



Pandemic Plan for the Church

Ministering to the Community in a Time of Crisis

Partnering with the Medical Community

An influenza 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 during the 1918 Influenza.

Effective emergency preparedness in healthcare requires planning for large-scale events. These may include chemical, biological, radiological events, in addition to natural disasters or infectious disease outbreaks such as pandemic influenza or SARS. Hospitals who are accredited must 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 Care clinics, 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 occurrences as shortages of staff and supplies, and altering practices and systems to allow for increased volume such as alternate care facilities (ACF). An ACF is a temporary shelter or building set up to allow medical services to be provided to the community in the event of a disaster or other event, in which the existing medical facility is not able to meet the demands of the increased surge of patients.

Before a healthcare system turns to its EOP, it must first acknowledge that its current resources are overwhelmed and that normal 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.

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 is that churches have members who are not only willing to help in a crisis; they carry in them the Spirit of Jesus Christ.

After reading and discussing this portion of the plan, if your church prayerfully decides that one or all of these elements is something you would like to prepare for, the next step is to contact your local health department or hospital. Tell them your willingness to offer your facilities and resources to aid in such an event, and they can integrate you in their planning. Even better, they possibly may help you with your preparations.

Please keep in mind, becoming an ACF is not just for mega churches. Even if you are pastoring a small country church, you can have a positive effect on people's lives in your community in the time of crisis. In addition to offering your facilities, you can partner with another church or start a coalition of churches. Imagine how much it would please Jesus to see that His Bride is willing to cross denominational lines for the sake of reaching out and loving those suffering during a disaster.

As a small church, in addition to partnering with other churches, there are still other ways to minister to your community. After reading the different roles needed to assist in such a disaster, you can pray how you may lend a hand and reach out to your community:

- Contact your health department, they may know of other means in the community to help
- Contact your local or regional hospital, they may incorporate your members into their EOP
- If you are in a rural community, consider setting up a means of cooking and visiting and caring for the sick in such a time

There are many ways to provide support for your community and carry the light of the gospel with you.

Responding to Healthcare Staff Shortages

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 of shortage. Healthcare staff will be susceptible to the pandemic just as the rest of the population. Absenteeism will be affected by illness, and the need to care for ill family members; in addition, many will remain home for fear of bringing the disease back to their loved ones. Another factor to an increase in absenteeism will be sheer exhaustion. Community mitigation measures such as social distancing or the quarantine of households will also increase absenteeism.

Plan to be a Contingency Workforce

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

There may be many people in your congregation willing to help at a hospital, clinic, or even at an alternative care facility. Remember teachers will be the first available since at this time schools will have already been closed. In addition to teachers, youth groups and college students will also be eager to help. Retired folk are also a great resource.

Before considering forming a band of volunteers, such a decision first requires much prayer and counsel. Keep in mind your people could possibly be responding to a deadly virus. Before stepping into such a role, inquire at your health department the proper precautions that must be taken in order to be protected when coming into contact with the ill.

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 to help in a medical office or facility 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 the complaint
 - Pertinent health history
 - Daily medications
 - Allergies to medications
- Vital signs including:
 - Blood pressure
 - Heart rate
 - Respiration rate
 - Pulse Oximetry
- 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 personal 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".

Helpful Certifications and Volunteer Organizations

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, and paramedics, who 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 flu
- Good health and hygiene habits
- Teaching how to safely care for sick family members.

Meeting Non-Medical Needs

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

Responding to Supply Shortages

An issue that all healthcare facilities must address as part of pandemic planning is the stockpiling of resources. Due to lack of funds or space, this element of disaster planning is often neglected. The expected breakdown in society will affect services such as the delivery of goods. In addition, there will suddenly be a great demand on such supplies. Manufacturers and distribution warehouses will be depleted of stock quickly. Therefore, the stockpiling of goods and the continual rotation of the stock is highly recommended in preparedness planning.

Although certain medical supplies are not available for purchase by the general public, there are many supplies that are over the counter. Check with the health department and the healthcare facilities, they may have discounts for purchasing in bulk quantities. Some supplies that will be needed in a disaster and are:

- Hand hygiene supplies (antimicrobial soap and alcohol-based, waterless hand hygiene products)
- Disposable N95 respirators, surgical and procedure masks
- Face shields (disposable or reusable)
- Gowns
- Gloves
- Facial tissue
- Surface disinfectants
- Bandages
- Gauze

- Triangular bandages
- Saline wash
- Over the counter antipyretic drugs (Acetaminophen, Ibuprofen, Aspirin)

When purchasing and stockpiling, keep in mind that a pandemic could occur in multiple waves as in the 1918 Influenza. That pandemic occurred in three waves, each lasting up to six to eight weeks over a period of 18 months. In the event of such an outbreak, worldwide demand for medical products will most likely escalate and global supply will be stressed. Stockpiling now will ensure the local healthcare facilities will have the necessary resources to respond to your community.

Perhaps your motive in stockpiling medical supplies is not to supply the healthcare community, but instead to have them on hand for your own people. Take the time to learn what proper precautions to take when caring for the sick. This will aid in your decisions in what items to purchase. In the event of a pandemic, the availability and appropriate use of personal protective equipment (PPE) is critical in protecting the care giver. Even with the use of antiviral medications, N95 respirators, gowns and gloves are the first line of defense against the spread of a virus. When purchasing PPE, consider that disposable PPE should be used whenever possible, because viruses can remain infectious on garments for long periods of time. Please refer to the section “Infection Control” for more information.

Providing Storage Space

In many cases the healthcare facility has the resources to stockpile but does not have the space. If you have storage space this may be an opportunity to help. Consider loaning out a large closet, or small room with shelving units. In addition to shelving units, the space should be kept cool and dark if such medications as IV fluids, steroids, antibiotics, or antivirals are kept. Under no circumstances should pain relievers or narcotics be allowed to be stored in your facility. There are many state and federal regulations for the movement and storage of these types of drugs.

Make certain there is limited access by having a door with a lock and provide a book with signature lines to ensure accountability. Always have two people enter the room to stock, remove, or rotate inventory. Have both sign the log with dates and times, and account for what was stored or removed.

If you are a church that caters to a population of former drug addicts, or possibly you reside in a neighborhood that drugs are prevalent, the storage of needles and syringes may prove to be too much of a temptation and a danger to your people. Check with your local health department for rules and regulations.