

The United Church of Canada Emergency Plan



Prepared by the Duty of Care Office
Congregational, Educational, and Community Ministries Unit
General Council Office
The United Church of Canada/L'Église Unie du Canada

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Emergency Situations in the Faith Community

Emergency situations are a potential reality for all communities. Taking the time to plan how we would respond to the day-to-day needs of our faith communities during such events is essential.

In times of crisis, the faith community is often the first place people turn to for support, particularly if the emergency has widespread health implications. Yet the very nature of being a community adds an increased level of risk if the emergency involves the spread of a respiratory (droplet) infection. How would we continue to offer ministries both on Sunday mornings and throughout the week without putting our ministry personnel, lay people, and participants at risk?

The church's mission will guide us to do what is right:

- to love one another as Christ loved us
- to provide hope and compassion
- to take action and respond to community need

In the following plan, emergency protocols are discussed in three areas—"General Council Office Response," "Conference and Presbytery Guidelines," and "Congregational Guidelines." The protocols outlined have a specific focus on a pandemic, but they could be adopted as appropriate for other emergencies.

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I Theological Reflection and Introduction

A. Faith Not Fear

In the following pages you will find plans for eventualities that we hope will never come to pass. While we hope that such emergencies will not arise, it seems wise to contemplate their possibility in order to respond faithfully, compassionately, and responsibly. Great care and consideration has gone into the preparation of these plans. I commend them to you.

When emergencies arise it is often people of faith who respond to the need around them. With this resource we are able to do so in ways that are genuinely helpful and that do not lead to putting others or ourselves in positions of unnecessary risk.

Throughout the gospels, angels and Jesus repeatedly admonish Jesus' followers to "Fear Not!" Fear is perhaps the greatest source of danger when we face an emergency. Fear brings out much of what is ignoble in human nature—suspicion, exclusion, racism, bigotry, violence, and unreasoned reactions to actual danger. The intention of these plans is to allay rather than stimulate fear in a world increasingly ruled by the forces of terror. The plans give shape to what our faithful discipleship in the midst of crisis might look like.

As followers of Jesus we have a well of spiritual strength and faith from which to draw if tragedy strikes. That confidence is grounded in our knowledge that, as the apostle Paul puts it, "**...neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor any powers,** nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord." (Romans 8: 38-39)

The dangers may be real and are to be respected, but we trust that we are in God and God is in us, always.

Peace be with you,

A handwritten signature in cursive script, appearing to read "D. Giuliano".

David Giuliano (The Right Reverend)
Moderator

B. A Call to Prepare for Pandemic Influenza

Introduction

The World Health Organization (WHO) and leading influenza experts warn that an influenza pandemic “is inevitable and possibly imminent,” and that we are closer to such a pandemic now than at any time since 1968, the year of the last global epidemic. Both groups are concerned that the widespread distribution of Avian Influenza virus, Influenza A/H5N1, has the potential to ignite the next global epidemic: it is mutating rapidly, it is affecting new hosts (such as cats and tigers), it is rapidly expanding its geographic range, and it is highly pathogenic. In fact, since 2003, Influenza A/H5N1 has infected 317 people and killed 191 individuals.

Between February 2006, and April 2006, 32 countries in Africa, Asia, Europe, and the Middle East, reported their first cases in birds. This spread marked the fastest and most extensive geographical spread of any highly pathogenic influenza virus since the disease was first described in 1878. The virus has now affected some of the world’s most densely populated and impoverished regions—areas poorly served by health care and surveillance systems.

Although public health officials are concerned about Influenza A/H5N1, no one can predict if, when, or where it (or another subtype) will shift from an avian strain with incidental human infections to a human-to-human virus. Regardless, the World Health Organization uses a six-phase pandemic alert system. The world is currently at phase 3, meaning that a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably.

Because of the pandemic threat, in January 2006, UN Secretary General, Kofi Annan, warned of the possibility of human-to-human transmission of the Avian Influenza virus unless the international community pulled together in a massive effort to combat the virus. On December 6, 2005, Michael Chertoff, Secretary of Homeland Security, et al., appealed to the American business community: “We are requesting that you, as a business leader, focus on the need for planning within your organization for the possibility of an influenza pandemic.... Your business should develop specific plans for the ways that you would protect your employees and maintain operations during a pandemic.”

Responsibility

The WHO is coordinating the global pandemic effort, while countries around the world are preparing national plans; and businesses throughout North America are developing pandemic preparedness and business continuity plans.

The church has a unique role to play in preparedness, response, and recovery as it provides service to the whole family, unlike business, which largely looks after employees, and schools, which care mainly for children and adolescents. Collaboration between public health agencies and churches will be essential in protecting the public’s health and safety if, and when, an influenza pandemic occurs.

The Church: Addressing Ethics

The church might serve as part of a group of stakeholders responsible for addressing ethical issues relating to pandemic influenza, such as determining who receives antiviral drugs and vaccines, and how to address moral distress that employees might experience in choosing between family and work. Although ethics are being addressed increasingly by, for example, the Canadian College of Health Service Executives, the Center for Infectious Disease Research and Policy, the Toronto Academic Health Sciences Network, and the University of Toronto Joint Centre for Bioethics, current questions focus mainly on health care workers, scarce resources, and social-distancing measures.

The Church: Pandemic Preparedness

In order to prepare and protect its congregations, the church must first establish its own pandemic preparedness plan, including a plan to protect employee health and well-being, a plan to maintain functionality, and a plan to communicate with emergency managers, government, and the church's congregations, community groups, and all stakeholders. The church must examine every one of its activities and services in order to identify those that may facilitate the spread of the virus from one person to another, and then modify its activities as necessary.

Church planners should therefore consider the precautionary principle: "Where an activity raises threats of harm to the environment or human health, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically." The precautionary principle can be likened to the common sense idea behind many deep-rooted axioms, such as "better safe than sorry," and "first do no harm." Key elements of the principle include taking precaution in the face of scientific uncertainty, and using democratic values to carry out and enforce the principle. The church might survey its employees and congregants—making sure that the appropriate members of both communities are given the opportunity to give their perspectives regarding the current pandemic threat, and, most importantly, the necessary action. The church will need its staff's and congregation's advice, help, and approbation; if there is no compliance, even a flawless plan cannot be implemented.

The church should maintain contact lists for ministers trained in crisis counselling as well as lists of church members, so that religious leaders might check in with families in order to provide comfort and support during and after a pandemic. The church can also serve as a point of information for families and should consider developing various methods to communicate information (including local newspaper announcements, pre-recorded phone messages, and websites) about pandemic status and the church's actions.

Telecommuting is thought to be important as both a method of communication and as a social-distancing measure. A key question, however, must be, "Will Internet, satellite, and telephones, and so forth, be able to meet the surge in demand over a sustained period of 12–24 months, and a widespread geographic area?" Telecommunications were disrupted throughout the world on April 8, 2005, the day of the funeral mass of Pope John Paul II. And the chaos that followed Hurricane Katrina, an event limited in space and time, was magnified by the failure of communications networks; for example, cell phones stopped working when cell towers failed, back-up batteries were depleted, generators ran out of fuel, and satellite and VoIP phones were bogged down with uncontrolled traffic.

The church should make congregations aware of the possibility that officials may close churches to slow the spread of the influenza virus. The *Toronto Daily Star* reported in October 1918, that “The Provincial Board of Health...sent telegrams to all Bishops of Quebec, notifying them that the churches must again be closed next Sunday on account of the epidemic of influenza.” In Chatham, Ontario, it was reported that “The influenza situation here is improving but the Board of Health deems it wise to continue the ban on public meetings, and there will not be any church services on Sunday.”

If today’s church members are aware of the possibility of closure, there is likely to be less concern and confusion during any transition to alternative styles of worship or counselling activities.

The church could also be instrumental in encouraging families, as well as service clubs, to prepare for an influenza pandemic. Families might consider storing food and water, since shops could lack supplies, or restrictions and sickness could prevent travel. Families might also have medicines, non-prescription drugs, and other health supplies (e.g., fluids with electrolytes, pain relievers, and prescribed medical supplies such as glucose monitoring equipment) on hand. Families should review public health measures to reduce the risk of contracting or spreading influenza during a pandemic (e.g., avoiding non-essential travel and large crowds whenever possible and maintaining good basic hygiene). Families might also consider recording health information for each member (e.g., allergies, blood type, current medications/dosages, emergency contacts, family physician, and past/current medical conditions).

Finally, the church could help in organizing volunteer efforts, including training members of the congregation to provide emotional or spiritual care. In 1918 in Toronto, the Medical Officer of Health, Dr. C.J.O. Hastings, asked the pastors of all denominations “to repeat from their pulpits the appeals made on the two previous Sundays for volunteer workers to assist in the fight against the invisible foe.”

Pandemic: Predicted Impacts

The World Health Organization estimates 2 to 7.4 million deaths globally for a pandemic—a conservative estimate based on the mild 1957 influenza pandemic. Estimates based on 1918 are 50 million deaths worldwide.

Predicting the specific characteristics of a future pandemic virus is difficult. Nobody can predict how pathogenic a new virus will be and which age groups it will affect; today most cases of H5N1 have occurred in previously healthy children and young adults. Regardless of the numbers of dead, protocols must be developed to prepare for excess mortality and to handle bodies in a safe and respectful manner.

In 1918, upwards of 50 million people succumbed to Spanish flu in a global population of 2 billion people—and this is a conservative estimate, as it is believed that 25 million may have died in India alone. Many researchers now estimate the number of dead at 100 million. Spanish flu killed more people than the Black Death of the Middle Ages, more people than all the fighting of the First World War, more people than AIDS has to date, and, remarkably, Spanish flu killed in a period of just one year.

Today, public health authorities predict that up to 60 percent of the workforce will be too ill or frightened to leave home and will not attend work. Employee absenteeism could ground planes and close daycares, grocery stores, schools, and other public places. For example, SARS [in 2003] cost the Canadian Public Health system \$945 million, and, conservatively, cost the economy \$4 billion.

In 1918, the losses to business throughout the world were staggering. Merchants suffered because customers were too ill to shop, staff were absent with flu, and transportation was halted. In Montreal, 10,000 railway workers were off the job with flu. Pool halls, restaurants, and theatres all lost heavily, but it was the insurance industry which was perhaps the hardest hit; in London, England, the Prudential Assurance Company paid out two times as much in flu claims as it did in war claims.

The Church: Response

During an influenza pandemic, the church will face hard ethical dilemmas, as church leaders will want to provide guidance and support to their congregations, but must do so in a manner respecting the safety of the community. In 1918, religious leaders faced the same challenges. During the pandemic, a Toronto cleric argued that the closure of churches was “unwise, unnecessary, and un-Christian.” He further claimed that, “In the Bible people are told to call upon God in the day of trouble, and [God] would hear them. There are numerous cases in the Old and New Testaments of [people] getting nearer to God in the time of distress and affliction. The churches should be open at all times so that people might enter and pray without ceasing that the present epidemic of influenza and pneumonia might be abated.”

The Church: Recovery

After a pandemic, millions of Canadians will be affected in profound ways—from depression due to the loss of friends and relatives, to financial loss resulting from disruption to business. Churches, corporations, governments, and society will have to ensure financial, psychological, and social support for affected families and companies and the rebuilding of society.

Should a pandemic occur the church must be able to rise to the largely unprecedented challenges; the leadership must be credible, competent, and prepared if it has to step into the unknown, rally church leadership, and bring genuine comfort to its congregations.

Therefore, in the event of a pandemic, we must unite as Canadians did in 1918, and as we did for the 9/11 terrorist attacks, the Asian tsunami, and Hurricane Katrina.

Kirsty Duncan, PhD FSAScot
© July 7, 2007

II General Council Office Response/Protocol

A. Communications and Administration

The General Council Secretary and General Council Ministers with the Emergency Coordinator will determine when to implement policy, protocol, and communications.

Communications

1. General

- The central point for communications and administration nationally will be the General Council Office, The United Church of Canada, Toronto.
- The primary point of contact with the media will be the Communications Officer—Mary-Frances Denis.
- As part of the communication strategy, the message received by all callers to any of the main General Council Office numbers will indicate the status of the offices at the time. The decision to change the message will be made by the Emergency Coordinator, who will provide the Manager, Office Services, with the message to be recorded.
- Staff members are to call the general switchboard number to find out the status, open or closed, of the General Council Office.
- The General Council Secretary will have the most current contact information for the Senior Leadership Team in order to facilitate communications and decision making at this level.
- Communications to Conference offices will be the responsibility of the General Council Minister, Regional Relations.

2. Coordination

- The Emergency Coordination Team will include:
 - General Secretary, General Council—Nora Sanders
 - General Council Minister, Regional Relations—Carol Hancock
 - Executive Minister, Resource Production and Distribution Unit—Dan Benson
 - Communications Officer—Mary-Frances Denis
- Program Coordinator, Worship and Liturgy—Betty Lynn Schwab
- The Emergency Coordinator, by default, will be the General Secretary.
- In the absence of the General Secretary, the role of Emergency Coordinator will be filled following the Leadership Succession Plan (see page 11).
- Contact for all Conference-identified coordinators will be the General Council Minister, Regional Relations—Carol Hancock.
- In the event that a pandemic has been declared, the Emergency Coordinator, or a named designate, will monitor the federal website, Health Canada (www.hc-sc.gc.ca/index_e.html), for information updates and develop messages to be communicated as appropriate.

3. Website

- The national website www.united-church.ca will be the primary point of communications for emergencies of a global or national nature.
- Information input will be by e-mail to the Web Team at webmaster@united-church.ca and will be provided by (in order of availability):
 - Duty of Care Program Coordinator—Beverlea Oag

- General Council Minister, Planning Processes—Janet McDonald
 - Program Coordinator, Committee Member Services—Diane Bosman
 - Information input will be by the Web Team—Senior Web Producer, Web Production Specialist, and Web Designer
 - The Senior Web Producer is responsible for ensuring adequate HR backup provisions through the Web Team.
 - The website must have the capacity/ability to be updated daily with prayers/devotions and other information as directed by need.
 - Coordination of providing daily prayers/devotions will be the responsibility of:
 - Program Coordinator, Worship and Liturgy—Betty Lynn Schwab
 - Executive Minister, Congregational, Educational, and Community Ministries Unit—Harry Oussoren
4. Overseas personnel
- In the event of an emergency which affects overseas personnel or overseas visitors, The United Church of Canada Emergency Protocol for Overseas Personnel will be implemented (see Appendix A).
 - The contact person within the General Council Office is Program Coordinator, People in Partnership—Patti Talbot.
 - All staff people travelling overseas are familiar with the basics of this protocol and have the necessary contact numbers.

Leadership Succession Plan

1. Primary contact point

- The General Secretary, General Council, is the primary point of contact for the General Council Office and national presence. In the event that the General Secretary is unable to fulfill the duties, the following leadership succession plan is followed:
 - General Council Minister, Resources for Mission and Ministry—Ian Fraser
 - General Council Minister, Programs for Mission and Ministry—Bruce Gregersen
 - General Council Minister, Regional Relations—Carol Hancock
- Conference Executive Secretaries are to have direct line of contact with the General Secretary or subsequent successor (by land line and mobile).

2. Spiritual direction

- The Moderator is the shepherd and spiritual leader for the General Council Office and a national presence. The role will be primarily pastoral, providing spiritual direction and faithful leadership.
- The policy regarding the administration of the sacraments by lay members is developed by the session or equivalent of the pastoral charge. The General Council provides advice and counsel nationally as do the Conferences regionally.

3. Essential services

- All units have a plan for ensuring the continuation of essential services in the event of an emergency.
- Executive ministers are to develop implementation strategies for how essential work within their units will be carried out in the event of an emergency.

Finance

1. Essential services

- Financial Services has a plan of action for payroll and other infrastructure to ensure continuation of services during an emergency/pandemic. Our third party payroll provider through its multiple office structure can ensure continuity of payrolls for both pensioners and staff.
- Procedures have been established giving authority to senior staff to authorize the production of the payroll.
- The cross training of staff ensures that key functions within the financial administration of the General Council Office will be addressed in an emergency situation where the usual staff people are unable to perform their work.

2. Salary continuation

- In the event that cash flow through the Mission and Service Fund is inadequate, emergency access to reserve funds can be arranged in consultation with the sub-executive of the General Council. Lines of credit have been established with the bank to provide funding for a payroll, and multiple signatures would be accepted as per our banking authorizations.
- In the event of longer term cash flow issues, funds would be accessed by liquidating investments from our money manager. Authorized signatures have been established to ensure salary continuation.
- Human Resources policy is in place re: the pay of staff unable to work due to quarantine or sick family members.

B. Human Resources

Preparation/Prevention

1. Promote the establishment of working groups/committees.

- Conferences/presbyteries/districts will promote issues around wellness/hygiene (flu shots, self care, hand washing, food preparation, cleaning of dishes and sacred vessels, etc.).
- Congregations/pastoral charges will develop their own plans regarding emergency planning and preparation with an emphasis on pandemic preparedness (see Appendix B, page 25, for Congregational Templates). Congregations are encouraged to network with the local community emergency services to understand their role within the broader community.

2. Prevention measures

- All staff members are encouraged to get an annual flu injection.
- Basic medical and hygiene information will be made available.
- A link is provided on the church website to provincial Ministry of Health and emergency preparedness websites.

3. Links are provided to websites relating to emergency and pandemic preparedness.

Pastoral Care

1. A "care system" for the General Council Office staff is implemented as directed by the Emergency Coordinator.
2. The Program Coordinator, People in Partnership, in partnership with the Emergency Coordinator, prepares and provides communication and pastoral care as needed with family members of overseas personnel.
3. Post emergency/pandemic employee assistance is available through the Employee Assistance program. The Employee Assistance Provider (EAP) is aware of special needs and the support that is available.

III Conference and Presbytery Guidelines

A. Communications and Administration

1. The Conference Executive Secretary or designate is the primary conduit of information between the General Council Office and the presbyteries/districts. This will include the communication of information from the presbytery/district to the General Council Office as may be determined by the Conference.
2. An Emergency Coordinator is identified for each Conference. This information is communicated to the General Council Minister, Regional Relations, at the General Council Office for the purposes of facilitating communication in the event of an emergency.
3. The Conference Executive Secretary needs to ensure that a plan/process is in place to facilitate communication with the presbyteries. The plan is developed in consultation with presbytery/district officers.
4. The presbytery/district is the primary conduit for communication with congregations/pastoral charges.

B. Human Resources

Promotion and Prevention

1. Working groups/committees are established.
 - Conference/presbytery/district task groups promote issues of wellness/hygiene (flu shots, self care, hand washing, food preparation, cleaning of dishes and sacred vessels, etc.).
 - Congregations have plans regarding emergency planning and preparation with an emphasis on pandemic preparedness (see Appendix B, page 25, for Congregational Templates). Congregations network with the local community emergency services to understand their role within the broader community.
2. Prevention measures:
 - All staff members are encouraged to get the annual flu injection.
 - Basic medical and hygiene information is made available.
 - A link is in place on the website to provincial Ministry of Health and emergency preparedness websites.
3. Guidelines for travel between communities that may be affected by an emergency or quarantine are developed in conjunction with local emergency services and health units. Such guidelines include how clergy will be recognized and received during an emergency, i.e., will they require identification or a letter of authorization to allow access?
4. Links to websites relating to emergency and pandemic preparedness are in place.

Pastoral Care

1. Conference Executive Secretaries make themselves aware of the impact the emergency, including a pandemic, has on the presbyteries/districts.
2. Conference Executive Secretaries encourage presbyteries/districts to update the Retained on Roll lists with those individuals who may be able to assist during an emergency including a pandemic.
3. Conference Executive Secretaries ensure post emergency/pandemic employee assistance is available. This includes discussions with the Employee Assistance Provider (EAP) to identify special needs that may result and the support that may be available.
4. Presbyteries/districts ensure worship, including administration of sacraments, is available in congregations/pastoral charges.

IV Congregational Guidelines

Sooner or later the local community is likely to be faced with an emergency situation. This may be a health related emergency such as a serious outbreak of disease or a pandemic, a physical or “natural” disaster, or something totally unforeseen. As Christians, we are to face such emergencies with trust in God and compassionate and hopeful concern for people.

As members of a Christian faith community, we share Christ’s compassion within our congregations and the wider community by being well-prepared and well-informed. In so doing, we minimize the impact of the disaster, including reducing the potential spread of disease, and enable our communities to return to a sense of normalcy as soon as possible. Clergy offer public reassurance through “the sacrament of presence” and being seen to be present. This may mean wearing the clerical collar even though this may not be customary.

A. Communications and Administration

1. Coordination

- The congregation/pastoral charge establishes/identifies an Emergency Preparedness Committee. The Committee serves as the link between the presbytery/district and the congregation(s) for communications during an emergency.
- Identify fan-out lists (telephone tree, e-mail lists, etc.) of all congregational members/attendees for speedy communication (e.g., service cancellations, prayer lists).

2. Preparation and training

- Offer sessions on disaster training and being equipped for emergencies.
- Work in cooperation with the local Ministry of Health units and/or emergency services.
- Network with local health, welfare, safety networks, funeral directors, and other service providers. Ensure contact details for these service providers are held by key congregational leadership.
- Be aware of local information and peculiarities, e.g., water supplies etc.
- Check congregational first aid kits and availability of trained first aid person.
- Encourage members to check and restock their own personal first aid kits and emergency kits.

3. Review the Congregational Guidelines for Health-Related Situations (page 19).

- Determine as a group how these procedures apply within your own context.
- Develop alternative practices for the “at risk” activities—greeting, passing the peace, communion, visitation, etc.
- Communicate reasons for change to the congregation before an incident occurs. This will help alleviate fears and concerns in the event modifications are implemented.

B. Human Resources

Leadership Plan

1. Ensure that a plan is in place to address how decisions will be made and key functions carried out in the event that traditional practices cannot be carried out.
 - All staff members are to identify back-up.
 - The Board Chair and Treasurer are to identify back-up.
 - Minister/Board Chair should each have a hard copy of the congregational roll.
2. Determine essential staff and duties that must be sustained.
3. Identify critical leadership roles and how they function during an emergency, e.g., pastoral team coordinator.

Pastoral Support

1. Congregations are encouraged to hold next of kin information, especially for members who live alone, if appropriate.
2. Establish pastoral “neighbourhood care” networks—remembering who is our neighbour.
 - Ensure they are reasonably small scale.
 - Ensure they are within walking distance, where possible.
 - Identify a leader/contact person for each network.
 - Distribute “care cards” containing essential information such as a phone fan-out list, pastoral contacts, prayer contacts, etc.
 - Build up and equip lay ministry networks, including and extending beyond those licensed.
 - Identify and brief lay people who can provide telephone support and prayer for those who are fearful or otherwise distressed.
3. Develop practices/protocols to contain the spread of infectious diseases between clergy and congregation members as well as between members themselves. Consider degrees of containment and utilize these during flu season as a good practice. This may include the use of passing the peace and a common cup.
4. Congregations are to purchase/assemble necessary protective equipment for ministry personnel and congregational activity use, e.g.:
 - alcohol wipes for common use of phones and keyboards
 - alcohol based hand sanitizer for use in welcoming/greeting people to worship, visiting, and travel communion kit

C. Liturgical and Sacramental Support

In some instances, it may not be possible to hold worship gatherings. In the event this occurs, it is important to uphold the community together in prayer. The following guidelines can assist in this area.

1. Train and equip lay leaders to offer appropriate support and prayer; to lead memorial services, agape meals, and sacraments; and elders (where no ministry personnel are available) to serve communion.
2. Promote morning and evening prayer as a dispersed community activity. Set a common time for community prayer so that individuals and families can feel part of a larger community of prayer. Where possible, ring church bells to indicate the call to prayer. Extend the invitation to common prayer to other faith groups within the community to extend the caring community. Hymns may also be indicated for those who find song a comfort. Congregations may be willing to loan hymnals or recorded hymns to members for use at home.
3. Take appropriate hygiene precautions to reduce the spread of infection particularly when ministering to those who are ill—use alcohol solution for hands, wear a mask, etc.
4. Clergy and pastoral team members are aware of local health protocols and are prepared to follow the direction of local public health units and health institutions.
5. Clergy are prepared to lead funeral services that are ecumenical and/or multi-faith, as appropriate.
6. Where the health emergency is severe, it may be necessary to hold memorial services during the post-emergency period for people to mourn and remember.

V. Congregational Guidelines for Health-Related Situations

From time to time, congregational activities may be impacted by health related concerns. This may be triggered by a specific emergency or warnings from public health, but it may also come from ministry personnel and/or congregational leadership.

The following table outlines the activities identified, the time for education (E), and the time for implementation (I). The phases are specific to the World Health Organization (WHO) as related to a pandemic, but using the definitions found in Appendix D (see page 28) congregations can adapt this to a less severe, local context, such as a severe outbreak of flu or related respiratory illness.

Education *before* implementation is necessary for a successful transition between phases. The more knowledge people have, the better they are able to prepare themselves to address the issues that may present. The local public health unit provides direction regarding public gatherings in the event of outbreaks of disease of any kind.

Activities	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
General Hygiene					
Hand washing	E, I	→	→	→	→
Hand sanitizing	E, I	→	→	→	→
Safe food handling techniques— contact local public health for guidelines	E, I	→	→	→	→
Worship Gathering					
What to do when ill	E, I	→	→	→	
Greeting/receiving parishioners (eliminating physical contact)	E		I	→	
Passing the peace—alternatives without contact	E		I	→	
Sitting apart at church	E		I	→	
Not gathering—implementing home prayers	E				I
Communion:					
a) Common cup & loaf	E, I	→			
b) Individual elements	E		I		
c) No communion	E			I	
Other Gathering					
Decrease non-worship gatherings:					
a) Governance meetings	E		I		
b) Christian education activities	E		I		

Activities	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
c) Social gatherings	E		I		
Stop non-worship gatherings:					
a) Governance meetings	E			I	
b) Christian education activities	E			I	
c) Social gatherings	E			I	
Visitation					
Visiting sick:					
a) At home	E		I	→	
b) Hospitals/nursing homes	E		I	→	
Communion for the sick	E		I	→	
Visiting/encouraging quarantined persons	E			I	→
Support services—shopping, errands, etc.	E			I	→
Administration					
Alternative means of conducting business	E		I	→	→
Home/Individual Education					
Flu vaccination information	E, I	→	→	→	
Emergency contact information	E, I	→	→	→	
In-home prayers	E		I	→	→
Food	E		I	→	

VI Educational Resources for Emergency Planning

The following educational information is provided to assist congregations to be proactive in developing healthy practices and to have a plan in place for an emergency situation.

Prevention Methods

Respiratory or droplet infections are generally spread through direct contact: hand to hand, or by droplets during episodes of talking, coughing, and sneezing. Risks include:

- shaking hands during or after the service
- passing the peace by physical contact
- receiving communion, especially with a common cup
- nursery and children's toys
- Sunday school rooms and activities
- coffee hour and social times
- visitation to hospitals, retirement homes, nursing homes, and to shut-ins

Hand washing is the most important weapon available to us to prevent the spread of infection.

Hand sanitizing is the next best alternative.

What can we do?

Educate people to care for their hands:

1. Post hand washing posters at every sink—washrooms, kitchen/kitchenettes. Signs are available from most public health units.
2. Provide soap dispensers at every sink.
3. Provide paper towels for drying hands and turning off taps.
4. Teach people how to wash their hands properly. Hold short clinics.
5. Provide alcohol-based hand sanitizers for use by greeters, ministers, and the congregation. These should be located where you enter the church building (at entrances) and as you enter/exit the sanctuary.
6. Teach people how to use waterless hand-sanitizers correctly.
7. Consider alternatives to be used by greeters and for passing the peace during high risk seasons of the year.

Hand Washing Steps

1. Use warm running water.
2. Hold hands down, fingertips at the lowest level.
3. Rinse hands.
4. Dispense soap into palm of hand.
5. Lather hands for at least 20 seconds.
6. Circle fingertips in the palm of each hand to clean well under nails.
7. Rinse hands from wrists to fingertips.
8. Obtain paper towel.
9. Dry hands.
10. Use paper towel to turn off taps.
11. Discard paper towel in wastebasket.

Hand Sanitizing Steps

1. Hands should be free of any visible debris.
2. Apply sufficient amounts of sanitizer to the palms of both hands, enough to thoroughly cover hands.
3. Circle fingertips in the palm of the opposite hand and alternate.
4. Rub hands together covering the entire surface of the hands until the hands are dry.

Prevention of Illness

1. Drink plenty of water/fluids.
2. Exercise regularly.
3. Eat a healthy diet.
4. Decrease stress.
5. Get enough rest.
6. Have the annual flu injection.
7. Wash hands often using soap and warm running water especially after coughing or blowing your nose.
8. Keep an alcohol based hand sanitizer handy.
9. Stay at home if you are ill.

Food Related Activities

1. Wash hands before preparing and handling food.
2. Practise good food handling techniques when preparing food items. This may include the use of protective gloves.
3. Use a dishwasher or hot soapy water and hot water for rinsing to clean dishes, coffee mugs, cutlery, and communion elements.
4. Contact the local public health unit for posters to post in food preparation areas.
5. Consider using disposable items when appropriate.

Sunday School Programs

1. Stock Sunday school rooms with hand sanitizers, waste receptacles, tissues, and the nursery with washable or disposable baby supplies.
2. Supervise children as they wash their hands prior to snack time.
3. Clean tables and washable surfaces with soap and water following each use.
4. Clean toys frequently using a disinfectant solution or, when appropriate, a dishwasher cycle.

Celebrating Communion

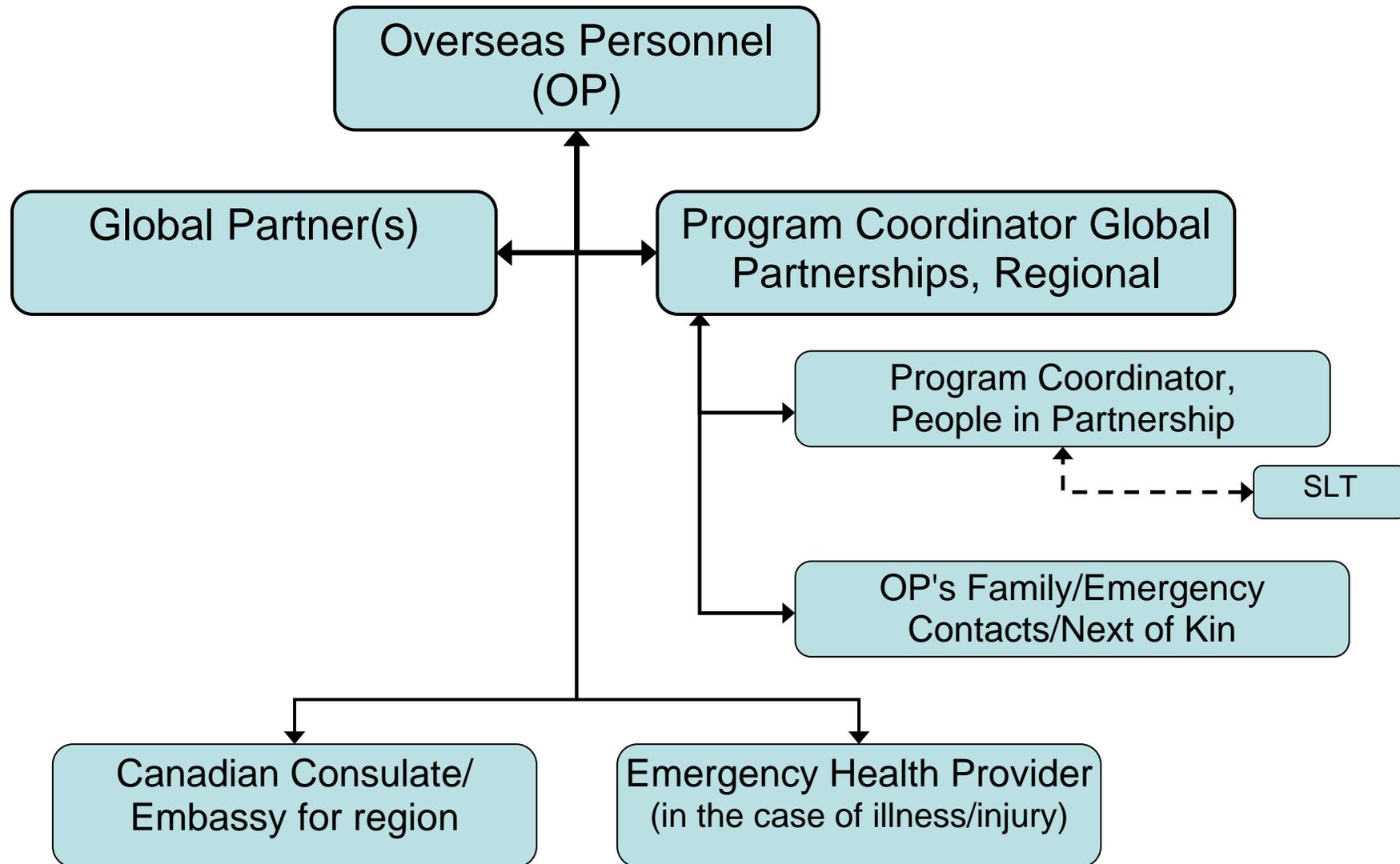
The common cup and loaf are important symbols in our liturgy of sharing in the life of Christ. However, when the spread of disease is increased by close contact or sharing of common elements, there may be concern over the use of a common cup and loaf. This is especially true during the Phase V stage or later of a pandemic. Here are suggested guidelines for the celebration of communion for each of the elements.

1. While the common cup continues to be an integral part of communion, consider these points when planning for communion:
 - a) Intinction is not a safe alternative and should be discouraged. (fingertips touching the juice is unavoidable)

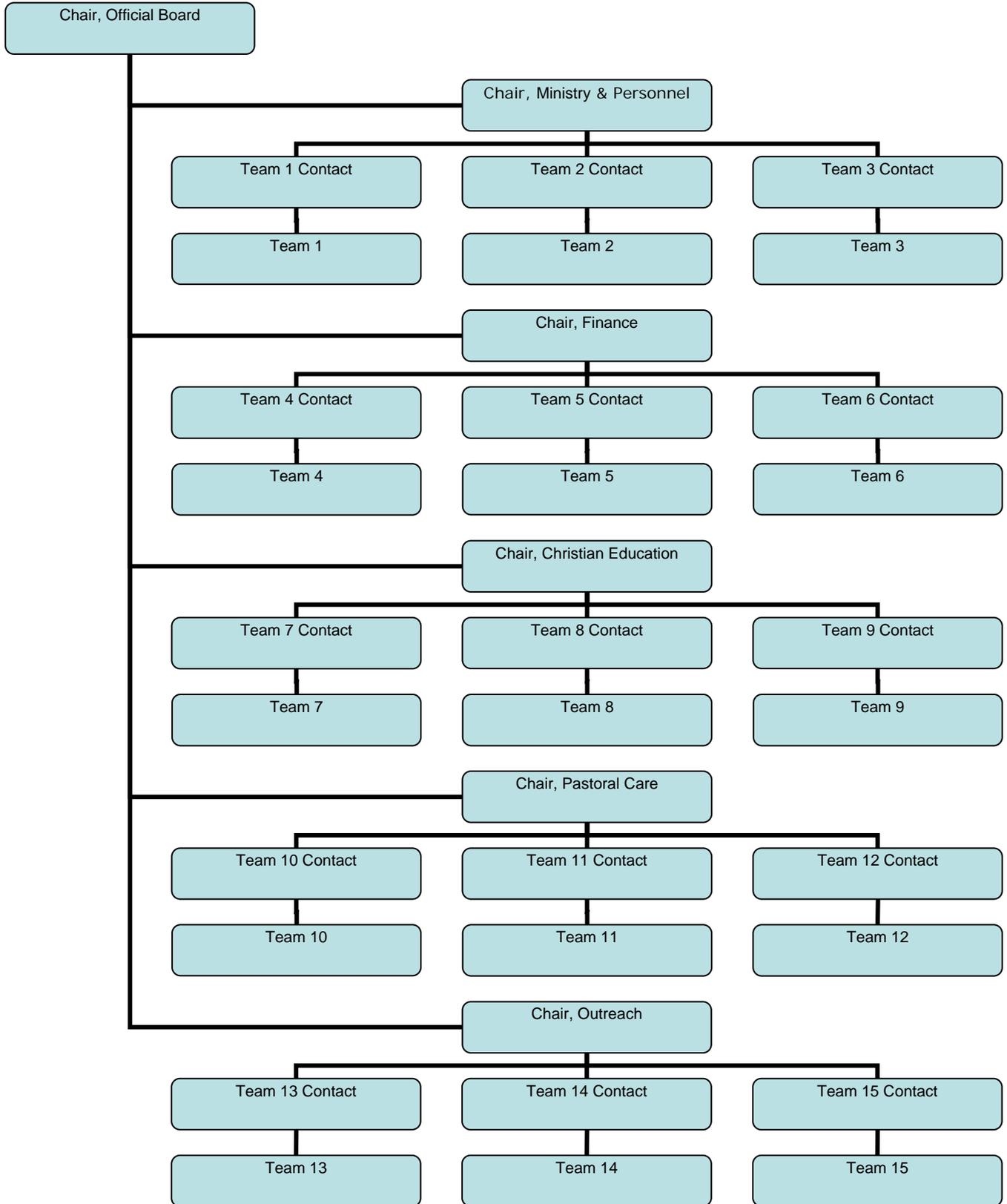
- b) Have the chalice as part of the communion table and only the minister partakes from the cup.
 - c) Have individual cups for communion juice. If glass cups are used, it is imperative that they are washed using very hot, soapy water and rinsed with hot water.
 - d) Keep the elements covered either with a cloth or supplied covers (for individual serving trays).
2. A common loaf is also a traditional part of communion. Having the loaf as well as an alternative may be a means of addressing concerns regarding the sharing of common elements. Consider the following:
- a) Have a large loaf on the plate with large cubes of bread in front to allow for those choosing not to share the common loaf.
 - b) Use only individual cubes.
 - c) Cover all plates with a clean cloth or supplied plate cover.
3. In the event that the sharing of communion is considered high risk and is not served, continue to have the elements—loaf and common cup—on the communion table.
4. Good hand washing techniques and safe food handling techniques should be used at all times:
- a) Hands and all surfaces should be washed well before handling the elements or the containers.
 - b) All containers are to be washed with hot, soapy water, rinsed, and dried before storing.
 - c) Elders should also practise good hygiene techniques, including washing hands prior to the start of the service. The use of alcohol based hand sanitizer is a discussion left to the congregation as to how it may or may not be utilized within the context of the service.

Several articles around the use of the common cup and health concerns are available. For more information, search the Internet using “Common Cup” as the search parameters.

Appendix A: Communication Flow for Overseas Personnel



Appendix B: Congregational Templates for Emergency Planning Committee



Appendix C: Congregational Resources

Prayers and Meditations

- Brooks, Jeremy, *A World of Prayers* (Grand Rapids, MI: Eerdmans, 2006).
- Denham, Joyce, *Circle of Prayer: Collection of Prayers and Blessings in the Celtic Tradition* (Oxford: Lion Publishing, 2003).
- Duncan, Geoffrey, ed., *Wisdom Is Calling* (Toronto: United Church Publishing House, 1999).
- Duncan, Geoffrey, ed., *Seeing Christ in Others* (Toronto: United Church Publishing House, 1998).
- Eaton, John, *Meditating on the Psalms* (Louisville, KY: Westminster John Knox Press, 2004).
- Glennon, Kathleen, *Heartbeat of the Seasons: Earth Rituals for the Celtic Year* (Dublin: The Columba Press, 2005).
- Harper, Jackie, ed., *Faithful Moments* (Toronto: United Church Publishing House, 2002).
- The Haufman Brothers, *On a Wing and a Prayer: Words of Comfort to Lift Your Spirit* (Eugene, OR: Harvest House, 2006).
- Klug, Lyn, *Soul Weavings: A Gathering of Women's Prayers* (Minneapolis, MN: Augsburg Fortress, 1996).
- McQuiston, John, *A Prayer Book for the 21st Century* (New York: Morehouse, 2004).
- Miller, James E., *Winter Grief, Summer Grace* (Minneapolis, MN: Augsburg Fortress, 1995).
- Radford Turcott, Betty, *Beside Still Waters* (Toronto: United Church Publishing House, 2004).
- Radford Turcott, Betty, *Follow Me* (Toronto: United Church Publishing House, 1999).
- Sheppy, Paul, *In Sure and Certain Hope: Liturgies, Prayers and Readings for Funerals and Memorials* (Nashville, TN: Abingdon Press, 2003).
- Sparks, David, *Prayers to Share—Year A* (Kelowna, BC: Wood Lake Books, 2004).
- Wallace, Robert A., *A Time to Gather* (Toronto: United Church Publishing House, 1993).

Online Resources

- "Daily" retrieved May 24, 2007 from www.presbycan.ca.
(<http://daily.presbycan.ca/>)
- "Daily Prayer" retrieved May 24, 2007 from www.cofe.anglican.org.
(www.cofe.anglican.org/worship/dailyprayer/)
- "Devotionals" retrieved May 24, 2007 from www.gospelcom.net.
(www.gospelcom.net/spiritual_walk/devotionals/)
- "Help your parish pray" retrieved May 24, 2007 from www.Parishalive.ca.
(www.parishalive.ca/weekatprayer.html)
- "Prayers for Peace" retrieved May 24, 2007 from www.trinitywallstreet.org.
(www.saintpaulschapel.org/PrayersForPeace.pdf)
- "Today's Scripture" retrieved May 24, 2007 from www.biblesociety.ca.
(www.biblesociety.ca/free_scriptures/todays_scripture/index.html)
- "Weekly Reflections" retrieved January 31, 2008 from www.united-church.ca.
(www.united-church.ca/exploring/prayers/reflections)

Service Resources

Celebrate God's Presence: A Book of Services for The United Church of Canada
(Toronto: United Church Publishing House, 2000).

Agape Meal – p. 551

Prayers following natural disaster – p. 564

Funeral or Memorial Service – p. 445

Lebens, Gertrude, *Out of Fire: Worship and Theology of Liberation* (Dundas, ON: Artemis Enterprises, 1992).

Emergency Preparedness

"Be Prepared, Not Scared" retrieved May 28, 2007 from www.redcross.ca
(www.redcross.ca/cmslib/general/p.pdf)

Safe Canada – Government of Canada Public Safety website, retrieved January 31, 2008 from www.safecanada.ca/menu_e.asp.

Emergencies and Disasters: http://www.safecanada.ca/topic_e.asp?category=4

Health Protection: http://www.safecanada.ca/topic_e.asp?category=10

Appendix D: Definitions of World Health Organization Phases

Period	WHO Phase	Description
Interpandemic Period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. Even if it is present in animals, the risk of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype (such as <i>Avian Influenza</i>) poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	There are human infections with a new influenza subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small clusters with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger clusters, but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (a substantial pandemic risk).
Pandemic Period	Phase 6	There is increased and substantial influenza transmission in the general population.
Postpandemic Period		Return to Phases 1 and 2.

Adapted from World Health Organization Global Influenza Plan
 (www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf)