



Pandemic Plan for the Church

Ministering to the Community in a Time of Crisis

Initiating a Plan

The World Health Organization (WHO) has established a six-phase approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. This was outlined clearly in the chapter “Government Mitigation Plans for the Community”. As of the writing of this document the world is currently in Phase 3 – An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. WHO states that in this phase of “Yellow” government officials, community leaders, and individuals should be in a “Preparatory and Reactionary” phase. It recommends that planning, training, and trials should be partially implemented.

Such a statement may intimidate you into thinking the task is too daunting or that it is not within your realm of ministry or ability to embark on such an undertaking. You may also think that it takes too much time, and it is too late to begin. You may feel that the development of a pandemic plan is not in your budget of money or time. Nevertheless, preparing for a pandemic is everyone’s responsibility. The threat of a pandemic is very real, and WHO, Centers for Diseases and Control (CDC), and the United States Federal Government cannot possibly plan and implement plans effective enough to mitigate all possibilities. In fact, these government entities stress that it is up to community leaders and individuals to prepare for such a disaster.

If so far the information in these documents has stirred in your heart to come up with a plan to prepare, then this is the section to help you begin. Of course, it is essential that you have the leading of the Lord. Prayer for guidance is essential in such an endeavor. Examining your heart and motives before the Lord is paramount; you may even pray about a vision and mission statement for such a ministry. Knowing that He is leading and guiding you in this ministry of preparation will be of tremendous help when you come to roadblocks.

If you pastor a small church, yet you still want to prepare to be an alternative care facility (ACF), or participate in one, consider partnering with other churches and ministries in your area to pool resources. A smaller church may not have the capacity to sponsor an ACF; however, you may have the people who are willing and quite able to share the gospel in a loving and effective way. Or perhaps you are a large church in your area, this may be your opportunity to reach out to other community leaders and even cross denominational lines.

Once you have made the decision to prepare, perhaps the most difficult part of formulating a plan is the initial stage of getting started. It is at this time that you establish your goals and objectives, and lay a foundation for everything else to follow. It is during this phase that you will recognize and acknowledge the importance for embarking on such a journey, as well as determining the level of influence you and your church community hope to play in the event of a pandemic.

This section is designed to help you with the preliminary phase of developing and executing a plan for your organization. It is simply meant to get you started, reading the entire plan, and researching other plans will help broaden what is presented here.

Planning Assumptions

Any plan is based on a model, and in this case the model is based on assumptions of what a pandemic scenario will look like. The following assumptions were laid out by Congress when the initial preparations began for federal pandemic planning. Considering these suppositions with each step, these will help you to determine the scope of what may be expected with such a disaster. These assumptions were made by the Homeland Security Council, May 2006, when writing The “National Strategy for Pandemic Influenza Implementation Plan”:

Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic virus before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. Federal planning efforts assume the following:

1. Susceptibility to the pandemic influenza virus will be universal.
2. Efficient and sustained person-to-person transmission signals an imminent pandemic.
3. The clinical disease attack rate will be thirty percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about forty percent) and decline with age. Among working adults, an average of twenty percent will become ill during a community outbreak.
4. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
5. While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for treatment, this proportion may be higher in the next pandemic.
6. Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
7. Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach forty percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
8. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.

9. Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well.
10. On average, infected persons will transmit infection to approximately two other people.
11. Epidemics will last six to eight weeks in affected communities.
12. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting two to three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.ⁱ

Establish a Committee

Once you have established that you want to prepare for a pandemic or any disaster that requires preparation, it is time to begin the planning process. Due to the various aspects of such a plan, working with a team or committee would prove more effective.

A planning committee should be created to specifically address pandemic influenza preparedness. The committee could be very small (e.g., two or three staff members) or larger, depending on the size and needs of the organization. The committee should begin by outlining the scope/extent to which you intend to prepare. Scope should be considered flexible at first. The extent of these goals and undertakings may expand or shrink depending on your objectives and resources.

The committee's primary responsibility is for developing and coordinating a preparedness plan for the church or organization. Some of the groundwork and responsibilities of this group would include:

- Develop a good knowledge of the extensiveness of the effects of the disaster for which you are preparing. Although this guide book is a good resource, websites such as the CDC, WHO, and your local health department are also means of gathering information
- Begin to monitor world, federal and state health advisories
- Establish a relationship with your local health department
- Look to become aware of federal, state, and local pandemic plans

Committee members should include a person from each discipline of your organization, or someone who can rightly represent several disciplines with knowledge and authority. Consider reaching out to parishioners. There may be an individual with knowledge and experience who could be of great assistance. Consider partnering with another church in your community and share resources and people. You may even consider crossing denominational lines. Members of the committee should include:

- Pastoral Ministry Leaders

- Elder Board
- Deaconate
- Office Staff (including but not limited to)
 - Administration
 - Accounting
 - Human Resources
 - Maintenance/Cleaning
 - Security
- Church Members

Committee members should have authority to:

- Execute and administer preparation plans
- Execute and administer commands in the event of disaster according to an Incident Command System (ICS). For more information on the ICS please see the section in “Partnering with the Medical Community”.

Understand the Situation

Understanding the magnitude of the situation will help in the planning process. Reading this plan, visiting the flu.gov web site, and meeting with your local health department will help you realize the full scope of what may happen. Once you comprehend the full scale of calamity this disaster may bring, you can then determine what role you may play and what areas you will focus on. This will help you set your goals and objectives.

Each committee member should read this document or one like it to become informed of the scope of the disaster and options for planning. For more information regarding other plans please visit flu.gov for state and local government plans. Keep in mind the guidelines of the “Planning Assumptions.”

In addition to staying informed of local reports, begin now to regularly check the “Current Situation” pages on the CDC and WHO websites. These offer necessary reports and up to date changes to stay knowledgeable. Simply doing a search for the latest news of the discussed viruses will also provide valuable information. These facts will not only aid in keeping you and your staff informed but will allow you to continually respond appropriately when the development and trends of the disease are provided.

Establish Goals and Objectives (Vision and Mission Statements)

At this time, once the scope of the disaster has been appreciated, prayerfully determine your goals and objectives. You may even consider coming up with a mission and a vision statement.

Goals are what you hope to accomplish in the long run. The objectives are the steps you will take in order to reach these goals. Stating both your goals and objectives will help in determining your priorities and help you stay on track.

When establishing goals and objectives it is also important to set specific steps and dates. This will hold you to a structure with accountability, and ensure the final goal is met in a timely fashion.

If you choose to establish such a committee or program and define it as a ministry with a vision and mission, you may consider coming up with a one sentence statement for each. The vision statement is the clearly stated long-term results you hope to accomplish by meeting all your objectives. The mission statement will define why your committee, or organization exists in the first place. Similar to the objectives, it will help keep you on course to reach the final goal. Below are sample vision and mission statements that you may consider:

Vision: That the hope of our Lord Jesus Christ may shine through in a crisis or disaster.

Mission: To plan and prepare to enable the church to minister to the community in the time of crisis.

Establish a Budget

Consider a budget to cover the costs for preparation. At first the budget may include salaries for the time spent in the early planning stages. Later monies will need to be appropriated for stocked supplies, or training. It will all depend on how much you want to allot. If your current budget does not allow for such costs, determine that time spent on the committee to be performed by volunteers. Perhaps consider fund raising with the donations specifically allocated to this ministry may be considered.

Establish Meeting Times

Determine frequency of meetings, weekly or monthly intervals may be what is necessary in the beginning but as the threat of a pandemic grows, the frequency may increase. Establish goals and objectives along with timelines. Determine dates for specific goals to be met and completion of tasks. There is no way to predict the characteristics of a pandemic virus before it emerges. The breadth and depth of your plan is to be determined by you.

Establish Relationships

Establish a relationship with your local health department now. Inform them of your decision to prepare; they may aid you in your efforts. In fact, dependent upon the extent of the role you hope to play, there may be requirements that you will have to meet. In addition, they can be a great resource for training, information, and help in the planning process. Invite them to your meetings, they may be willing to participate and become a beneficial partner. Also, request to be put on an email list for weekly and daily updates, sent from the health department, that include information that is pertinent to the occurring epidemic/pandemic.

Your regional hospital will have an emergency operations plan (EOP) already in place. Let them know of your intentions. They may also be a valuable resource as well as a source of funding.

Remember to prayerfully embark on this journey, if you have decided to prepare for a lethal pandemic, the task may seem overwhelming. You may even discover that this is a calling for your congregation and that you too were born for such a time as this.

Write the Plan

This is what this entire book is about; coming up with a plan that is straightforward and uncomplicated. The plan should be methodical in its implementation and should cover all facets of possible problems as well as opportunities.

Use this book as a manual. Depending on your goals and objectives, you may only determine to focus on caring for your church members; or you may want to work toward becoming an alternative care facility for your community. Read through the pertinent chapters to help determine the scope of your plan.

Consider the page of “Planning Assumptions” as an “if – then” way of approaching your writing process. For instance, if the pandemic is expected to come in waves, then be prepared to implement your plan multiple times. Be sure to follow your goals and objectives, this will keep you on track.

Create a checklist as you write, to ensure the tasks are recorded in a manner of attainable goals. This will break up the elephant sandwich into smaller more manageable bites. This may seem like a huge undertaking, but remember our ultimate goal is to share the gospel.

Review and Implement Your Plan

Once the plan is written, review it then work it through by performing tabletop exercises. Table exercises are an informal way of following your plan through to the final outcome. It allows leaders to come together and hypothetically carry out their portion of the plan to the final outcome. This helps to determine what may be missing or problems that may arise. Tabletop exercises may take several hours to conduct, but will validate your plans, and give those participating insight into what part of the roles they may play still need work. Consider working with your local health department and hospital for a full-scale exercise. It may be lengthy, but well worth your time.

ⁱ “National Strategy for Pandemic Influenza Implementation Plan”, Homeland Security Council, May 2006, page 26, <http://www.flu.gov/planning-preparedness/federal/pandemic-influenza.pdf>