

Pandemic Plan for the Church

Ministering to the Community in a Time of Crisis

Ministers of Grace

*“For I was hungry, and you gave Me something to eat;
I was thirsty, and you gave Me something to drink; I was a stranger, and you invited Me in;
naked, and you clothed Me; I was sick, and you visited Me; I was in prison, and you came to Me.
Truly I say to you, to the extent that you did it for one of the least
of these brothers or sisters of Mine, you did it for Me.”*
Matthew 25:35,36,40

Caring for the sick is a ministry that Christ exemplified and calls us to perform. Jesus said caring for one of these is as though caring for Him personally. (Matthew 25:35-40).

Church history tells us that Christianity grew and thrived during difficult times such as persecution and plagues. During pandemics Christians offered a more satisfactory explanation of the catastrophic events. Second, Christian values of love and charity were expressed by the practices of social service in the times of crisis, thereby creating a network of medical care. Third, with even minimal medical attention, the survival rate among the Christians (and any of their pagan neighbors whom they treated) was substantially higher than that in the general population. Over time, the proportion of Christians in the total population was thereby dramatically increased. When coupled with the network effect of pagans who had disengaged from traditional ties and were attracted by Christian benevolence to new attachments, the result was to alter irreversibly the balance of the Roman Empire.¹

*“It is our care of the helpless,
our practice of loving kindness that brands us in the eyes of many of our opponents.
‘Only look,’ they say, ‘look how they love one another!’”*
Tertullian (c. 155-220 AD)

Studies have shown that even basic health care such as adequate water, food, and warmth can result in a much higher percentage rate of survival from a disease. During the 1918 Influenza, it was determined that many died simply because there was no one to look after the sick and provide them these basic essential needs.

The purpose of this ministry is to train and equip the Body of Christ to safely and effectively care for the sick in the event of a lethal pandemic such as the one that occurred in 1918. In doing so, we will be enabled to share the hope of our Lord with those who are hurting.

Ministers of Grace

Biblical Times

In Biblical times there are many examples of those pouring their lives into the cause of the Kingdom. The apostle Paul referred to Epaphroditus as his brother and fellow worker, and fellow soldier, who is a minister to Paul's needs. Apparently, Epaphroditus had become sick to the point of death for the work of Christ, even risking his life in service to Paul and the gospel.

“But I thought it necessary to send to you Epaphroditus, my brother and fellow worker and fellow soldier, who is also your messenger and minister to my need. Receive him then in the Lord with all joy, and hold people like him in high regard, because he came close to death for the work of Christ, risking his life to compensate for your absence in your service to me.” (Philippians 2:25,29-30).

In the apostle Paul's final letter before his death, he wrote that he had been poured out as a drink offering and the time of his departure had come. Paul tells how he has been deserted and implores Timothy to come soon, and that only Luke (the physician) was with him.

“For I am already being poured out as a drink offering, and the time of my departure has come. Make every effort to come to me soon. Only Luke is with me.” (2 Timothy 4: 6,9,11).

Florence Nightingale

Influenced from an early age by the Wesleyan tradition, Nightingale felt that genuine religion should manifest in active care and love for others.ⁱⁱ When the reports of the horrific conditions for the wounded at the military hospital in Scutari during the Crimean War got back to Britain, Florence Nightingale petitioned the government to allow her to go. She brought with her a staff of 38 women volunteer nurses, including 15 Catholic nuns.

When she and the other volunteers arrived November 4, 1854, she found the hospital severely overcrowded, with estimates ranging from roughly 2,000 to 4,000 soldiers crammed into the building. Conditions were catastrophic, with thousands more arriving. Reports suggest the facility holding up to 6,000 men.ⁱⁱⁱ

The army hospital was filthy and rat infested, and lacked basic supplies including soap, towels, and bandages. The wounded British soldiers were getting poor care from an overwhelmed medical staff. Medicines were in short supply, and hygiene was greatly neglected. Many of the soldiers died from infections. She and her team got right to work cleaning the

hospital and improving ventilation. As a result of the care from these women, the death rate went from 50% to a little over 1%.^{iv}

1918 Influenza

During the 1918 Influenza, in Saskatchewan, Canada, Mrs. Gladys Nelson from the small town of Outlook was one of many women who over the weeks cooked meals for those unable to feed themselves. She worked so hard that she was made an honorable member of the St. John Ambulance Society. Only three people died in the town of Outlook.^v

Likewise, in other provinces, many women from various churches participated by daily going to their local health minister to enquire on the worst cases. They would then go to the fellowship hall in their church buildings, cook meals and deliver them to families. It was determined that these efforts saved many lives.

In Ontario, Canada, to meet this growing demand for nursing care within homes, Dr. Margaret Patterson began a lecture series for training women in the basics of patient care. She knew something must be done to save the lives of the sick and dying. It was described as a course in general preparation for nursing at home. Sponsored by the Ontario Emergency Volunteer Health Authority, the courses began October 16 and were held initially in the Parliament buildings. By the time the lectures began volunteers packed the large auditorium, requiring many to listen from adjacent corridors. By October 17, four lectures had been delivered to over 1000 female volunteers, and within a day over 100 were attending people with influenza.^{vi}

Graduates of the intensive two-day course received a badge upon graduating. Dr. Patterson named these volunteers, “Sisters of Service.” Patterson’s programs proved effective in training hundreds of women in the best methods for reducing lung congestion and keeping fevers down, as well as for treating patients in the home. In Toronto, the Sisters of Service provided care to approximately 1000 families in need.

Mother Teresa

While on a train to Darjeeling in 1946, Mother Teresa experienced what she later described as a “Call within the call.” She said that Jesus revealed His pain at the neglect of the poor, His sorrow at their ignorance of Him and His longing for their love. He asked Mother Teresa to establish a religious community, Missionaries of Charity, dedicated to the service of the poorest of the poor.

After a short course with the Medical Mission Sisters in Patna, Mother Teresa returned to Calcutta and found temporary lodging with the Little Sisters of the Poor. On December 21, she

went for the first time to the slums. She visited families, washed the sores of some children, cared for an old man lying sick on the road and nursed a woman dying of hunger and tuberculosis. She started each day with communion then went out, rosary in her hand, to find and serve Him amongst "the unwanted, the unloved, the uncared for." After some months, she was joined, one by one, by her former students.^{vii}

At the time of her death in 1997, Mother Teresa's Missionaries of Charity had grown from a single school into a large international network comprising of 594 mission, 3914 nuns, and numerous lay workers across 126 countries. The ministry focused on serving the "poorest of the poor." Today there are over 5,000 nuns, 300 brothers, and over 100,000 lay volunteers.^{viii}

The Mission for Ministers of Grace

The mission of this ministry is to prepare and equip those willing to stand in the gap and be able to safely care for themselves and their community in the event of a devastating pandemic. This plan has effective means of reaching hurting people in our communities with food, medicine, and other assistance in the Name of our Lord, Jesus Christ. This in turn, earns us the opportunity to share the Gospel, the Good News of eternal life through Jesus Christ.

By preparing we will not only be able to run with the footmen in a time of peace, but we can even outrun the horses.

*"If you have run with footmen, and they have tired you out,
then how can you compete with horses? If you fall down in a land of peace,
how will you do in the thicket by the Jordan?"* Jeremiah 12:5

Education and Training

During the H7N9 outbreak in China, a hospital employee broke the news of a fatality of the novel flu on April 24, 2013. Expressing fear, the employee stated that the hospital did not warn the employees, nor did they supply the staff with the proper equipment or precautions. The employee expressed personal fear for catching the mystery disease. This employee known as 'Hospital No. 5 employee'^{ix} is a good example of what can occur if you are not watching circumspectly for an outbreak of a "mystery disease," nor are you properly prepared for it.^x

During the severe acute respiratory syndrome (SARS) outbreak that occurred in late 2002 and spread to over 28 countries before it was contained in 2003, many healthcare providers fell victim to the disease. Despite infection control measures, breakthrough transmission occurred. It was determined that those having less than two hours of training and not understanding the disease and its transmission and proper procedures, were more likely to become infected with the disease.^{xi}

The internet will quickly become a source of information for all the general public during a pandemic event. In addition to the panic and confusion, discerning and disseminating proper information can be difficult. It is best to educate yourself before such an event so that you will be well informed and able to distinguish what is reliable information. Although the provision of correct information is essential during a crisis, it is proven that education and training before the crisis occurs is vital to ensure safety and the provision of effective care.

Information and training are provided by this ministry for the highly pathogenic avian influenza (HPAI) H5N1 virus. To understand and become aware of the pathophysiology (process of the disease) of the disease in the human body, how it transmits, how to properly protect yourself, and how to effectively care for the sick will enable you to navigate the crisis with proper guidance, assurance, and wisdom.

Requirements for the Volunteer

This document is meant as a guide to set up a Ministry of Grace to gather, train and equip a group of people in the Body who are led by the Lord to visit the sick and the hurting during a crisis. There should be requirements fulfilled before a person is considered properly equipped to safely and effectively participate. These suggestions are not only for the time of a deadly pandemic, but also for visiting the hurting when under normal circumstances.

This establishment of Ministers of Grace is to be ready and equipped to minister to the community in a time of crisis. It would require going into the homes of the sick and safely care for them. It would be wise and highly encouraged for volunteers to have background checks. These screenings verify the trustworthiness of the volunteers, protecting against sexual predators, violent offenders, and financial misconduct. It also ensures the safety of children and vulnerable adults, and helps to mitigate any legal liability for negligence. Providing background checks also gives those who are being cared for assurance. Unless the church chooses to pay for the background checks, the participants will be responsible for the cost.

Levels of Participation

This type of ministry has many facets, and those wishing to volunteer may not have the knowledge or experience for full participation. It is advisable to delineate levels of participation, to ensure that anyone with a heart for this ministry can participate, and the safety and well-being of all parties are protected.

- **Administrator/Leader:** A person who oversees the Ministry of Grace volunteers, keeps records and determines those who are in need of a visit and a meal. This person may be a leader in the Church and may not even have contact with the sick.

- Level One: A person who has attended and participated in all required training. They are prepared and equipped to safely and effectively visit and care for the sick and share the gospel of Jesus Christ.
- Level Two: A person who has the desire to participate in the ministry but is unable to attend or has not yet completed the training. They can prepare and deliver a meal, make telephone calls, and write and send cards.

Training

Training and equipping resources are provided by this ministry on the website outrunningthehorses.com. PDF documents can be found along with coinciding PowerPoint Presentations for formal training. The actual training should be performed by a professional healthcare provider, preferably one with instructor experience. They can be a doctor, physician assistant, nurse practitioner, nurse, or paramedic. For more information on instructors please see the section “Train the Trainer” on the website www.outrunningthehorses.com.

To participate as a **Leader/Administrator** the following sections should be completed but not limited to:

- The Role of the Church in a Pandemic
- 1918 Influenza Pandemic
- Avian Influenza
- Caring for the Sick – Part One
- Infection Control – PPE
- Ministering to Vulnerable People
- Government Mitigations
- Church and Community Mitigation Strategies
- Caring for the Worker

To participate as a **Level One Volunteer**, for both safety and providing effective care the following sections should be completed but not limited to:

- The Role of the Church in a Pandemic
- 1918 Influenza Pandemic
- Avian Influenza
- Respiratory Anatomy and Physiology
- Influenza Viruses and the Pathogenesis of Viral Diseases
- Pathophysiology of H5N1 and 1918 Influenza

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- Caring for the Sick – Part One
- Caring for the Sick – Part Two
- How to Prevent ARDS
- Infection Control – Personal Protection Equipment (PPE)
- Disinfecting Surfaces
- Using Bleach as a Disinfectant
- Ministers of Grace
- Sharing the Hope of Jesus

To participate as a **Level Two Volunteer**, the following should be completed but not limited to:

- The Role of the Church in a Pandemic
- 1918 Influenza Pandemic
- Avian Influenza
- Ministers of Grace
- Sharing the Hope of Jesus

Completion of Training

Upon completion of training, the Level One participant will receive a diploma. The Level Two participant will receive a Certificate of Completion. Both will be inducted into the ministry as a “Minister of Grace.”

Continuing Education

Due to the high level of training and the brevity and amount of information presented, it is strongly recommended that regular monthly meetings be held to review information or present new information. These meetings should be required to maintain the Level One status for a volunteer to be named a “Minister of Grace.”

Visiting the Sick

Visiting the sick is a compassionate act, and as Christians even an obligation. The time spent should provide emotional, spiritual, social, and even physical support. It should be centered on the patient’s comfort and needs, rather than the visitor’s. Visiting the Sick is a common

practice especially among Christians. However, not all visits are necessarily the same. Visiting the “Sick” may include:

- Hospital Visits
- Home visit for common illness
- Pandemic virus
- Recovery from a hospital stay
 - Surgery
 - Illness
 - Other health crisis
 - Nursing Home visits

Due to the danger of a pandemic virus, precautions should be taken to ensure safety for the volunteer as well as those who are ill. Please see the chapters “Infection Control and Proper Protection Equipment” and “Caring for the Sick” parts one and two.

Below are suggestions for volunteers visiting the sick:

- First and foremost, pray to the Lord asking the Holy Spirit to give you wisdom and guidance. If the person is not saved, at this point, begin praying for the Lord to open a door for you to share the gospel as well as their heart be softened and open to hearing.
- Call/Ask before showing up – always check if the person is up for a visit and when. However, in the event of an H5N1 pandemic, the sick person may not be able to answer the call.
- Prepare yourself mentally for what you might see and hear. Be prepared for unpleasant odors or sights. An alarmed or appalling reaction will only cause more distress.
- Remember to practice good hygiene – Wash your hands before and after the visit, using hand sanitizer, and if necessary, don personal protective equipment (PPE)
- If the sickness is a contagious virus please see the above statement. Before visiting, please see the sections Caring for the Sick (Parts One and Two), and Infection Control/PPE.
- When visiting, keep good eye contact, speak softly, and allow the person to cry.
- Be an empathetic listener
- Do not repeatedly look at your watch, your phone, or a clock.

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- Do not say things like, “I know how you feel,” and talk about your own illnesses.
- If it is a hospital visit, do not stare at the patient’s monitors and tubes.
- Do not sit on the patient’s bed, sit on the chair provided.
- Do not remain in the room when a doctor or nurse enters.
- Do not give medical advice
- Do not promise more than you can deliver.
- Do not try to be the person’s spiritual advisor:
 - Do not push your theology on them. Do not speculate what God may be doing in the person’s life. Remember Job’s friends. These things are discouraging, demeaning, and unbiblical!
 - Do not say such things as:
 - “You are already healed; you just need to receive your healing.”
 - “If you had enough faith, ...”
 - “The enemy has gotten into your life and had his way.”
 - “If you were living right than this wouldn’t happen.”
- Ask: “Can I get you something? (If in the hospital, check with a nurse before giving food or drink.)
- Say things like:
 - “We’re concerned for you.”
 - “We’re thinking of you.”
 - “We’re praying for you.”
 - “We know you’re going through a difficult time.”
- Determine if the person has special dietary needs such as:
 - Diabetes – low carb, no sugar
 - High Blood Pressure – low salt
 - Heart Disease – No red meat, low salt
 - Celiac Disease – Gluten Free
 - Food allergies
- In addition to bringing a meal other means of service:
 - Pick up groceries

- Pick up prescriptions
- Walk the dog, scoop the cat litter, etc.
- Do a load of laundry
- Do the dishes
- Vacuum or straighten up
- Take the garbage out
- If the person is recovering from surgery
 - Do they need a ride for a follow-up visit to the doctor?
 - Do they need a ride to physical therapy/occupational therapy?
 - Is their surgical wound healing? Do they need to go to the Urgent Care for wound care follow up?
- If the volunteer plans to take the shut-in out in their car, a current driver's license is required.
- Find out other needs that can be met while the person is recovering.
 - Support the person's primary care giver if there is one.
- Always ask the person if you can pray with/for them. Read scripture.
- If they are not saved, spend time to share the hope of Jesus with them. Please see attached section "Sharing Jesus" to learn ways of sharing the gospel with the unsaved
- Always keep everything confidential, especially what you might overhear in the hospital. Unless you are told otherwise, do not share what the person has trusted you with as private.
- End the visit well. If necessary, schedule the next visit. Do not promise more than you can deliver.

When to Seek Emergency Care

Due to the nature of some illnesses or recovery from surgeries, you may find yourself visiting a person whose condition has worsened. We as ministers are not meant to provide medical advice. If any of the following signs or symptoms arise in the person you are visiting, they are to seek medical attention immediately by calling 9-1-1:

- Chest pain
- Difficulty breathing
- Fast breathing

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- Bluish or gray discoloration of the lips or skin
- Uncontrolled vomiting
- Uncontrolled diarrhea
- Dehydration that results in:
 - Dizziness when standing
 - No urination
 - No tears in infants when crying
- Seizures
- Altered mental status, confusion, or less responsive

Viral Outbreaks

As we have experienced during the COVID-19 pandemic there occurred many outbreaks in nursing home facilities. As an outreach to community and to the facilities, you may consider:

- Engaging the Youth Ministry to clean and disinfect the facility
- Train the Youth in Proper Precautions and Infection Control
- Train the Youth in proper cleaning and disinfecting
- Refer to the sections in the book “Pandemic Flu Plan for the Church”
 - Infection Control and Proper Protective Equipment p. 175
 - Disinfecting Surfaces p. 211
- Documents and Power Point Presentations for trainings can be found at:
<https://outrunningthehorses.com/>

Ministering to Those in a Crisis

You may find a member of the congregation or community experiencing a crisis or traumatic event. A traumatic event is a sudden, overwhelming, or dangerous occurrence such as the loss of a loved one, a house fire, a car accident, abuse, violence, or disaster. A traumatic event is considered life changing. Common reactions can be emotional, cognitive, physical, and even behavioral. Coming alongside someone early in the event is extremely important for their continued healing. It is believed that early intervention after a traumatic event will help prevent post-traumatic stress disorder (PTSD). At this time, keep in mind that this is not to counsel the hurting, but more like psychological first aid.

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Before any attempt to talk or help a person, pray and ask the Holy Spirit to fill you and give you wisdom:

- Take the person aside to a quiet place (away from the current environment and stressors).
- Establish a rapport that encourages a safe environment.
- Begin with an easy, open-ended question such as “How are you holding up?”
- Be patient as the person may hesitate to share their thoughts and feelings.
- Allow the person to share the event and personal reactions.
- Ask open ended questions to encourage the person to talk about their concerns.
- Allow them to vent, cry, or even just to sit quietly.
- Be aware, they may display some anger (do not remain in a dangerous situation).
- Be empathetic, let them know you understand.
- Listen to them, do not allow yourself to be distracted.
- Paraphrase what you are hearing back to them to let them know you are listening.
- Do not judge or criticize what the person shares.
- Tell the person that what they are experiencing is normal.
- Do not rush the person.
- Pay close attention to identify any indications of self-inflictive harmful behavior.
- Encourage the person that they are not at fault if they feel guilty that they survived the pandemic.
- Share scriptures, especially promises from the Bible that the Lord has not forsaken them. See sample scriptures at the end of this section.
- Perhaps have books or tracts available to hand out that would help a person work through their crisis.
- Be sure to pray with the person, as well as promise to continue to pray for them.
- If they do not know the Lord, share why you find hope in such situations
- Encourage the person to:
 - Seek support and speak with friends, family or other support groups to avoid isolation.
 - Maintain a normal routine as much as possible.
 - Focus on self-care including healthy eating, rest, and exercise.

- Schedule a time for the two of you to follow up.
- Be aware of other resources in your community that can be of benefit to the person.
- If the person is in distress for more than a month or prevents daily functioning, seek professional help.

Phone Calls/Cards/Note Writing

In some cases a visit isn't necessary or even possible. Other means of reaching out that can be comforting and supportive can include:

- Calling an individual and praying over the phone
 - Use the same guidelines as listed for in person dialogue
 - Ask if they are in need of anything
 - Always pray with the person before ending the conversation
 - Use encouraging scripture
- Send a handwritten note
- Send cards:
 - Birthday
 - Congratulations
 - Condolence
 - Get Well
 - We're Thinking of You
 - Praying for You
- Include scripture

Code of Conduct

- Do not engage in discussions that could cause any level of stress or discord
 - Politics
 - Differences in theology
 - Sharing unsolicited opinions
- Be aware that any disagreement can raise blood pressure
- Always follow the rules of the facility or the desire of the shut-in concerning rules and regulations regarding the current pandemic, regardless of your personal beliefs

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- If a mask is required – Wear a mask at all times
- If social distancing is required – Stay 6 feet away
- Confidence should be strictly maintained

Visiting the Sick/Home-bound

If the volunteer desires to spend time entering the home of those who are sick and spend time in the house, the following are some guidelines:

- A background check should be performed when signing up as a volunteer
- A training to recognize physical changes in the elderly to determine if their physical condition requires attention from a healthcare provider, or emergency care.
- Consider teaching the volunteers CPR, first aid, and choking emergencies
- Knowledge of county resources such as Council on Aging, the Red Cross, local options for transportation

Preparing Meals

This area requires little one on one contact. Knowledge of dietary requirements and restrictions is necessary. Determine if the person has special dietary needs such as:

- Diabetes – low carb, no sugar
- High Blood Pressure – low salt
- Heart Disease – No red meat, low salt
- Celiac Disease – Gluten Free
- Food allergies

Take time to learn recipes that meet these requirements. Begin to save reusable food grade plastic containers to preclude the need to have them returned. Include a card with get well sentiments.

Keeping Records

Keeping records will ensure the team will be able to reach those who are vulnerable and to continue to follow up. Each volunteer should keep notes on including:

- Those who need a visit
 - Name/Address
 - Situation/Condition

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- How many in the household
- Dietary needs
- Church affiliation
- Those who have received visits
 - Name/Address
 - Was a meal provided
 - Condition/Situation – any improvement or worsening
 - Did a conversation about Jesus take place?
 - Did they receive Christ?
 - Was a follow-up visit scheduled?
 - Is a follow-up visit necessary? Was it scheduled?
- Those who received phone calls
 - Names/Addresses
 - Condition/Situation
 - Did they receive Christ?
 - Do they need a follow-up call?
- Those who received cards
 - Names/Addresses
 - Church affiliation

Turn these records into your group leader. This will help the Pastor and the church leaders in determining the progress of this ministry and allocation of funds.

Ministering to the Community Everyday

Reaching out to the vulnerable and ministering to the hurting in your community is a mission to be fulfilled daily without the threat of a lethal pandemic. The following are suggestions for setting up a ministry to reach out to the vulnerable without the threat and constraints of a deadly virus.

Visiting the Homebound/Shut-ins

Visiting the Homebound will require a more long-term commitment. A Homebound person may not necessarily be a senior, they may have experienced a crisis such as a stroke, car accident, or other event that they are now homebound.

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There are many who are homebound that do not attend a church. Consider asking the congregation to submit names of neighbors or others in the community who may qualify for such visits.

Privacy is very important and sharing information about the person should be strictly confidential. Getting expressed consent to visit and enter the house should be in writing.

Below are some suggestions:

- Determine if there is a care giver that lives nearby such as a son, daughter, or other relative
 - Contact the care giver to let them know of your intentions
 - Many may want to meet you before allowing you to enter the home of their loved one
- Determine how long and how often you plan to visit.
 - Determine if the visits will be weekly/ bi-weekly/monthly, etc., ...
 - Determine the time of day and length of visits
 - Plan to stay at least one to two hours
 - A regular schedule is helpful and more accommodating to the shut-in
- Determine if the person has special dietary needs such as:
 - Diabetes – low carb, no sugar
 - High Blood Pressure – low salt
 - Heart Disease – No meat, low salt
 - Celiac Disease – Gluten Free
 - Food allergies
- If they are hard of hearing
 - Speak directly to them while they are looking at you, they read your lips while listening
 - Speak slowly, clearly, and louder (do not shout)
 - Be sure they are wearing their hearing aid
- In addition to bringing a meal:
 - Offer to pick up groceries or prescriptions
 - Walk the dog, scoop the cat litter, etc.
 - Do a load of laundry
 - Do the dishes
 - Vacuum or straighten up

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- Take the garbage out
- Offer to take the person for a ride in the car
 - Go on a scenic drive
 - Get an ice cream
 - Visit another friend or family member
- Take them out on a picnic
 - Many parks have picnic tables that are a short walk to the car, and are wheelchair accessible
- Offer to take the person to Church on Sundays
- Play a game
 - Cards
 - Checkers/Chess
 - Board game
 - Work on a puzzle
- Watch a television show with them only if they insist. Engaging them in other activities is preferable
- If a female, make it a spa day
 - Give her a manicure/pedicure
 - Use a dry shampoo if necessary to clean hair
- Some people prefer to have someone in the house when they shower in case they fall
 - Sit outside the room and listen while they shower
- Listen to music
- Offer to read to them
- Consider starting a weekly Bible study with them
- Share Communion
- Work on a craft
- Write a letter for them to a loved one
- Check the refrigerator
 - Are the milk or other items expired? Do they have enough food?
 - If you are concerned for their provision, please inform the pastor
- Do they need a ride to the doctor?
- If you feel comfortable – fill their pill box weekly
- Let them talk, they have sat alone for days

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- Allow them to repeat themselves, even if you have heard them tell you the same story each visit
- If they are ambulatory:
 - Encourage them to walk
 - Do some leg exercises while remaining seated
 - Go to the kitchen counter and do leg lifts while holding the counter
- Make yourself familiar with services offered by the county such as:
 - Meals on wheels
 - Council on Aging
 - Power Company Heat Relief
 - “Liquid Nutrition”
 - Other assistance for the elderly
 - Disability Transportation
- Forming a relationship is paramount
- Pray with them, and pray for them
- Consider having a family “adopt” a shut-in
 - Drive them to church
 - If no family in vicinity, invite them for holidays:
 - Thanksgiving
 - Christmas
 - Birthdays
 - If your dog is well behaved and it is allowed, consider bringing your pet
 - Invite them for dinner

Many home-bound persons are not affiliated with or attend a church.

- Ask the congregation to offer names and addresses of neighbors who may benefit from this ministry
- Reach out to Retirement Communities (55+ housing communities), many elderly live isolated without notice
 - Put up flyers on bulletin boards in clubhouses, or message boards by mailboxes
 - Contact the director of the community to determine if someone may benefit

Visiting the Home-Bound

Because the volunteer may be the only person who sees the shut-in for any period of time, as well as the time spent together may involve many hours, the following are guidelines for volunteer:

- A background check should be required
- If the volunteer plans to take the shut-in out in their car, a current driver's license is required
- A training or pamphlet will be provided giving information on the elderly population
- A training to recognize physical changes in the elderly to determine if their physical condition requires attention from a healthcare provider, or emergency care.
- A list of suggestions to accommodate the needs of the shut-in
- Consider having the volunteers learn CPR, first aid, and choking emergencies

Those living in Assisted Living Facilities, although house residents with more physical mobility, may also benefit from this ministry.

Day of Blessing- Involving the Youth

Engage the Youth Ministry to help those in need. If a homebound person needs help in maintaining their home and/or yard, schedule a Saturday for a Day of Blessing. Small projects can be performed such as:

- Lawn work
- Trimming bushes
- Weeding
- Painting
- Cleaning/Pressure Washing
- Raking leaves
- Cleaning gutters
- Arrange for a cook-out, potluck, or pizza delivery
- When the chores are completed, have the Youth sing for the person

Nursing Home Outreach

Before attempting any outreach:

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- Contact Director of Nursing Home to determine current visitation rules.
- If during a pandemic, they may have social distancing rules
- Find out about residents who don't get regular visitors

Performing Church Services

Contact the director of the nursing home to inquire about performing weekly church services or Bible Studies. In the event of a pandemic, restrictions will apply, groups may not be allowed to gather.

- Depending on their allowance of scheduling, services/Bible studies could be held any day of the week
- If only small groups are allowed, consider holding multiple services or Bible studies
- Set up in common area/dining room
- Plan music according to the demographic (worship should consist of hymns, gospel)
- Sermons should consist of encouraging messages and the Gospel
- Engage residents to participate
 - Testimonies
 - Praise reports
 - Prayers
 - Piano playing
 - Retired ministers
- Make posters for bulletin boards for service dates and times
- Possibly print out individual invitation cards
- Personally go to the residents rooms to bring them to Church, many may be in wheel-chairs
- Go room by room and invite people to come
- Bring residents back to their rooms when finished
- Visit with those in rooms unable to attend
- Have overhead projector for music lyrics or have lyrics printed in large font as handouts
- Endeavor to form relationships with all residents
- Be sure to celebrate holidays
 - Decorations
 - Songs
 - Cards

- Gifts
- Print out giant print Christmas Carols
- Plan an Ice Cream Party!

Visiting Others in the Facility

During a pandemic, facilities may only allow family members to visit residents. However, if there is a resident who does not receive regular visitors, inquire if you would be able to visit. Be sure to be consistent and committed, do not engage in forming this relationship if you are not able to follow through. Remember, they are already hurting and lonely.

- Commit to visit them weekly/bi-weekly/monthly
- Plan to spend at least one to two hours
- Bring them into the common area
 - Work on a puzzle
 - Play a game
 - Listen to their stories
 - Show them pictures of your own family
 - Take them outside into courtyard
- Start a Bible study
- Read to them

Other Activities

Contact the Activities Director, ask if you can participate in any of the scheduled activities to help out and continue to establish relationships.

- Inquire about scheduling an activity during normal activity days
- Make cards to send to the military
- Get well cards for children in the hospital
- Christmas ornaments
- Holiday wreaths
- Coloring eggs for Easter

Nursing Home Gifts

The giving of gifts may have restrictive rules or even prohibited. Determine any restrictions before purchasing or presenting gifts. Some useful gifts may include:

- Walker Caddy
- Giant print books
- Bibles on CD
- Gripper slippers or socks
- Hygiene kits
- Wall hanging scripture verses
- Wreaths
- Potted plants
- Quilts/Blankets
- Perpetual calendars
- Bird feeders/Window bird feeders/bird food
- Fleeces
- Baked goods
- Flowers
- Yarn for knitters
- Games and puzzles
- Movies on DVD
- Picture frames
- Large print Bibles

Engage the entire church congregation to join in the outreach:

- Start early in the Christmas season
- Write a list of items that would be appropriate to include in a gift basket or box
- Have church members bring items throughout the month
- Have members make up a box or basket to give to seniors

- Have them include a handwritten card and photo

Conclusion

The objective of this ministry is to train members of the Body of Christ to safely and effectively visit and care for the sick in the event of a lethal pandemic. It requires training and understanding of the circulating virus and how to protect yourself. In addition, the knowledge of how to effectively care for the sick and prevent spread of the disease is vital. Training materials including documents and PowerPoint presentations are available on outrunningthehorses.com.

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^{vi} ““Send Only Your Serious Cases.”” Delivering Flu to Toronto: An Anthropological Analysis of the 1918-19 Influenza Epidemic in Toronto, Ontario Canada.” Karen Slonim, Dissertation presented to University of Missouri-Columbia, December 2010, p 172.

^{vii} “St. Teresa of Calcutta,” Holy Week, Catholic Online, https://www.catholic.org/saints/saint.php?saint_id=5611, Accessed March 27, 2026

^{viii} “Mother Teresa,” HISTORY.com Editors, Last updated February 27, 2025, <https://www.history.com/articles/mother-teresa>, Accessed March 27, 2026

^{ix} Walsh, J. A Hospital Employee Broke The H7N9 Bird Flu News Over China's Twitter. *Business Insider.*, April. 24, 2013. <http://www.businessinsider.com/news-of-the-new-h7n9-bird-flu-weibo-2013-4>. Accessed May 15, 2013.

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