Pandemic Plan for the Church

Ministering to the Community in a Time of Crisis

Setting up an Alternative Care Facility

This section has taken more time, effort, and prayer to research and write. It is not the heart of this writer to send lay people into a dangerous situation with no knowledge or experience. It is however, to provide His people the tools and understanding in order to help make such a decision. Please carefully and prayerfully read these plans before considering offering your church buildings. However, if you feel led by the Lord to provide your facilities to aid in the care of the sick, imagine what He might do for those hurting in His own House! It is truly my belief that as we experience the "birth pangs" that Jesus warned of it will be a time of great triumph and victory for His Church to shine in the darkness. (Isaiah 60:1)

Although an ACF provides a great opportunity for an overwhelmed healthcare system to serve the community, it will also pose many challenges. The actual operation of an ACF will require a host of support services, including food services, housekeeping and sanitary services, maintenance, and security. Although not all disaster events would require all of these services, the size and type of the disaster will determine the amount and scope of the services provided. In addition to daily operations, patient flow, and the type of care provided should all be considered when setting up a facility.

The disaster event will determine even the general layout of the ACF. For example, an influenza pandemic would yield victims presenting with illness that may need to be isolated, while an earthquake would require the treatment area being set up according to the START triage method. Both models will be presented in this plan. During the planning process, be sure to meet with your local health department, regional hospital, and fire department. All will have input as to types of set ups, how many people may safely inhabit your building, sanitation requirements, and paths of egress, as well as other strategies and concerns.

Local health departments will take in the following when considering designating alternate sites for care:

- Location
- Proximity to the hospital
- Easy to find/recognize by the public
- Facility
    - Handicapped access (stretchers/wheelchairs)
    - Ample parking
    - Restroom facilities
    - Running water (hand hygiene/drinking water)

- Electricity
- Temperature control (heat/AC)
- Adequate ventilation
- Food preparation and/storage area
- Medical supply storage area (including vaccine)
- Security

- Temporary Morgue
  - The temperature maintained at 4-8 degrees Celsius, or 39.2-46.4 degrees Fahrenheit.

Scope of Medical Care

The objective for the potential use of ACFs is not to provide the standard level of medical care, especially to emergent cases. The goal is to provide required care for urgent cases that are not life threatening. To relieve the overwhelmed healthcare facility these are the type of cases to be funneled to an ACF:

- Patients requiring simple wound management including suturing
- Patients with nausea and vomiting requiring oral or intravenous (IV) fluids
- Patients without potentially life-threatening symptoms or vital signs
- Wound management including suturing
- Short-term IV fluid resuscitation
- Short-term oxygen delivery
- Oral medications, intramuscular medications
- Short-term fracture/musculoskeletal injury management
- Bronchodilator therapy/ Peak flow assessment
- CLIA waved labs (strep, flu, UTI testing)

Keep in mind it will be the public health department and the healthcare facility to determine what scope of care will be rendered at the ACF. It will also be their responsibility to provide the doctors and nurses, as well as the medical supplies, equipment and medication. Planning in advance will help ascertain the logistical needs even before a disaster arises.

Assisting Traditional Sites with Temporary Structures

If the disaster event did not meet the scope of a virulent influenza pandemic; however, if an epidemic were to stress the local healthcare system, consider augmenting existing medical facilities with temporary structures. Many churches have the tools and equipment already on hand:

- Identify areas that could accept overflow capacity for waiting and triage at the existing health care facility.
- In good weather consider offering to set up a tent in the parking lot to serve as the waiting area, or for the overflow patients receiving care.
- Consider setting up mobile and portable facilities

If you have tents or can provide temporary shelters, choose a site that is:

- Flat
- In a safe area, free of hazards and debris.
- Close to, but upwind and uphill from any hazardous zones.
- Accessible by transportation vehicles such as ambulances and trucks.
- Expandable

The temporary building must shield you from the weather and provide privacy for the victims. Tents can serve as temporary shelters while poles with blankets, sheets, and tarps would serve as partitions. Samaritan's Purse made a treatment area for cholera in Haiti out of plywood and plastic sheeting bought at Home Depot. This temporary shelter served as their hospital for many weeks. When assembling the facility, allow for plenty of ventilation, especially if the disaster is biological.

Setting up an Alternative Care Facility in Your Permanent Structure

This portion will address the layout of an ACF for both illnesses and injuries, depending on the disaster event. During this portion of your planning process, having the advice of a health official from your local health department is vital to ensure certain rules and regulations are followed for public health precautions. Such topics as bathroom facilities, entrance and exit ways, sewer, parking, and other such matters will be reviewed. In addition, the specific roles your members can fill will also be discussed.

Once the decision is made to move ahead to plan for the setting up of an ACF, the following are considerations to include in your plan.

Notify the Public

In order to efficiently funnel the non-emergent patients to your location and allow fuller access for those that need emergent care at the hospital, the public should be notified before they leave their homes to seek medical care. Public notices may include:

- Signage at both the healthcare and the church facilities
- A radio message
- Postings on both websites (yours and the healthcare facility)
- A report given by the local news station

- Contact your local EMS services to make them aware of a new care facility that they may be called to transport a patient.

Facility Access

To limit access to the facility is to protect the privacy of the patients, and to constrain the spread of disease. Determine in advance the entrance to your facility and the procedures you will use to limit access:

- Define "essential" and "non-essential" visitors with regard to the clinic and the population served.
- Develop protocols for limiting non-essential visitors.
- Utilize signs and rope to clearly show authorized and unauthorized access.

Determine how to involve security services in enforcing access controls. In addition, consider meeting with local law enforcement officials in advance to determine what assistance, if any, they can provide. Note that local law enforcement might be overburdened during a pandemic and have limited ability to assist an ACF with security services. Other alternatives may include:

- Consider calling a private security service.
- Remember, schools will be closed, the security guards at the local community college will be out of work, consider engaging them in your preparation plans.

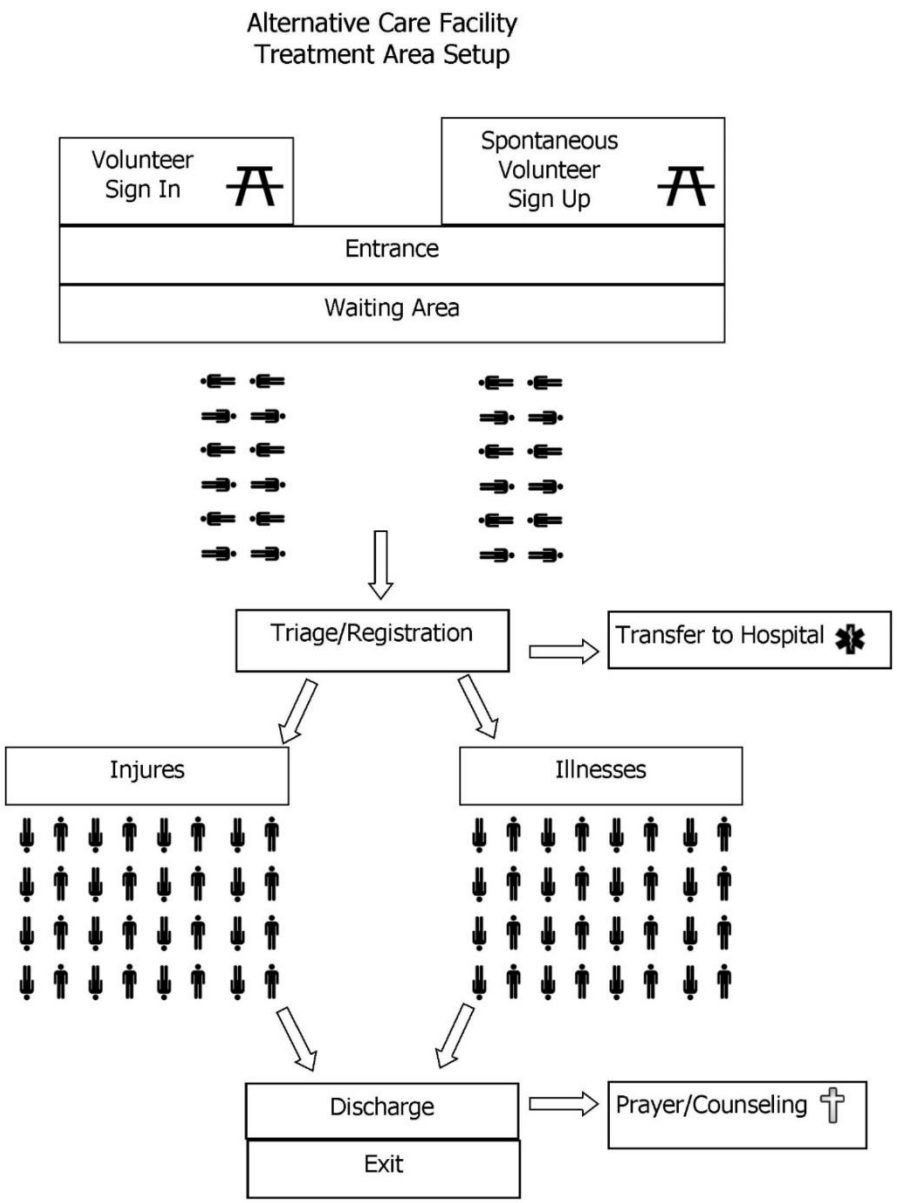
Site Layout

Entrance

It would be beneficial if the entrance were set up separately from the treatment area. This would provide privacy as well as help control the spread of the disease. It would also aid in facilitating a smooth patient flow through the facility.

One of the biggest challenges to setting up an ACF is to maintain distance between patients displaying symptoms of influenza. According to the CDC guidelines, people should stay three feet apart. Another resource states that the virus can spread in droplets of a sneeze that can reach up to six feet. It is important to keep those that are not sick separate from those that are. When setting up the entrance, include these in your plans:

- Ability to enforce any entry restrictions
- Initiate infection control measures – have sick patients put on a mask
- Provide a station for patients to sign in
- Provide another for visitors to sign in



Sample Set Up of an Alternative Care Facility

Registration

At this station, all demographic information and the method of payment is collected for the hospital administration use. Even if it has been determined that medical care will be offered freely, hospital and public health officials will want records of all who were treated. Please see the section on "Keeping Patient Records" later in this chapter for more information.

Waiting Area

A waiting area should be provided for patients waiting to be seen. Ideally an area should be kept out of the outside elements, and seating should be made available. Enough space should be allotted to allow at least three feet between patients to contain the spread of the disease, and to keep sick patients from contacting well people. Preferably this area should be kept separate from the treatment area to afford privacy to those obtaining care.

In addition to tissues, masks and waste receptacles, keep Bibles, tracts, and information about Jesus readily available.

Triage for Illness

It is in this area where patients are evaluated, and it is determined if they can be seen at the ACF or need a higher level of care. Ideally, this area is not combined with the waiting area due to privacy issues for the patient being triaged. A minimal triage setup would be a table with chairs for the check-in person and the patient.

It is at this point that those presenting with signs and symptoms of the disease causing the pandemic (respiratory symptoms) would be separated from others in order to reduce the risk of transmission of the disease. When planning the setup of an ACF and the triage area, develop a strategy to ensure further transmission does not take place. Separating waiting areas between the sick and the injured would be useful for these purposes. Having a professional health care provider assigned as triage coordinator would be beneficial, in addition to evaluation of patients, but also to determine cases that would require emergency care.

It is also at this point that patients displaying respiratory symptoms should be instructed to don a mask and use respiratory etiquette:

- Cover their coughs and sneezes with a tissue
- Proper disposal of tissues
- Perform hand hygiene

Ample face masks, tissues, waste baskets, and alcohol-based hand rub should be made available.

A triage table should have these supplies readily available:

- Pens
- Paper
- Gloves
- Stethoscope
- Blood pressure cuff
- Alcohol based hand sanitizer
- Glucometer with strips

- Urine cups and testing strips

Information and vital signs are acquired at this time in preparing a chart that includes:

- Patient's chief complaint
- Signs and symptoms related to complaint
- Pertinent health history
- Daily medications
- Allergies to medications
- Vital signs including:
  - Blood pressure
  - Heart rate
  - Respiration rate
  - Pulse Oximetry
  - Temperature
  - Blood sugar if applicable

After having collected this information, it is determined if the patient's complaint can be handled at the ACF. If the patient's symptoms are life threatening, they should be directed to a higher care facility.

If it is determined that the patient's illness or injury is beyond the scope of the ACF, transfer to the hospital should be arranged. Depending on the availability of emergency medical services, ideally the patient should be transported by ambulance. All paperwork should accompany the patient, and a copy of their records should be maintained at the ACF.

Ensuring an area is kept clear for an ambulance to enter and exit will expedite a transfer swiftly and smoothly. Designate a parking space close to a door with a handicap ramp for EMS.

Triage for Injuries

After a disastrous event such as an earthquake, there may be hundreds to thousands of victims. Triage to determine life threatening injuries and those requiring immediate care is done at the site of impact. This is performed by professionals typically using the Simple Triage and Rapid Treatment (START) triage method. This triage method can be performed by lay people as well as emergency personnel. The START system is meant to enable rescue workers to determine the most seriously injured patients, stabilize them, and arrange for transport.

The theory behind this type of triage is to provide the greatest good for the greatest amount of people. Victims are separated into four categories:

- Green – Otherwise called walking wounded, these people have minor injuries that can wait for medical care.

- Yellow – People with injuries that can be controlled for a limited time and can be delayed for care.
- Red – Patient's that need immediate care and who are likely to die if they do not receive emergent care.
- Black – These patients are either dead or considered dead because they will likely die no matter what type of care they receive.

Training can be acquired through a First Responder class, EMT-Basic class, or even a CERT class. If you are setting up an ACF to respond to such a disaster, then it is presumed you are passed the initial impact. It is not the purpose of this document to provide the information to set up a medical facility at the site of impact, the objective is to give guidance to the setting up of a facility after the disaster has taken place, and your goal is to relieve an exhausted healthcare system. Victims may be seeking care days after the event because their injuries were not considered life threatening, and they were not treated at the hospital.

Your facility ideally will be set up immediately; however, it may take several days following an incident to be fully up and functioning. Common injuries and illnesses that people acquire in a natural disaster include:

- Burns
- Wounds
- Fractures
- Sprains/strains
- Hypothermia/Hyperthermia

In addition, existing medical conditions that have not been addressed may now need attention, such as:

- Diabetes
- Hypertension
- Renal failure (dialysis)

Performing an Assessment for Injuries

When acquiring information such as patient information and vital signs; an assessment of their injuries should also be performed. The goal of a head-to-toe assessment is to:

- Determine any life-threatening injuries
- Determine the extent of the patient's injuries
- Determine what type of treatment is needed
- Documentation of all injuries

You may have to have the patient remove a piece of clothing in order to properly expose the injured area. This assessment should be done in private. Men should examine men; women should examine women. A third party of the same sex should be in the room as witness if the patient must disrobe. Before doing any type of physical assessment you must first obtain the patient's permission. While performing a head-to-toe assessment, use the acronym DCAP-BTLS to help in looking for indicators of injuries:

- Deformities
- Contusions (bruising)
- Abrasions
- Penetrations (puncture wounds)
- Burns
- Tenderness (pain)
- Lacerations
- Swelling

Be meticulous in all your assessments. Perform the entire assessment before providing any treatment. Performing assessment, use the same methodical way every time, starting from head to toe; this will ensure that you are thorough and consistent every time.

Also be aware that some patients may present with both an injury and a medical condition. For example, they have sustained a leg injury, but they no longer have access to their blood pressure medication due to the disaster. This should also be assessed and documented.

Injury Treatment Area

In the event of a mass casualty disaster that produces a surge of injured victims; a different type of set up would be required. These victims would need medical care on a more emergent and urgent setting. A full scale ACF set up may take too much time to be effective. A set up that coordinates with the START triage method would be helpful. Green, yellow, red, and black tarps would be helpful. Colored tents, or large signs might also be considered. This would give visual aid to those transporting the patients to the ACF, in addition to helping those delivering the care as well.

In addition to labeled treatment areas, considering a place for a morgue should also be included. A space isolated from the others, with a designated entrance and exit.

Medical Treatment Area

This area should be separate from the triage and waiting areas. This space should also be clearly marked with signs and rope or other means at the entrance to prevent unauthorized people from entering.

You may have separate areas for those needing immediate care and those who can be delayed. Or you may also separate the areas for those needing attention to their injuries versus those needing medical treatment for illness. Consulting with the healthcare providers you are partnering with will help you determine the optimum placement for the treatment area. If you have determined that separate areas are necessary, these should be clearly delineated with signs to help direct the patient flow to the correct locations.

If the wave of the pandemic is expected to last for weeks, then the treatment area should be set up in a more stable environment. This type of space would allow for privacy and a place for the patient to rest and possibly spend more time.

To set up treatment spaces that allow for private treatment, there a several options to consider:

- If your church has classrooms set each one up individually
- If you are using a fellowship hall or gymnasium, consider the following
    - Hang sheets or blankets using ropes and poles
    - Use office partitions
    - Construct temporary rooms using wood, plywood, and tarps

If the volume of patients exceeds the ideal amount of space provided, then patients should be placed at least three to six feet apart positioned in a head-to-toe configuration.

Contents of a Treatment Space

Preferably, a comfortable bed with other furniture would be provided in a treatment space; however, bear in mind this is a disaster response ACF, you can improvise. Each space under ideal conditions should consist of:

- Bed – consisting of any of the following:
    - Mattress
    - Cot
    - Blow up mattress
    - Blankets on the floor
    - Sleeping bag
    - Pews
    - Garden lounge chair
    - Folding chair if nothing available
    - Gymnasium mats
    - Exercise/Yoga mats
- Additional chair for a family member or care giver

- Waste basket, preferably one for normal waste, and one for biohazard waste
- Table to hold supplies i.e., tissues, gloves, hand sanitizer
- Light source if overhead lighting is not sufficient

Setting up Provisional Treatment Space

Perhaps you are responding to a disaster event that is of a more temporary situation and long-term accommodation may not be necessary. Or depending on the need, you may be assisting in mobile medical clinics. A more provisional treatment space may consist of:

- A table with two chairs for check in, triage, and vital signs
  - One chair for the clinic helper
  - One chair for the patient
- A table set up as the treatment area
  - One chair for the healthcare provider
  - One chair for the patient
- A table set up as the pharmacy
- One chair for the pharmacy worker
- One chair for the patient
- A table for discharge
- One chair for the discharge worker
- One chair for the patient

If such a space is set up at the church, using the sanctuary as a waiting area would be effective. It might even be considered at this time while patients are waiting for care that a message of hope be preached.

This type treatment space is meant as a temporary set up. Privacy is not provided for the patients, and it also does not allow for a place for the patient to lay down – only a chair to sit. Such a setting does not require a heavy financial or personnel commitment, just the use of the space.

Discharge

Once a patient has received care and their discharge instructions, they are free to leave. Before any patient leaves it is important to ensure all paperwork has been properly filled out and transferred to the proper people. It may also be a good idea to obtain the patient's signature stating that they understand all that has been done and any discharge instructions given. This may be facilitated by having the patients exit through the same as the entrance where they first registered and were triaged, or a separate exit where discharge personnel will ensure all is paperwork is properly filled out.

Consider in advance to have discharge instructions printed in order to have handouts with beneficial information. Discharge instructions should include:

- Proper care for the sick (see section on Caring for the Sick). This information should be supplied by the health care provider
- Proper respiratory hygiene instructions
- Instructions regarding quarantine for patients and family members
- Additional information may include how they may be saved, church, telephone number for prayer

Rest and Prayer Sections

When assessing a site for an ACF, keeping the task of medical care in mind is vitally important. But just as important is an area for the workers to rest. This area should be separate from the treatment area and away from the activity. This would allow the workers to rest and recover from the trauma and stress they have been experiencing. Be sure to have water and snacks stocked and available.

In addition, consider an area where prayer counselors can meet with the victims of the disaster. Choose a section close to the treatment area; however, set apart for privacy. This will also afford the quiet time and space for the gospel to be shared on an individual basis. This is the principal reason for setting up an ACF; sharing the gospel.

Keeping Patient Records

Only minimal patient care documentation can be expected at an ACF. Electronic medical records are not likely to be available, let alone trained personnel. Rather, simple paper-based charting will be required. In spite of a lower standard of recording patient care, it is still imperative that excellent records be kept for all patients seen, transported, and even turned away. The level of chaos that comes with a disaster event will be minimized with good record keeping. The follow-up after a pandemic will be made easier with proper paper work. Forms for charting should be in adequate supply and they should include:

- Date/Time
- Patient’s name
- DOB
- SS# (optional)
- Mailing address
- Telephone numbers
- Daily medications
- Allergies to medications
- Pertinent medical history
- Vital Signs

- Signs and Symptoms
- Nurse's notes
- Doctor's notes
- Notes on care provided while visiting facility
- Lab results
- Diagnosis
- Discharge instructions

Forms should be kept in ample supply, with clipboards and pens. A secure place for filing should be made available for hospital personnel to retrieve for review at the end of each day.

HIPPA

When keeping medical records, keep in mind that there is what is known as HIPPA. HIPPA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs. For your purposes, it is imperative that you make every effort to keep patient records confidential by:

- Providing secured and lockable files
- Provide a shredder
- Prohibiting discussion of patients unless the exchange in necessary for patient care
- Providing privacy while patient is under care to the best of your ability
- Prohibiting the sharing of patient information with anyone other than the healthcare facility for whom you are providing assistance

Communication

Effective planning should also take into account an internal and external communication process. Communication might consist of intercoms, cell phones, and two way radios. When communication systems are disrupted due to power outages, system overload, or cellular tower losses, it will be crucial to have alternate plans in place. This will ensure effective communication can be maintained with:

- EMS
- The hospital
- Public health officials
- Fellow volunteers
- Other church members

Planning in advance should include alternate methods such as two-way radios, or amateur radio if you have members who are HAM radio operators. If you have come to this point in your planning, you may consider outside consultation. If there are cell towers that are in operational condition, try approaching the particular carrier. Under the circumstances they may offer you free usage for the duration of the crisis or raise the priority of your calls. If it is a power outage limited to your facilities, consider a generator. If all else fails, setting up a messenger system with runners going between treatment areas and facilities to relay messages would help keep communications open.

Shuttle Service/Transportation

Many churches have vans or buses. Consider offering a shuttle service between the facilities if necessary. Perhaps there are those who have been pre-identified in communities as part of the vulnerable population, you may consider sending a vehicle to check on these people and offer a ride to the proper facility

Staff and Volunteers

As stated earlier, it will be the hospital's responsibility to provide the medical personnel. Even though there is a disaster, lay people should not be practicing out of their scope of expertise. However, you may have people attending your church who are healthcare providers be they MDs, RNs, FNPs, PAs, CNAs, EMTs, or Paramedics. Now would be a good time to obtain their information and copies of their licenses or credentials. The hospital will be requiring this information at the opening of the ACF and this would save precious time and effort.

You may also have those wishing to volunteer, who have no medical experience. There are plenty of non-medical roles to be filled and their help would be greatly needed. Again, now is the time to acquire demographic information, and any background checks that have been performed. Keep a file designated for this, just in case such an emergency arises.

Sign up for Registered and Spontaneous Volunteers

Registered Volunteers

Upon arrival and departure, all volunteers should sign in and out. This should be the very first thing they do when they arrive on scene and the last thing as they leave. Next they are to report to their designated team leader for duty. This will keep all personnel safe and accountable. Remember, you will be working in a disaster zone. There will be chaos, and a sign in sheet will help in a lot of unwanted confusion. A table designated specifically for this should be set up with easy access for those coming and going.

It should be clear that all volunteers report to their designated leader in all circumstances. They are not to approach other team leaders with questions, suggestions, or directions. Keeping lines of communications clear and concise will in turn help keep questions and instructions to a minimum.

Spontaneous Volunteers

There will be many people who will come from home wanting to help after hearing what you are doing in the crisis. These are called spontaneous volunteers. It should be determined in advance how you will handle these volunteers. Another table with a sign should be set up outside apart from the entrance to draw them away from entering into the treatment area. Dependent on the size of the disaster, a person may be assigned to oversee this group.

Take their information and determine what they might be best suited for. Consider in advance what type work these people may assist with. Due to the sensitive nature, it may be best to avoid them performing any patient care unless they have the proper credentials. There will be plenty of work to go around.

Recording Credentials

All those working at the ACF in the actual capacity of healthcare provider, or anyone who is performing any type of medical care such as administering medications, IV fluids, or medical procedure, needs to be licensed or credentialed by the state in which your facility resides. Each should present to your designated staff member a copy of their license or certification that is within date, in order to participate in actual care. If they are retired, and their paperwork is out of date, it is not legal for them to perform any care outside of the scope of practice of a layman. However, do not turn this vital workforce away. Their knowledge and experience will be invaluable in the event of a disaster or pandemic such as seen during the 1918 Influenza.

Nonmedical Roles in a Disaster (Aaron and Hur Positions)

When you present such a proposal to your church members, be prepared to hear that they are not medical people and may express their concerns as to what they could do to help. There will be many positions to be filled that will not require any type of medical knowledge. If it weren't for the individuals performing these tasks, the medical care could not take place. Because of this I call these positions "Aaron and Hur Positions."

> *So Moses said to Joshua, "Choose men for us and go out, fight against Amalek. Tomorrow I will station myself on the top of the hill with the staff of God in my hand." Joshua did as Moses told him, and fought against Amalek; and Moses, Aaron, and Hur went up to the top of the hill. So it came about when Moses held his hand up, that Israel prevailed, and when he let his hand down, Amalek prevailed. But Moses' hands were heavy. Then they took a stone and put it under him, and he sat on it; and Aaron and Hur supported his hands, one on one side and one on the other. Thus his hands were steady until the sun set. So Joshua overwhelmed Amalek and his people with the edge of the sword.* Exodus 17:9-13 (underlining mine)

Some tasks that must be performed in order for an ACF to function smoothly are:

- Housekeeping

  - Laundry
  - Disinfecting surfaces
- Communications
- Volunteer sign in /sign out
- Patient registration
- Triage of patients
- Shuttle services/Transportation
- Parking attendants
- Preparing and delivering meals
- Inventory
- Childcare
- Obtaining and distributing supplies
- Maintenance
- Chaplain
- Interpreter
- Billing paperwork (hospital records)
- Messengers
- Safety officers
- Prayer counselors
- Set up and tear down

The scope of the disaster event will determine the needs. This list is not exhaustive, and not every position will be needed for every event. This list is simply to demonstrate that there will be a place for all those who are willing to help.

Morning and Evening Devotional/Monitoring Gatherings

An informal gathering each morning and evening for prayer and devotional would be very encouraging for volunteers. Dependent on the size and scope of the event and the alternative care facility – breaking up into small groups should be a standard practice every morning, and evening. During these meetings, take advantage of the time to monitor those doing the work for both illness and stress. Open and close these meetings with prayer, encourage all to participate, as well as leaving with an open invitation to anyone who needs to share or discuss anything that they are uncomfortable sharing in a group.

Morning Meetings

A morning meeting may include several items on the agenda. In addition to a devotional, and a time of prayer other items on the agenda should include:

- An update of the situation
    - Any news from the health department
- Any special instructions
- Reminder to wear personal protective equipment (PPE) at all times
    - Reminder to all to comply with safety rules and standards
- Monitor vital signs and temperature of workers for signs of illness

Consider as well spiritual encouragement to be included in your messages. During the 2003 outbreaks of severe acute respiratory syndrome (SARS), many people lived in fear of contracting the disease while they went about their daily routines. Remind them that although they are living in trying times, God is with them. Be aware, however, if someone is afraid, they should be relieved of any duties that may expose them to the disease, or possibly from serving in the ACF.

Evening Meetings

In addition to providing information and monitoring for illnesses; consider this time as an opportunity to allow people to share their feelings about the day and the situation. Include the following in an evening meeting:

- An update of the situation
- Give statistics for the day's work
- Answer any questions from the workers that may have arisen during the day
- Gather any concerns or issues that may have arisen
- Go around the circle, allowing people to share their good or difficult times of the day
- Allow for testimonies and giving God the glory for answers to prayer
- Monitor vital signs and temperature of workers

It would be at these times of gatherings that leadership would have opportunities to have face to face time with all those involved in assisting in the ACF and the caring for the sick. Encourage everyone to participate; however, if someone does not want to speak, do not force them. Remember, such a time as this will bring high levels of stress. Be highly attentive to those showing any signs of stress from being exposed to such a traumatic event. These volunteers may need to be counseled or be given a rest. Please see the section titled "Caring for the Worker" for more information.