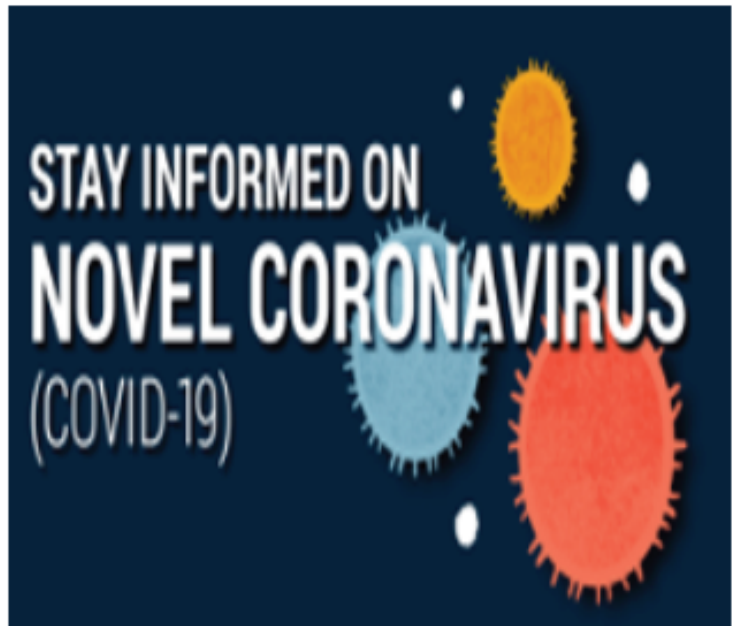
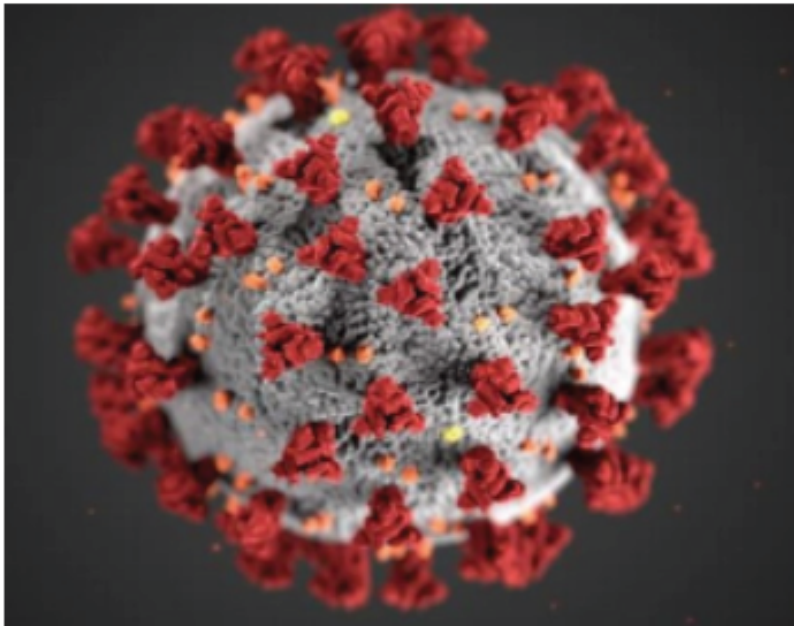


# St. Paul A.M.E Church



## COVID-19

### Response & Management Plan

The St. Paul A.M.E. Church  
Emergency Response Task Force members:  
Rev. Nicholas Genevieve-Tweed, Pastor  
Steward Board  
Trustee Board

# Phased Response

In light of the global COVID-19 pandemic, and in consideration of World Health Organization preparedness guidelines along with guidelines issued by the Bermuda Government, St. Paul A.M.E. Church is adopting the following

## **Response and Management Plan:**

### **PHASE 1**

#### **Scenario: No known COVID-19 cases in Bermuda**

- Identify Individuals who will be responsible for Phase 1 (i.e. Medical Personnel, Communications, Cleaning Supervision) implementation, management and oversight.
- Increase sanitizing of all public areas including doorknobs and handles, faucets, lavatory handles, and other high traffic areas that people touch in addition to the cleaning of pews, pew covers, chairs, tables and banisters.
- Mandate: Ushers wear gloves.
- Have sanitizer available for use.
- Provide alternative ways for members to continue to honour their stewardship commitments.
- Bible Study, Choir Rehearsals and non-essential meetings will be suspended until further notice.

### **PHASE 2**

#### **Scenario: No known COVID-19 cases in Bermuda - Increase of self-quarantined persons and heightened Government warnings.**

- All of Phase 1 plus Social Distancing.
- Reduce number of persons per pew.
- If required, we will move the Worship Service to Centennial Hall to allow for individual seating for Social Distancing.

### **PHASE 3**

#### **Scenario: In the event of confirmed cases/outbreak of COVID-19 in Bermuda.**

- In the event of an outbreak all public worship services will be suspended and we will move to live-streaming via our Facebook Page.
- Essential participants in addition to the Pastor:
  - Musicians
  - Praise Team
  - Audio Team Person/s
- Provide ways for people to Tithe/Give their offerings.

We will provide members with constant updates regarding our operational status via our social media platforms: Website, Facebook Page, Instagram, YouTube Channel, E-mails and Whatsapp.

Stewardesses will wear gloves when preparing the elements. Communion will be served by ministers wearing gloves with persons standing single file observing the 3' rule.

## **Guidelines for Bermuda's Faith-Based Community In preparation and response to severe infectious disease outbreak**



With the reality of the current outbreak of Corona virus showing its shadow to the people of Bermuda, the Faith-based Community have an opportunity for a 'teachable moment' about how to prepare for and respond with out Government to this widespread contagious disease. As we plan, there are two items to address. What can/should be done NOW, and what may be necessary LATER.

### **What to do NOW:**

1. Form the church into groups. Seniors, vulnerable, mothers with babies and young children.
2. Create a task force to coordinate the church's response within your congregation.
3. Name one person the primary contact person for all messages related to the response.
4. Reach out to members of the community that visit your churches, or weekly ministry who are Seniors, or vulnerable.

### **Provide alternative spiritual care for those who cannot attend worship or other functions due to these precautions:**

1. Have your Elders join you in your weekly ministry to the church members.
2. Be aware of needs in your congregation and develop a list of individuals from the congregation who may have special needs in the event of a medical emergency, and define how the church can be involved in their support.
3. In the giving of Tithes & Offering, Building Fund, Missions Fund. Set up an on-line giving system with your local bank of you don't have one. To those members of the church who don't use on-line banking. have your deacons and those of the treasury department make visits as needed to your parishioners.
4. Have a member care group that explores how to provide palliative care and nutrition support to those members who are unable to care for themselves that live alone with no family.

### **Care and Support for ongoing Ministry to the Community: Food pantry ministry is a wonderful way of reaching the community with the gospel in shoes.**

1. Discuss a plan to continue operations within the guidelines for public gatherings and with precautions not to spread the flu.
2. Have your community food ministry team continue ministering to the community with mask and gloves if they are able. **cont'd. on page 5**

# Critical preparedness, readiness and response actions for COVID-19

Interim guidance  
16 March 2020

WHO/COVID-19/Community\_Actions/2020.2



Table 1. Critical preparedness, readiness and response actions for each transmission scenario for COVID-19

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
<b>Transmission scenario</b>	No reported cases	One or more cases, imported or locally acquired.	Most cases of local transmission linked to chains of transmission.	Outbreaks with the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
<b>Aim</b>	Stop transmission and prevent spread	Stop transmission and prevent spread	Stop transmission and prevent spread	Slow transmission, reduce case numbers, end community outbreaks
<b>Priority areas of work</b>				
<b>Emergency response mechanisms</b>	Activate <a href="#">emergency response</a> mechanisms	Enhance <a href="#">emergency response</a> mechanisms	Scale up <a href="#">emergency response</a> mechanism	Scale up <a href="#">emergency response</a> mechanism
<b>Risk communication and public engagement</b>	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .

<b>Case finding, contact tracing and management</b>	Conduct <a href="#">active case finding</a> , contact tracing and monitoring; <a href="#">quarantine of contacts</a> and isolation of cases.	Enhance <a href="#">active case finding</a> , contact tracing and monitoring; <a href="#">quarantine of contacts</a> and isolation of cases.	Intensify <a href="#">case finding</a> , contact tracing, monitoring, <a href="#">quarantine of contacts</a> , and isolation of cases.	Continue contact tracing where possible, especially in newly infected areas, <a href="#">quarantine of contacts</a> , & isolation of cases; apply self-initiated isolation for symptomatic individuals.
<b>Surveillance</b>	Consider testing for COVID-19 using existing respiratory disease surveillance systems and hospital-based surveillance.	Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Expand COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Adapt existing surveillance systems to monitor disease activity (e.g. through sentinel sites).
<b>Public health measures</b>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>
<b>Laboratory testing</b>	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">WHO case definition</a> and symptomatic contacts of probable/confirmed cases; test patients identified through respiratory disease surveillance. If testing capacity is overwhelmed prioritize testing in health care settings and vulnerable groups. In closed settings test the first symptomatic suspect cases.
<b>Case management</b>	<a href="#">Prepare to treat patients</a> , Ready hospitals for potential surge	<a href="#">Treat patients</a> and ready hospitals for surge; develop triage procedures	<a href="#">Treat patients</a> and ready hospitals for surge; enhance triage procedures; activate surge plans for health facilities	Prioritize <a href="#">care</a> and activate triage procedures. Scale up surge plans for health facilities (designate referral hospitals, defer elective procedures)
	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health systems	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system	Activate surge plans for health facilities (designate referral hospitals, defer elective procedures)	Implement self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health systems
<b>IPC</b>	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Retrain staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19
	Prepare for surge in health care facility needs, including respiratory support and PPE	Prepare for surge in health care facility needs, including respiratory support and PP	Advocate for <a href="#">home care for mild cases</a> , if health care systems are overwhelmed, and identify referral systems for high risk groups	Implement health facilities surge plans
<b>Societal response</b>	Develop all-of-society and business continuity plans	Implement all-of-society resilience, repurpose government and ready business continuity plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans

3. Serve takeout meals if you must. But in the event, someone needs a place to sit and eat, have chairs set out in a well-ventilated hall where only less than 50 people can eat.
4. If someone from the community seems to be sick or with a cold, encourage them to seek medical help.

In the abundance of caution, and safety of your parishioners, and volunteers who attain your church. These are some commonsense measures churches can take now.

1. Urge your congregations to make decisions about worshiping on what's best for their community and for the people gathered for worship.
2. The decision on whether church services should be canceled "is between each congregation and their leaders.
3. Determine what is best for community and the individuals who gather for worship in your church.
4. Take common sense precautions to slow or prevent the spread of the flu among members:
5. Encourage ill members to stay home.
6. Ask members to sit in alternate rows, to provide the recommended 3' social distance during an outbreak.
7. Train ushers to assist members who come to church. Tissues, small bottles of sanitizer, masks and gloves can help.
8. In addition to encouraging members to wash their hands, have alcohol based hand sanitizers (containing at least 60% alcohol) in easily accessible areas, like outside of bathrooms or at entrances.
9. Increase diligence when cleaning kitchens, restrooms, classrooms, and publicly used spaces. use disinfectant spray on all hard surfaces, including door handles.
10. Turn off and mark all water fountains "do not use".
11. Increase the supervision of small children in hygiene habits (day care and church school services.)
12. Fist-bumping, waving or nodding during the passing of the peace.
13. Consider providing education resources for members that encourage best health practices.
14. Reinforce to worshipers that whether they participate in any part of the life of the church is up to them and that other worshipers should honor those decisions and avoid making judgments.
15. Participate in worship and other church activities to your own level of comfort.
16. Avoid touching your face.
17. Stay informed as to the status of COVID-19 changes, it is important to stay up to date on the latest information from the Government and the Department of Health.

## **Possible modifications to church services, which are up to the discretion of the pastor and church leaders.**

1. During communion, avoiding the shared loaf of bread and communion cup.
2. Depending on the needs and context of the community, pastors and their congregational leaders may consider worshiping in small hybrid gatherings.
3. Live-streaming is another way of reaching your parishioners with worship services, and midweek prayer services or daily prayer services. There is a widely accessible platforms for video-conferencing and live-streaming include Facebook Live, Google Hangout, Periscope, Skype, YouTube, Zoom, audio copy of the service via your website, and live TV to name a few.
4. Contact local radio stations to explore remote feeds or taped worship.
5. Contact the local Cable TV network about broadcasting videotape of worship services, church messages, or other events.
6. Ask your computer Internet service provider about podcasts and live Internet feeds of worship, or other events. While the initial investment may be costly, this could open up a whole new ministry for those unable to attend church.
7. Talk to vendors and utility companies about reduced operations at the church due to closures , and bills.
8. Plan for continuing office operations.

## **Resources**

Provide educational resources in simple, easily understood form.

1. SIGNS - Have signs reminding people to wash their hands with soap and water frequently.
2. BULLETIN INSERT - Create a bulletin insert encouraging best health practices. inform members about "social distancing" so others will not be offended by lack of hugs or handshakes.
3. HANDOUTS - prepare information (in languages of the congregation) about caring for a member who has the flu. Include information about what services the church has available to help with home care.

## **What may be necessary LATER**

### **Continuation ministry plan in a pandemic:**

1. In the method for containing the spread of a disease is to require social isolation of infected people.
2. Reduce opportunities for social contacts among the non-affected.
3. Have a plan for (canceling services and activities) in the church and community mission programs.
4. Have a plan for governance and decision-making, considering the inability to meet face to face. Conference calls might be used to conduct session business; actions would need to be confirmed at a regular meeting following the lifting of restrictions, or have electronic meetings.



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