

# Pandemic Plan for the Church

## *Ministering to the Community in a Time of Crisis*

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### Reaching out to Your Community

During a pandemic, the gathering of believers will likely be prohibited, and beautiful church buildings will lie empty. We as the Church will want to help during this crisis, but we may not know how. This document will give suggestions on how you can reach out to your community, allowing you to bring the gospel to the hurting.

#### **To learn what the needs may be in your community:**

- Contact your local health department would be the first step. The Health Department is the local authority for what is happening and what the needs are. They can also help or direct you in whatever training may be required for volunteers.
- Contact your county Emergency Manager. This position is well versed in the needs of the county in all areas of disaster.
- Contact your local or regional hospital, they may incorporate your members into their Emergency Operations Plan

Consider setting up a means of cooking and serving meals to emergency workers including Firefighters, Police, and Paramedics. During a pandemic all emergency services may be overwhelmed with the amount of calls in addition to dealing with the stressors of the disease in their own personal lives.

Before sending your people out into the community while a deadly virus is circulating, they should be appropriately trained on proper precautions. You might consider asking a nurse, doctor, or EMT from your church or local fire department to come and do a training. This will be important for protection from acquiring the deadly virus. For more information on Personal Protection Equipment (PPE) please see the section "Infection Control" in the book "Pandemic Flu Plan for the Church."

### Partnering with the Medical Community

A pandemic of even limited magnitude has the potential to disrupt the normal workings of the healthcare system in a variety of ways. For a national healthcare system that is already overwhelmed, an increase of patients would bring many facilities to a complete halt.

A surge event in healthcare is described as one which places increased demand on the system's operations, facility, and personnel. An event that is large enough can stress resources and compromise the normal standard of care given to patients. Surge events can vary in size, and even time. A mass casualty event may only be temporary yet place undue stress on a healthcare system for a limited amount of time, such as a multi vehicle accident. However, some surge events can last for weeks or months such as what happened in the 1918 Influenza.

Effective emergency preparedness in healthcare requires planning for large-scale events that affect many people. These events may include chemical, biological, radiological, or natural disasters or

infectious disease outbreaks such as pandemic influenza or SARS. Hospitals who are accredited need to have an Emergency Operations Plan (EOP) already in place. However, unless required by health officials or an accrediting entity, many healthcare facilities, including smaller community hospitals, urgent cares and Primary Care Physicians do not have such a plan.

A critical component in preparing for disasters is Surge Capacity. According to the Joint Commission on Healthcare Accreditation on Healthcare Organizations (JCAHO) surge capacity is the ability to expand care capabilities in response to sudden or more prolonged demand. JCAHO considers this to be the most fundamental element of an emergency preparedness plan.

The lack of space, personnel, and resources would all be breaking points of the system if a pandemic were to take place. In order to keep costs down, at present, the nation's healthcare system functions at full capacity under normal conditions. Many operate on a "just-in-time" method of replenishing inventory. In addition to a shortage of space and supplies, a shortage of personnel would also add to the disaster.

EOPs that incorporate Surge Capacity applications must plan for such occurrence as shortages of staff and supplies, and altering practices and systems to allow for increased volume such as Alternate Care Facilities (ACF). Each of these will be discussed in further detail as to how your church can come alongside a healthcare facility at such a time of need.

Before a healthcare system turns to its EOP, it must first acknowledge that its current resources are overwhelmed and that standard care for patients is being compromised. Basic questions that must be answered in any disaster include:

- When are standard operations overwhelmed?
- When is it appropriate to alter standards of care?
- When do providers need to strive to provide sufficient care, rather than standard or ideal care?

When these questions are answered affirmatively, then it is time to call for help.

## **Become an Alternative Care Facility (ACF)**

The purpose of an ACF is to provide additional space and resources to an overwhelmed healthcare facility due to an increase in the number of patients who have disaster related illness or injuries. This increase is known as a surge. These facilities are set up to offload the non-emergent patients without life threatening illnesses or injuries to allow those in critical need be treated appropriately at the existing healthcare facility. The function and roles of ACFs are still untried in the United States, as there have been few events that would require such facilities. However, due to the existing viruses that pose threats of becoming lethal pandemics, ACFs are a part of most Emergency Operating Plans (EOPs).

It is obvious that an ACF would not afford the maximum care and benefits as the healthcare facility, however, planning and preparation could enable acceptable health care to be provided. Existing facilities that may be considered for an ACF are churches, recreational centers, community centers, schools, sports facilities, and hotels. Many are chosen due to their size or proximity to a medical center.

Churches have a unique advantage to most public gathering buildings in a community. While all church facilities consist of a sanctuary, many have a fellowship hall, kitchen, classrooms, and some may have a

gymnasium. But what is more significant than other facilities in the community is churches have members who are not only willing to help in a crisis; they carry in them the Spirit of Jesus Christ.

For more information on becoming an ACF, please refer to the chapter, “Partnering with the Medical Community (Setting up an Alternative Care Facility)” in the book “Pandemic Flu Plan for the Church.”

## **Responding to Healthcare Staff Shortages**

Become an ACF is huge commitment, and if you do not feel led of the Lord, there are other ways to help in the community. Unlike mass casualty incidents when a healthcare system can call upon other communities for help for a limited time, a pandemic will present a different type a shortage. Healthcare staff will be susceptible to the pandemic just as the rest of the population. Absenteeism will be affected not only due to illness, the need to care for ill family members, but many will remain home due to fear of bring the disease home to their loved ones. Another factor to an increase in absenteeism will be sheer exhaustion. Community mitigation measures such as Social Distancing or Quarantining households will also increase absenteeism.

Staff shortages will not only be limited to licensed professionals such as nurses or physicians. Front desk staff, maintenance, food service etc. in addition to administrative staff will be affected.

There may be many people in your congregation willing to help at a hospital, clinic, or even at an alternative facility. Remember teachers will be the first available since at this time schools will have already been closed. Retired folk are also eager to help. (Please keep in mind that those over 65 years of age are considered high risk for complications of COVID-19.)

Jobs assigned to volunteers may not necessarily require direct patient care. These duties would be performed by licensed professionals. However, if a severe pandemic were to occur such as the 1918 Influenza, volunteers may be asked to perform more strenuous duties.

Tasks assigned to a volunteer may include:

- Admitting patients and filling out paperwork
- Collecting money or gaining insurance information
- 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
- Discharge including instructions and paperwork

It is imperative that volunteers are alerted to the danger and are adequately trained in protecting themselves against infectious agents, proper use of protective equipment (PPE), and how to properly care for the sick. For more information, please see the chapters “Infection Control” and “Caring for the Sick” in the book “Pandemic Flu Plan for the Church”.

There are various ways to prepare for such a role. Consider sponsoring key staff or members to take courses such as Certified Nurse’s Assistant (CNA), Emergency Medical Responder (EMR), or Emergency Medical Technician-Basic (EMT-B) at a local community college. Another training to consider is Community Emergency Response Teams (CERTs). CERTs are funded by Congress through Citizen Corps programs and are available in local communities. CERT trains citizens to be better prepared to respond to emergency situations in their communities. When emergencies occur, CERT members can give supplemental support to first responders, provide immediate assistance to victims, and organize volunteers at a disaster site.

A great local community resource is the American Red Cross. They may not have the personnel or supplies on hand, but they have experience in responding and setting up ACFs all over the world. To find your local chapter visit <http://www.redcross.org>.

Perhaps you have members who are already trained in the medical field such as physicians, nurses, pharmacists, dentists, EMTs, paramedics, and want to volunteer their services but not sure how to go about signing up. Contact your local Medical Reserve Corp (MRC) in your community. MRC volunteers supplement existing emergency and public health resources during a disaster. For more information, go to: <http://www.medicalreservecorps.gov>.

## **Utilizing Healthcare Providers in Your Church**

Now is the time to tap into the great resources of healthcare providers in your community. Engage them in your preparations. Their knowledge and experience will aid you in educating your people in subjects such as:

- Flu vaccination
- Understanding the virus
- Good health and hygiene habits
- Teaching how to safely care for sick family members.

## **Meeting Non-Medical Needs in the Community**

During a pandemic, it has already been stated that the healthcare system will be stretched beyond its limits. There are many tasks needed to be performed that do not require a medical background. Church members could volunteer providing such services as:

- Interpreters
- Chaplains

- Office workers
- Legal advisors
- Housekeeping
- Maintenance
- Transportation

Perhaps volunteering in a clinic setting is not the direction you choose to take. Other ways to come alongside a healthcare facility dealing with staff shortages is to address the staff's personal concerns:

- Furnish housing to those who may have a long commute or have come from another community to help
- Provide places to rest and to shower
- Deliver meals
- Provide child-care services
- Offering to care for their families at home while they work

Remember these healthcare workers are part of your community and may even be members of your congregation. What an opportunity to show love and support, in addition to sharing your hope.