
3. In 1976, a pandemic was predicted, and a mass immunization campaign was undertaken in the US to respond to this risk. The feared pandemic did not occur.
4. SARS gave the world a taste of a global infectious disease outbreak. The rapid containment of SARS was an international public health success but does not guarantee a similar degree of success with the COVID-19 out-break.
5. Some lessons from the influenza pandemics of the 20th century:
 - ✓ Pandemics often give some warning before doing their worst damage.
 - ✓ Influenza Pandemics tend to feature a 'signature age shift,' meaning that younger adults become seriously ill and die in greater proportion than in seasonal influenza epidemics.
 - ✓ Pandemics tend to feature a rapid surge in the number of ill people.
 - ✓ The pandemics of the 20th century have given us knowledge and insight to be able to respond more meaningfully to future pandemics.
 - ✓ Honest and clear communication is the cornerstone of an effective response to a pandemic.

Some Ethical Dilemmas during an Influenza Pandemic

(The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 13)

1. Individual people from all walks of life, health care professionals, public health officials, and people in government may face many ethical dilemmas in the course of a Pandemic
2. Some issues with important ethical parameters are:
 - ✓ When and how to isolate and quarantine citizens who have fallen ill or have been exposed to the pandemic strain of influenza, while respecting personal liberties as much as possible.
 - ✓ How to ensure that health care workers are able and willing to work, despite the increased occupational hazards of working with influenza-stricken patients.
 - ✓ How to ration scarce health care resources such as medications, vaccines, and advanced medical equipment, such as life-saving ventilators.
 - ✓ How to balance global and local priorities, which may sometimes be different.

¹ Dr. Vincent Lam, Dr. Colin Lee; The Flu Pandemic & You, A Canadian Guide; Doubleday Canada, 2006

Making Preparation for Surviving a Pandemic (The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 7)

1. In the worst-case scenario of a pandemic like the one of 1918-19, you would have a 95% chance of surviving. If 1957-58 or 1968-69 replayed itself, you would have more than a 99% chance of surviving the next pandemic.
2. Educate yourself—it's the most valuable thing you can do.
3. Get a flu shot to protect against the regular flu.
4. Adopt healthy habits: eat well, exercise regularly, don't smoke, drink in moderation, and don't contract preventable infectious diseases.
5. Stockpile some emergency supplies such as food, regular medications, and other essential supplies to prepare not only for a pandemic but for other surprises, such as a blackout, ice storm, or earthquake.
6. Buy locally produced food.
7. Ride a bicycle.
8. Know your neighbours.
9. Keep a balanced perspective. Be informed and aware and do not panic.

Things to do in Everyday Life to Limit the Spread of Influenza (The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 8)

1. Good hand washing and good cough and sneeze etiquette are always wise habits to reduce the risk of spreading or contracting any infection, and they are crucial to protecting your health during a pandemic.
2. 'Social distancing' and trying to stay more than 1 metre away from people will decrease your risk of spreading or contracting influenza during a pandemic.
3. Use a mask if you need to be less than 1 metre from a person who is ill or if you must be in a crowd during Phase 6 of a pandemic. If you can, it's even better to avoid crowds at this time.
4. If you are going to be handling the bodily fluids for secretions of someone who is ill, wash your hands even more and consider wearing gloves.
5. Choosing how to go about your daily life during a pandemic means striking a balance between an activity's risk of exposing you to influenza, and whether that activity is essential for you.
6. Cooperate with any containment measures in your community if they are used. They are well understood to be disruptive and, therefore, won't be used unless they are felt to be important.

We have the ability to help our families, friends, churches members and others during a COVID-19 pandemic. During Phases 3, 4, and 5, there will be few enough cases of the novel strain that everyone with this illness will receive professional medical attention, and probably hospitalization for treatment and isolation. In Phase 6, however, there will be so many cases of illness that hospital admission will be reserved for those who are significantly ill and need specialized treatments. People with milder illness will need to be cared for at home. Most of what will be needed to care for people with influenza during a pandemic does not require formal health care training. If you care for someone at home, you should know some important things about COVID-19 and understand some basic principles about taking care of people who are ill.

Some anecdotal reports from the 1918-19 pandemic:

- The dying were too exhausted to move from bed, while those around them were too weakened by their own illness or terrified to bring them food and water.
- Some people died because no one was either able or willing to help them survive in very basic ways.
- Children were orphaned, with no one will to adopt them because they came from an influenza-affected household.

These are only a few reports of how the lack of care led to unnecessary deaths and suffering. How can the Christian community play an active role to aid in the care of those who need treatment that can be

administered by a trained lay person? People who are well enough to stay at home will be asked to do so and the majority will recover with home treatment, possibly assisted by medications. Here is an opportunity for Christians to deliver high-quality home care to those who can safely stay at home. They will be trained to know when to be concerned that a person may need further professional care.

Churches working together in a community will minimize duplication and increase the effectiveness if they work together on their contingency plans. As each church takes responsibility for a section of their neighbourhood, a plan will be in place for each household to have a church assigned to each home. **Now is the time to start building relationships with those in your area and letting them know that you are working and praying on their behalf.**

Getting To Know Those in Your Area

- Visit the homes and introduce your church. Fill in the attached survey and explain how these records will be kept confidential but this information will be of vital importance when/if the pandemic hits their community.
- Begin to build a level of trust and gather information on each house-hold. Perhaps there will be medical people in the neighbourhood who will volunteer to be available to help when needed.
- When communities see the churches working together for a common purpose it will show unity within the body of Christ. Do not pressure people, however, as if they may be uncertain on whether they want to give out this information. Bless and release but leave contact information for your church so they can call back if help is needed in the future.

Practical Ways Churches Can Assist

- First step is to **PRAY** and seek God's Agenda and His Strength in order to carry out the tasks that will be unique for each church.
- Choose a responsible team leader who will coordinate the volunteers and take the strategy to the church at large. Have total church involvement and Pastoral support for the education and the implementation of the strategy.
- List the resources that the church already has on hand and discuss how these resources can be implemented for a pandemic scenario.
- How can small groups be utilized and what gifts do each group already have in place that can be expanded to a greater degree.
- How can lay people be empowered to minister both spiritually as well as meet the physical needs of others?
- Build a data base of homes which each church will be responsible for in their neighbourhood. Begin to pray for these homes and how best to meet their needs. You don't have to wait for a pandemic to start to know your community. Begin now to get to know those in your area.
- There is a wealth of valuable resource material available that has been put out by the government and health authorities. Take this material around to introduce the topic in a casual manner. Ask questions like...have you been following the reports of a possible Coronavirus Pandemic? You will be surprised at the number of people who have not been listening to the news and have no idea of this looming threat.
- Identify the vulnerable in your community and congregation.
- Explore alternative methods of delivering worship to the homes of members.
- Communicate Health Department information regarding disease and individual preparations.
- Secure supply of protective clothing such as gloves and masks.
- Create small decision making Task Forces which can make decisions quickly.
- Create care giver packets that assist those who are providing care to an ill person.
- Develop adult classes and sermons that address the concerns and needs that arise with a pandemic.

Pastoral Care Considerations

Routine pastoral care procedures should adapt to the need to practice measures for effective prevention of disease spread.²

- Take only Bible portions and prayers that can be printed out and left with the patient.
- Use masks and gloves when visiting infected members at home.
- Consider how best to give pastoral care to those who are quarantined.
- Pastors should expect to perform more funerals. Pastors should also seek support and practice self-care to be emotionally equipped to deal with the personal toll these deaths will have for persons in ministry.
- Outdoor worship may be more viable than indoor.
- This affords a wonderful opportunity for home churches to grow where smaller gatherings are advisable.

Worship and Community Gathering Considerations

Consider how your community and worship practices can be changed to reduce virus transmission.

- Careful frequent hand washing; no spitting; covered coughing or sneezing
- Choose an alternative loving greeting to shaking hands, hugging and kissing
- Discourage the passing of offering plates, attendance registers, and other items
- Plan an alternative way of sharing Communion that limits physical contact
- Provide ample soap, hand sanitizer, tissues, trash receptacles, and regular trash disposal
- Use gloves and masks when emptying trash cans with used tissues
- Close water fountains
- Avoid worship, community work and school when sick
- When necessary, close the nursery, nursery school, day care and children's Sunday school
- Sanitize toys and nursery equipment after each use.

Public places of worship will be one environment that will be targeted as an area of high risk for the spread of infection. Due to the high level of anxiety that will result from a pandemic this is a time that congregations will need the support and love from their fellow members. As an alternative to congregating in our church building may we look at a viable alternative such as a 'Church Task Group'.

Church Task Group

A church response to a pandemic is a shared commitment from the whole church body, being a visible and tangible witness of the gospel, acting as channels of God's Love. Since Pastors and others ministry leaders in the church will be over-extended it will be necessary to have mature individuals who will be ready to fill in the gap. Lay people will have opportunities to minister in the lives of friends, neighbours and fellow church members.

A major flu pandemic would cause a shift in the way we traditionally gather to worship. Public gatherings (including church assemblies) would likely be closed or banned temporarily due to the fear of contracting the virus. In an environment of 'germ avoidance' gathering in large groups would be an unlikely occurrence. Public health officials call this 'social distancing' so church attendance would be one such activity to be avoided. Many would be reluctant to go out in public, for fear of contracting the Coronavirus. Due to a high anxiety level, however, Christians would greatly benefit by having an opportunity to meet with others to share, pray, and encourage one another.

During times of crisis, Church Task Groups would provide a more casual but very meaningful worship/support experience. This would be a time of reaching out with emotional support to offer encouragement, personal one on one listening, being a real friend, counsellor, offer hope, new meaning for

² United Methodist Committee on Relief (UMCOR) for CHURCHES, 2006
<http://new.gbgm-umc.org/umcor/work/health/birdflu/churches/>

life and concrete symbols of love. A time for putting one's faith into action and demonstrating 'LIVING PROOF OF A LOVING GOD", without engaging in religious exploitation. Church Task Groups would give those grieving a sense of orientation into life...being a true witness for Christ by what is done...as well as by what is said. Strong bonds of friendship resulting in new followers of Christ is often the natural outcome that will extend into eternity...

Church Task Groups could not only be a place for loving relationships but they could also take on the responsibilities of caring for others in their community. Each group would pray and corporately choose where they could minister in practical ways.

For example: Child Care
Food preparation/delivery
Food Bank
Neighbourhood watch
Spiritual counselling and grief support
Drivers
Communication/Networking
Elementary health care
Prayer
Financial Assistance

These are only a few suggestions but as needs are assessed and reviewed, Home Task Groups would have a vital role to play in connecting with their sphere of service. Where do you see your church fitting in with other churches in your community?

One-on-one discipleship, when church attendance is unadvisable, is also an excellent means to connect with those who need some spiritual guidance from mature believers.

Discipleship

*"Let us consider how we may spur one another on toward love and good deeds.
Let us not give up meeting together." Hebrews 10:24-25*

In times of crisis, great numbers of individuals often commit their lives to the Lord. Are we ready to 'disciple' new believers and give them a solid foundation on which to build?

Not only do we need to impart the scripture but we need to equip new believers for service. Equipping is more than teaching however. It is modeling, training, providing tools, instilling character and attitudes, enhancing vision, providing knowledge and experience, mentoring and discipling. It is broad-scale preparation. Bob Moffit – "If Jesus Were Mayor"

We need current church leaders who are willing to explore this crucial area of training church members in community spiritual leadership and practical pastoral supportive care. The people of the church are to gather and be instructed and encouraged for compassionate service. As they go 'out' to serve and be Christ's Ambassadors, they will be an expression and fullness of God's love.

'Proclamation' and 'demonstration' are both needed to communicate the Gospel in its fullness. Preaching is essential yet the message is hindered if there is not the reality of God demonstrated.

Restricted Movement³

Once there is evidence (according to the World Health Organization's monitoring system) of actual and increased human-to-human transmission of COVID-19, and the WHO moves into Phase 4 of its global risk monitoring, governments and then local government will take containment measures.

- Border control. Be concerned for your Volunteer in Mission teams and missionaries
- Enforcement of quarantines
- Isolation of the sick
- Limitation or suspension of public gatherings, meetings, and public transport in certain areas
- In the worst-case scenario, there would be great pressure on essential services, business and social disruption, significant economic impact and even some breakdown of law and order as basic commodities become difficult to purchase

Employee Absenteeism

An organization should expect absenteeism levels to be between 20% and 60% for two to four weeks at the height of each pandemic wave. There are several reasons for this:

- Employees may be ill themselves. In past pandemics the infection reached 25-35% of the population. Mortality rate depends on the virulence of the virus
- Employees may be healthy but have become care givers
- They may have been away and refused re-entry to the area or not be able to leave their own area due to a quarantine

Demand on Health Care Services

In the event of a major outbreak, health services will be overtaxed at every level. Care may need to move into the community and be done by family, community and church members. Church facilities may become information, admission or treatment centers.

Ideas for Crisis Management

Keep Informed and Communicate

- Locate good sources of information on COVID-19 (nationally and locally) so that you can tell fact from myth. <https://www.alberta.ca/coronavirus-info-for-albertans.aspx>;
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Know the local radio and TV stations that will broadcast updates on the situation
- Follow global, national and local warning systems and be ready to respond
- Network with other local churches and organizations for the care of the community
- Know what resources are available: experts, volunteers, supplies and information
- Hold planning and educational seminars for staff, congregation and community members in cooperation with other networking organizations
- Communicate organizational decisions

³ United Methodist Committee on Relief (UMCOR) for CHURCHES, 2006
<http://new.gb-gm-umc.org/umcor/work/health/birdflu/churches/>

Care for Church and Extended Ministry Staff

- Update all Contact Information: Telephone, email, home address, next-of-kin
- Review Leave policies because of the anticipated high levels of absenteeism
- Review Health, Disability and Life Insurance to ensure that contracted providers can assist with care in this event
- Know how much crisis support the church can give to employees

Create a Cross-Functional Church Leadership Team

The church leadership may become ill so the formation of a cross-functional team with decision-making power is important. They should work on the premise that normal church activities and ministerial duties may change for a long period and that even the role of their building may be transformed.

- Train church members so that they can do pastoral work in places the pastor cannot access.
- Investigate the very best telephone plan for the pastor and leadership team and advise everyone about it.
- Decide on the critical tasks that the church can commit to in such a crisis.

Plan for Social Distancing

Social distancing may become necessary to protect people from exposure. Some strategies are the following:

- Telephone calls instead of face-to-face pastoral visits
- Small home group gatherings/meetings on Sundays and midweek
- Avoid public transport at peak hours
- Expect colleagues with symptoms to work from home
- Consider and plan for the church's budget and cash flow if regular ministry is cancelled

Institute Quarantine Policies

The virus may be brought into the church by anyone. They may need to be isolated, require immediate care and or be transported to a quarantine or treatment area. Masks are a consideration especially in crowded areas and also because they may stop people from touching their faces but may not be that effective.

Stockpile Emergency Supplies

Ensure that there are long shelf life food stocks, over the counter medications for fever relief and symptomatic relief of flu.

So Where Do We Go from Here?

As congregations pray and seek God's leading, consider these questions which will help in the planning stage leading to implementation.

1. Is the church grounded in the Biblical Foundation for a church response?
2. How do we deal with the 'fear' that will cripple many for service?
3. Is our church knowledgeable on the ramifications of COVID-19 pandemic?
4. What resources/man-power do we presently have on hand to start the process? How can we expand and implement this to fit a pandemic scenario?
5. What ministries could we utilize and strengthen to be effective during such a time?
6. Are we willing to partner with other churches in our community to increase effectiveness and avoid duplication?
7. Who can we identify as potential leaders in our church to mobilize the congregation?
8. Do we know our community association, schools, and health authorities?
9. Who do we identify as 'special needs persons' in our church and community?
10. Can we fit into the plans of the municipal health authority?
11. Do our small groups have service built into their DNA?
12. Do we have an accurate contact list of ALL persons who attend the church and also those who live in the community surrounding the church?
13. Can we identify individuals who live in the community and attend the church who could be persons to do 'home visits' – Bridge Builders?
14. Would our church be comfortable going door to door to have surveys filled in with pertinent information on the residents around our church?
15. Are we willing to take a risk to build God's Kingdom?

We cannot predict the timing or the outcome but we can be sure that the preparation that we do will not be in vain. Getting to know our communities and showing that we care for them in tangible ways will be a witness to those who do not have a relationship with the Lord. We know from past history, that during times of epidemics, it was the Christians who were not afraid to step out and take a risk to care for those who were sick and dying. Due to those extraordinary acts of love there was a definite rise in Christianity during these times of need.

Our agenda is to follow Christ and walk in His Steps. What would Jesus do if He were walking with us today? We have an unprecedented opportunity to show the Love of Christ to our communities and to partner with others as we serve with God's Love. God is calling each one of His followers to join Him. We need to be equipped with His Armour to be ready for battle.

Erwin McManus, Author/Speaker says..."You know where to begin; take initiative. You know who God is, so embrace life's uncertainty. Remember that the person you are becoming in Jesus Christ is your greatest gift to others. Every great adventure is filled with peril and danger, but the risk is worth it. You have already been authorized to move forward, so advance. Impact your world by fighting the battles that are on God's heart."⁴

Our responsiveness is always determined by a continuing exploration of the distinctive identity and purpose of the church as the community called to witness to God's mighty work in Jesus Christ.

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⁴ Erwin McManus, *Seizing Your Divine Moment*; Thomas Nelson Publishers, 2002

Coronavirus Preparedness

CHURCH TASK GROUPS GETTING ACQUAINTED WITH THEIR NEIGHBOURS

Hi! My name is _____ and I attend _____

Church in this community. For a number of months we have been hearing reports of the Coronavirus (COVID-19). Our church is preparing to help our community, should this virus take hold in our city/town and our health system is unable to care for so many that may fall sick. Communication is going to be critical in order to keep in touch and track those in our neighbourhood who might become ill and need assistance.

May I ask you a few questions that would enable us to assist you and your family should a need arise? Thank you.

FAMILY MEMBERS: Number in household _____

Seniors: _____ Adults: _____ Teen-agers: _____ Children: _____ Pets: _____/_____

English Spoken: Yes _____ No _____ English Written: Yes _____ No _____

Other language(s): _____

Special Medical Needs: _____

Contact information for other family members in city: _____

Name: _____ Phone Number: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOME CHURCH: _____

PHONE NUMBER: _____ PASTOR _____

FAMILY DOCTOR: _____ PHONE: _____