

Ministry During Pandemic: From Awareness to Implementation



Street car conductor in Seattle not allowing passengers aboard without a mask. 1918. ⁱ

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Introduction

“While the Federal Government will use all resources at its disposal to prepare for and respond to an influenza pandemic, it cannot do the job alone. This effort requires the full participation of and coordination by all levels of government and all segments of society... perhaps most important, addressing the challenge will require active participation by individual citizens in each community across our Nation.”ⁱⁱ

*George W. Bush, President
United States of America*

What do you know about pandemics? Some people don't believe it's a real threat. Others believe it will be Armageddon. Chaplains and ministers will be essential partners in providing spiritual care ministry during pandemic. This caring ministry must begin with awareness, include preparation, and facilitate effective implementation of compassionate interventions that minister to the physical, emotional, and spiritual issues of people in need. Chaplains and ministers must understand the basics of influenza and pandemic. They must recognize its signs and symptoms while educating and preparing those in their care for prevention and treatment. From historical evidence, statistics, definitions, and current status, chaplains and ministers can begin the critical path of educating and preparing clients and institutions for the entirely possible occurrence of pandemic. What are the threats? What are the needs? What are the spiritual issues? Chaplains and ministers must begin the intentional preparation that puts them on the forefront of spiritual care ministry during pandemic. No one person or one agency will be able to meet the needs of the thousands—the millions—that may be affected by pandemic.

PART I AWARENESS

Chapter 1 Overview of Viruses and Pandemic

A pandemic is a global outbreak of disease. This has often occurred when a new strain of influenza virus emerges—one which people have not been exposed to and have little or no immunity. This flu virus causes serious illness in humans and can affect people of all ages, all cultural groups, and in all geographic locations. People are susceptible to this flu virus because they have either never been exposed to it or they have not been exposed to it in a very long time.

Pandemic: global outbreak of disease affecting unusually high numbers of people

Pandemics are different than the seasonal outbreaks of flu we see every year. Seasonal flu is less severe than pandemic and has less impact on the overall functioning of society. There are usually flu shots and nasal-spray vaccines available to help prevent epidemic proportions of seasonal influenza.

Pandemic flu has a critical impact on people

Pandemics usually last much longer than most seasonal flu outbreaks and can spread quickly and easily from person to person. Vaccines are often unavailable or only slightly effective. Pre-pandemic vaccines may and could be used until virus specific vaccines are developed for the specific strain of virus that had emerged. Consequently, there are many complicating factors for individuals, families, organizations, businesses, and governments.

Pandemics last longer than seasonal flu

Influenza attacks the respiratory system by destroying the cells that line the lungs and airways. People often develop bacterial pneumonia as a fatal result. When infected virus particles are spread through coughs and sneezes, they are inhaled deeply into the lungs of healthy people who quickly become infected, too. Influenza is spread quickly when people are closely confined, especially when they do not exhibit symptoms that would otherwise cause them to take more precautions. In our global society, influenza could spread worldwide in a matter of hours.

Influenza could spread worldwide in a matter of hours

Influenza may be caused by one of several different types of influenza viruses. COVID-19 is caused by a new coronavirus, SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). Here are some differences at a glance:

There are differences between influenza viruses and the novel coronavirus

FLU	COVID-19
Caused by any of several different types and strains of influenza viruses	Caused by one virus, the novel 2019 coronavirus, SARS-CoV-2
Transmitted from person to person through droplets in the air from an infected person coughing, sneezing or talking	Transmitted in the same manner and also might be spread through the airborne route, meaning tiny droplets remaining in the air even after the ill person is no longer near
May be spread by an infected person for several days before their symptoms appear	Believed to be the same manner, but the evidence is not yet clear
Antiviral medication can address symptoms and sometimes shorten the duration of the illness	Antiviral medications are being tested, but there are no clear results or confirmation
Vaccines are available and effective to prevent some of the most dangerous types	No vaccine is available at this time
291,000-646,000 deaths worldwide per year	10,067 deaths worldwide as of 3/20/20

The COVID-19 situation is changing quickly. Vaccines may be many months away and people do not have immunity to this new virus. The COVID-19 virus typically causes a significant infectious respiratory illness. Distressingly, the mortality rate of COVID-19 is thought to be higher than that of most strains of the flu.ⁱⁱⁱ

Terminology

As with all study and new subject matter, there is a language that is common to the topic of pandemic influenza. The words may be familiar but sometimes the meanings have specific applications to the topic. To avoid confusion, several words that are often used in relation to the study of pandemic influenza are listed below. These definitions are taken from www.cdc.gov, an official U.S. Government Web site managed by the U.S. Department of Health & Human Services (HHS). Some words to highlight include *pandemic*, *influenza*, *isolation*, and *quarantine*.

Know the language

Glossary from www.cdc.gov

avian flu: A highly contagious viral disease with up to 100% mortality in domestic fowl caused by influenza A virus subtypes H5 and H7. All types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be carried by migratory wild birds, which can carry the virus but show no signs of disease. Humans are only rarely affected.

antiviral: literally “against-virus” – any medicine capable of destroying or weakening a virus

CDC: www.cdc.gov - division of US Health & Human Services

COVID-19: A novel coronavirus, SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), which was identified by the WHO, causes this respiratory disease identified as COVID-19 (CO for corona, VI for virus, D for disease, 19 for 2019 the year it first appeared in Wuhan, China).

contagious: A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

epidemic: A disease occurring suddenly in humans in a community, region or country in numbers clearly in excess of normal.

H1N1: In 2009 H1N1 (sometimes called “swine flu”) a new influenza virus began causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus spread from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) declared that a pandemic of 2009 H1N1 flu was underway. H1N1 virus is still active.

H5N1: A variant of avian influenza, which is a type of influenza virulent in birds. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

HHS: www.hhs.gov - US Health & Human Services – protects US health

influenza: A serious disease caused by viruses that infect the respiratory tract.

isolation: A state of separation between persons or groups to prevent the spread of disease from sick people to people who are not sick. The first published recommendations for isolation precautions in United States hospitals appeared as early as 1877, when a handbook recommended

placing patients with infectious diseases in separate facilities. Isolation measures can be undertaken in hospitals or homes, as well as in alternative facilities.

pandemic: The worldwide outbreak of a disease in humans in numbers clearly in excess of normal. There were four influenza pandemics in the 20th Century and a coronavirus pandemic declared in March 2020.

panzootic: The worldwide outbreak of a disease in animals in numbers clearly in excess of normal.

parasite: An organism that lives on or in a host and gets its food from or at the expense of its host.

pathogenic: Causing disease or capable of doing so.

pre-pandemic vaccine: A vaccine created to protect against currently circulating H5N1 avian influenza virus strains with the expectation that it would provide at least some protection against new virus strains that might evolve. It would likely be the best vaccine defense available until a vaccine specific to the new strain could be developed.

prophylactic: A medical procedure or practice that prevents or protects against a disease or condition (eg, vaccines, antibiotics, drugs).

quarantine: The period of isolation decreed to control the spread of disease by separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick. Before the era of antibiotics, quarantine was one of the few available means of halting the spread of infectious disease. It is still employed today as needed. The list of quarantinable diseases in the U.S. is established by Executive Order of the President, on recommendation of the Secretary of the Department of Health and Human Services, and includes cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers (such as Marburg, Ebola, and Congo-Crimean disease). In 2003, SARS (severe acute respiratory syndrome) was added as a quarantinable disease. In 2005 another disease was added to the list, influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

seasonal flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.

social distancing: Social distancing is a term applied to certain actions that are taken by Public Health officials to stop or slow down the spread of a highly contagious disease. The Health Officer has the legal authority to carry out social distancing measures. Since these measures will have

considerable impact on our community, any action to start social distancing measures would be coordinated with local agencies such as cities, police departments and schools, as well as with state and federal partners. The CDC recommends staying at least 6 feet away from other people.

vaccine: A product that produces immunity protecting the body from the disease. A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces an immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

virulent: Highly lethal; causing severe illness or death.

virus: Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

WHO: www.who.int - directs and coordinates international health issues

History and Statistics

There is evidence that pandemics have existed and been recorded from very early history. Typhoid fever killed 25% of the Athenian troops during the Peloponnesian War in 430 B.C., small pox killed 5000 people a day in Rome during 165-180, bubonic plague killed 40% of the inhabitants of Constantinople in 541-750, the Black Plague decimated Europe in the 1340's, cholera has plagued the world from Bengal, India in 1816 to 1966 in Russia, and typhus, measles, and whooping cough eradicated New World populations with Old World diseases. Lest we think pandemics are limited to ancient history, today there are real concerns about Ebola, HIV, SARS, Avian Flu, and COVID-19.

Pandemics have included typhus, small pox, bubonic plague, cholera, measles, and whooping cough

New concerns are Ebola, HIV, SARS, and Avian Flu

Since the start of the twentieth century, there have been five influenza pandemics that caused worldwide havoc. The most notable of these occurred in 1918 and was first publicly reported in Spain although it was observed at Fort Riley, Kansas on March 11, 1918 and spread to 48 states in one week. The "Spanish Flu" was a category 5 influenza pandemic caused by a virus known as H1N1.

Five influenza pandemics since the start of the 20th century

Spanish Flu – 1918 Pandemic

Center for Disease Control Pandemic Severity Scheme

<i>Category</i>	<i>Case-Fatality Ratio</i>	<i>Example(s)</i>
1	Less than 0.1%	Seasonal flu
2	0.1% to 0.5%	Asian Flu Hong Kong Flu
3	0.5% to 1%	
4	1% to 2 %	
5	2% or higher	Spanish Flu

Fig. 1 **Pandemic Severity Scheme.** Released by the US Dept. of Health and Human Services, February 1, 2007.

Many of the Spanish Flu victims were otherwise healthy young adults rather than the typical victims of flu fatalities—elderly adults and those who were already in weakened conditions. The pandemic was recorded in the Arctic and even in remote Pacific islands. The death toll was once estimated to be 40-50 million worldwide and has in recent years been corrected to reflect twice that number, or a conservative 100,00 million—more than the Black Plague of the 1340's which eradicated almost 50% of the European population.^{iv} An estimated 2-20% of all persons infected died as a result of Spanish Flu. In the United States, approximately 500,000 to 675,000 people died while in India, 17 million died. In two weeks, 14% of the inhabitants of the Fiji Islands died of pandemic influenza. By October 1919, the influenza strain vanished.

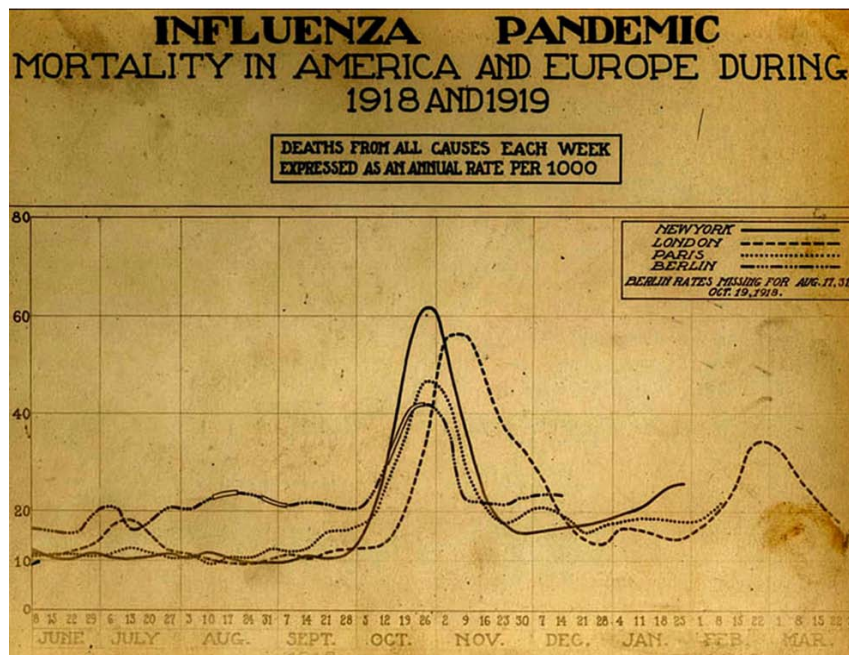


Fig.2 **The Spanish Influenza.** Chart showing mortality from the 1918 influenza pandemic in the US and Europe. Published: February 14, 2006. Nicholls H, PLoS Biology Vol. 4/2/2006, e50 in *Pandemic Influenza: The Inside Story*. Available online at <http://dx.doi.org/10.1371/journal.pbio.0040050>. (Image: courtesy of the National Museum of Health and Medicine)

The second pandemic influenza of the twentieth century occurred in 1957 as a category 2 influenza. The “Asian Flu” originated in China as a

*Asian Flu – 1957
Pandemic*

virus mutation in wild ducks that combined with a human strain of virus to become known as H2N2. The Asian Flu virus was first identified in Guizhou in 1956, spread to Singapore in February 1957, reached Hong Kong by April, and attacked the US by June, lasting until 1958. Approximately 70,000 people died in the US and depending upon sources, about 2 - 4 million worldwide.

The third major pandemic influenza occurred in 1968 and entered the US as troops returned from the Viet Nam War through California. This H3N2 virus originated in birds and infected humans and swine. The Hong Kong Flu mutated from the Asian Flu of 1957 and infected 50 million people in the US and about 33,000 of these died. The first record of outbreak was in Hong Kong on July 13, 1968 and by September it had reached all of Asia, India, the Philippines, Australia, Europe, and the United States. Within months it reached Japan, Africa and South America. Estimates record approximately 1 million deaths in 1968.

*Hong Kong Flu – 1968
Pandemic*

Since 1968's Hong Kong Flu, several other flu scares have occurred. In 1976, the Swine Flu scare originated at Fort Dix where five soldiers died within two weeks. President Ford issued a directive for vaccinations and about 24% of the US population was vaccinated before the program was cancelled. The most negative outcome of the Swine Flu scare was that about 500 people were diagnosed with Guillain-Barré syndrome after receiving the vaccinations and twenty-five people died of pulmonary complications—five times more than the Swine Flu itself.

Swine Flu – 1976

In 1977 the Union of Soviet Socialist Republics reported widespread epidemic of a mild influenza among their younger population—less than 25 years old—in schools and military populations.

Russian Flu – 1977

And in 1997, scientists were shocked to learn that humans had fallen ill and died as a result of being infected with a strain of H5N1 virus that was killing chickens throughout Hong Kong. The first human death was a three year old boy who died a slow and painful death after playing with infected chicks in a day school. As investigations continued, department officials

Avian Flu – 1997

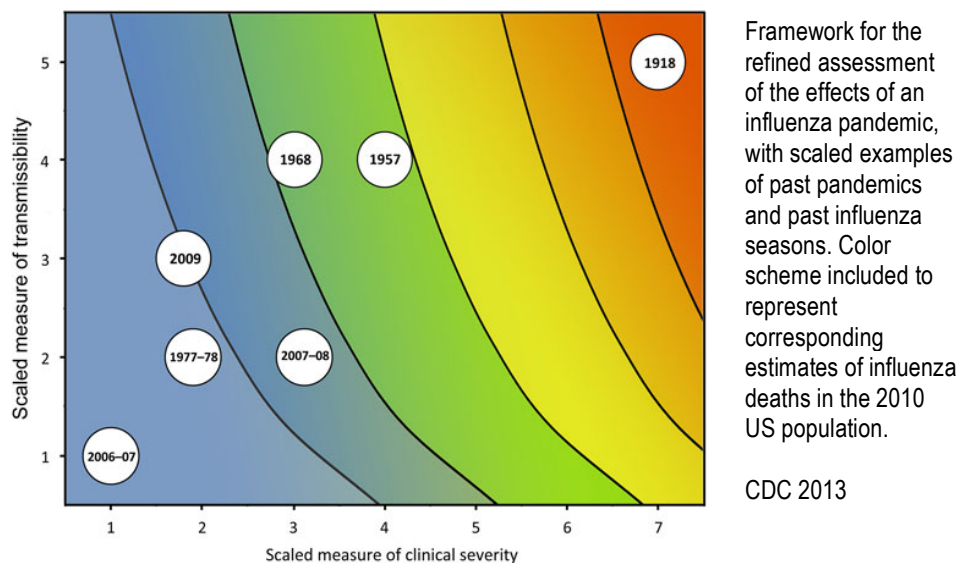
discovered a shocking truth—the H5N1 virus was being spread through the poultry farms and markets. By March 1998, 1.5 million birds had been slaughtered, but tragically after 6 people had already died from Avian Flu.

In early April 2009 the World Health Organization (WHO) called the initial outbreak of another flu epidemic the “A(H1N1) Influenza,” or “Swine Flu” by the American media. Later this outbreak was named “(H1N1)pdm09 virus pandemic” and specified as “Influenza A (H1N1)pdm09 Virus” pandemic. The WHO called it the “Pandemic (H1N1)09 virus.” The H1N1 virus had previously circulated globally for many years so many adults over 60 seemed to have some immunity while younger people seemed to have little or no existing immunity (as directed by antibody response). Globally, 80% of the deaths occurred in people under 65 years of age. Existing vaccinations offered little cross-protection against the new virus.

*H1N1 Flu -2009
Pandemic*

In August 2010, WHO declared an end to this global pandemic. However, this H1N1 virus continues to circulate as a seasonal flu virus.

The CDC estimated that there were 60.8 million cases and 12,469 deaths in the United States. Since the introduction of the (H1N1)pdm09 in 2009, the CDC estimates that 100.5 million illnesses, and 75,000 deaths have occurred in the United States through 2018. The CDC also estimated that 151,700-575,400 people worldwide died during this pandemic.



In our global society, pandemic influenza could spread worldwide in a few weeks. History could record that a new strain of influenza was identified in Hometown, USA and reach every continent by nightfall.

*Pandemic Influenza
can spread worldwide
quickly*

Status on January 1, 2020

There is currently no human pandemic influenza in the United States. Last month, on December 27, 2019, a hospital in Wuhan, China reported a cluster of dozens of cases of pneumonia from an unknown cause. On December 31, after notifying the local center for disease control and prevention, and local health commissions, the Wuhan CDC confirmed the cluster of pneumonia cases related to a seafood market in Wuhan.^v The potential epidemic is drawing national attention and the National Health commission in Beijing will send a team of experts to assess the cause of the outbreak of pneumonia.^{vi}

*No current pandemic
on January 1, 2020*

The Chinese government and Department of Health indicate that this is a form of viral pneumonia and there is no obvious human-to-human transmission. There are 27 cases identified.^{vii}

Status on March 29, 2020 – constantly evolving

In the past 89 days and at the time of this writing, we have observed life altering changes in the United States and global context. We are now struggling with a disease that is spreading quickly and has crossed many borders. On March 11, 2020, the World Health Organization (WHO) declared that this disease outbreak is a pandemic – COVID-19.^{viii}

*WHO declares a new
pandemic – COVID-19*

In these past days, we have learned of hundreds of deaths in many countries. Italy, Spain, China, Iran, France and the US have been most impacted. There have been travel bans, quarantines, closure of schools and businesses, and cancellation or suspensions of entertainment and sports events at every level. There have been entire cruise ship passengers and crews being quarantined.

Technology has improved our ability to receive information updates almost instantaneously via our cell phones and information overload seems

to both help us cope and terrify us simultaneously. The CDC and WHO maintain website with constant situation updates – probably the most reliable information for consumers. There are tip sheets, strategies for prevention and care, resources for further or more specific topical information, and relevant news and information. The most accurate information may be found at the following:

www.cdc.gov - division of US Health & Human Services
www.who.int - directs and coordinates international health issues
www.hhs.gov - US Health & Human Services – protects US health
www.state.gov - federal executive department – international relations
your local county health department – support health in your community

Government and agencies are collaborating

President Donald Trump has declared this a national state of emergency. The U.S. State Department (State Department) has committed millions of dollars in assistance and protective equipment for more than 25 countries around the world, including an offer to provide assistance and medical supplies to the Iranian people who have suffered the largest number of deaths outside of China.^{ix}

The US is actively collaborating and cooperating on a global scale to stop this pandemic

The US government is closely working with other countries, The Center for Disease Control (CDC), and with the World Health Organization (WHO) to strengthen detection methods and more accurately track the spread of influenza viruses. Scientists are working with COVID-19 and agencies are monitoring the spread, the testing for the virus, the latest case counts and other important data to stop the spread and impact of this pandemic. Health officials at every level of government are educating and preparing individuals and communities to prevent further spread of this virus and to increase effectiveness of treatment at home, in hospitals, and in other healthcare facilities.

You are a part of this movement to educate, prepare, and implement strategies to reduce the risk of pandemic influenza. As President Bush has stated during the H1N1 pandemic, “...perhaps most important, addressing the challenge will require active participation by individual citizens in each community across our Nation.”

We all have an important role in pandemic preparation and prevention

Chapter 2

Signs and Symptoms

Many people have experienced seasonal influenza or influenza-like symptoms. They are often associated with a “bad cold.” Sometimes family groups are affected by their close contact. In pandemic influenza, the onset of these symptoms may be sudden and severe and large populations would be affected, spreading globally within a matter of hours, days, or months.

Pandemic flu symptoms are more severe and onset is sudden

Pandemic influenza is an outbreak of a new form of influenza virus. Because people have no previous history with it and they have no natural immunity from it, they are very vulnerable to it. Because this influenza virus is new, there are also no vaccines already created to combat it. Therefore, the symptoms may rapidly progress and serious complications may develop, including pneumonia.

No pre-made vaccines for pandemic influenza

Although there is no certainty about possible symptoms, pandemic influenza will exhibit symptoms similar to seasonal flu—high temperature, cough, sore throat, stuffy or runny nose, muscle aches and pains, fatigue, shortness of breath, and general malaise. The CDC cautions about emergency warning signs such as difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips of face. While this is not an exhaustive list, one’s personal medical provider should always be consulted when there is concern about severe or concerning symptoms.^x However, the symptoms may be much more intense. Many people spread infectious virus particles without realizing they are seriously ill—they are asymptomatic to pandemic influenza (without noticeable symptoms).

People may spread pandemic flu because they are asymptomatic

Consult your own medical provider if you are concerned

Presently, the CDC advises that people over 60 and people with underlying health conditions are at the greatest risk. Anyone could contract COVID-19 and all ages have been impacted.

People over 60 or have underlying health conditions are most at risk

People should be on alert if flu symptoms become very severe or if they spread quickly to other people in several geographic locations. In a severe pandemic, 30% of the population could be affected and many would suffer from complications and die. The disease poses a serious public health risk.

Watch for flu symptoms that spread quickly to large numbers of people

Chapter 3 Prevention and Treatment

The WHO, the CDC, the HHS, and many state and local agencies—both private and public—are collaborating in efforts to prevent the spread of pandemic influenza. Once pandemic begins, it may not be possible to control its spread.

Government and agencies are collaborating to prevent pandemic influenza

Personal hygiene and education may be the two most effective methods to prevent the death tolls that pandemics typically cause. Preparedness planning includes measures to prevent contamination, prevent spread, and mitigate complications.

- Be informed
 - Learn about symptoms, prevention, and treatment
- Don't spread germs
 - Cover your cough and sneeze with tissues
 - Wash your hands frequently with soap and water 20 seconds, or use hand antiseptics and sanitizers
 - Stay home if you are sick
- Be prepared
 - Plan for the worst and pray for the best
 - Check with the CDC, WHO, US State Department when traveling

*Be informed
Don't spread germs
Be prepared*

Since there is no specific vaccine for this pandemic influenza (there is no way to know how the existing virus will mutate and what antibodies will be needed), there is no specific treatment for coronaviruses. The best that medicine can accomplish is treating symptoms and managing their severity.

There is no vaccine or treatment for this coronavirus

There are national drug stockpiles that include drugs such as Tamiflu®, an antiviral medication that treats and prevents flu while also reducing flu symptoms. No country in the world has enough antiviral medication to inoculate its entire population and stockpiled antiviral medications are often reserved for healthcare providers and first responders. Community Emergency Medication Centers will be established and mass prophylaxis will be provided. Most major and well-prepared communities have public health mass prophylaxis response plans in place. However, there is presently no anti viral for COVID-19.

Antiviral drugs are limited in supply

Healthcare providers will also provide antibiotics for secondary infections (e.g. bacterial pneumonia) and rehydrate people through intravenous fluids. In severe cases, infected people may also require oxygen therapy or even medical ventilators.

Severe cases will require specialized medical care

Once a pandemic has started, measures to mitigate its impact are drastic—tremendously inconvenient and economically devastating. During the Avian Flu scare of 1997, it required over 2,000 workers from seven governmental agencies in Hong Kong to cull 1.5 million birds (chickens, ducks, geese, quails, and pigeons) from poultry farms and markets, both retail and wholesale sites. “The Asian Development Bank estimated that the economic impact of SARS was around \$18 billion in East Asia, around 0.6% of gross domestic product.”^{xi}

Stopping an epidemic or pandemic may require drastic measures

Today we are experiencing cities, counties, states and even entire countries on lock-down. Stopping a pandemic requires drastic measures.

Pandemic will disrupt life as we know it

Vaccines

If pandemic influenza occurs, vaccines may not be available for six to eighteen months. Meanwhile, antivirals may only be available or dispensed to first responders, healthcare providers, and other essential personnel. Society, government, business, schools, and other institutions will be severely affected or disrupted—perhaps even closed. We will need to take individual measures to prevent sickness and prevent the spread of disease.

Vaccines will not be available for 6-18 months

There is presently no vaccine for the virus - SARS-CoV-2 – that causes COVID-19. About thirty-five companies and academic institutions are trying to create a vaccine for this new virus. Some human trials are imminently scheduled thanks to the Chinese researchers sequencing the genetic material so related studies could immediately begin. Because there were two other coronavirus epidemics (Sars in China 2002-2004 and Mers in Saudi Arabia in 2012, work on coronavirus vaccines had already started.^{xii}

There is presently no vaccine for COVID-19

Social Distancing

One of the most significant preventative measures that individuals and groups can employ is the principle of *social distancing*. Social distancing is a strategy to limit the spread of infectious diseases by minimizing social contacts that enable the transmission of viruses. This could include reducing the frequency of contact between people and reducing the closeness of contact between people – the CDC recommends at least six feet of separation between people. Generally, social distancing is a strategy to minimize social contact to limit the spread of disease.

Social distancing is a preventative measure to limit the spread of disease

Social distancing may include limiting and cancelling events that require large –or even small—assemblies of people in confined spaces. This might require people to temporarily alter their social habits and customs, religious services, funerals, weddings, conventions, sports events, schools, fairs, movie theaters, concerts, and work. People should avoid public transportation, crowded bars and restaurants. Grocery stores and other retail businesses may be crowded and risky. Some may be closed. Today, some air traffic has been cancelled and the President has asked cruise ships to suspend sailing for thirty days. These are unprecedented days of extreme social distancing, quarantine, self shielding, and other isolating strategies. These cancellations help stop or slow down the spread of the disease.

Social distancing may limit assembling of people

Gatherings in confined spaces will be limited

People may have to employ creative strategies that include rotating work shifts to off hours, telecommuting, teleconferencing, using pod casts and web based information gathering, and taking turns with various tasks. People may utilize online worship, banking, shopping, entertainment, and sports. Children may stay home from school for an extended period and day care facilities may be closed. People may be required to implement at-home funeral services, “school,” worship, and religious education.

Creative strategies must be employed

Unfortunately, there will be many people who will be unemployed because businesses will be closed. For hourly employees, there will be significant financial issues with little or no income. Social distancing at any level will be challenging for everyone.

*Some unemployment may happen
People must practice individual social distancing*

Individually, people may employ social distancing practices that include:

- Avoiding handshakes
- Avoiding hugs, kisses and other physical contact
- Avoid gathering in confined spaces
- Avoid rush hour dining, shopping, public transportation
- Employ the 6' Rule – stay at least six feet away from others
- Use larger meeting rooms when face-to-face meetings are necessary
- Avoid touching public convenience tools (e.g. counter pens, whiteboard markers, remotes, electronic touch screens, ATM machines, gas pumps, turn stiles)
- Using telephone and web based strategies for counseling, mentoring, coaching, and other face-to-face interventions

Social distancing may be recommended or enforced by government, the CDC or the WHO when the risk of spreading the disease increases. Some people may voluntarily choose to practice social distancing as a preventative measure.

Social distancing may be recommended or voluntary

Snow Days

Another form of social distancing may include *snow days*—times when people are asked to stay home, reducing public gatherings and limit their contact with other people. Snow days are often utilized when weather conditions make it hazardous for buses to transport children to school or when it is too hazardous for people to drive or use public transportation to get to work. The principle is the same—requested, but voluntary, quarantine to reduce risk to self and others.

Snow days may be enacted to reduce contact

Self-shielding

Self shielding is another form of social distancing. This is a totally voluntary and self initiated form of social distancing wherein the person stays home without an official snow day being declared.

Self shielding is self initiated and voluntary

Shelter in place

This may also be voluntary and self initiated. However, recently, California Governor Gavin Newsom announced a statewide “stay at home”

Shelter-in-place

order to prevent the further spread of COVID-19. The request is for all Californians to stay at home unless there is an essential reason for going out. These are some of the most stringent “shelter in place” mandates that are expected to last at least three weeks. “This is a critical intervention to reduce harm from the spread of the coronavirus in our community,” reads a guide to the mandate from the city of San Francisco. “This is a mandatory order.”

Under the California “shelter in place” mandate, people are prohibited from going outside if they are elderly, minors, have disabilities, or at risk for illness from COVID-19. People may not gather outside the home. Restaurants, bars, cafes, nightclubs, gyms, and other facilities have been ordered closed. Take out food may be delivered. All travel is prohibited under any means is prohibited unless classified as essential. Non essential jobs must be done from home. Violation of this mandate is a misdemeanor and punishable by fine, imprisonment or both. Voluntary compliance is the goal.^{xiii}

Shelter in place becomes mandated-- violations are punishable

Self-quarantine

A variation of social distancing is *self-quarantine*. Those who have been exposed to the virus disease and may become ill, stay away from others for at least 14 days. Two weeks usually allows enough time to know if one will become ill or contagious to others. People who have been exposed to the virus or who have traveled to areas where the disease is actively spreading are asked to self-quarantine.^{xiv}

Self-quarantine is recommended for 14 days if there is possible exposure to the virus

Social distancing will be difficult for children and those who touch as a matter of personality, culture, or custom. During a time of great distress, physical contact is often a form of spiritual and compassionate care. When social distancing practices are employed, many may perceive they are isolated from care or that others do not care at all. Education and disclosure will be important aspects of preventing misunderstandings and suspicion

Social distancing may cause misunderstanding or suspicion

PART II PREPARATION

Chapter 4 Administrative Issues

There will be many administrative issues for chaplains, ministers, caregivers, institutions, and agencies. The very nature of pandemic influenza issues— sickness, scarcity of resources, social distancing, quarantine, reduced public, social, and retail service capabilities, etc.— will cause many administrative issues. Perhaps one of the most significant issues will surround the ability or inability to communicate—individually and corporately.

Communication will be a significant issue during pandemic

Communication

In the event of pandemic influenza communication must be timely and accurate. People will be fearful about the unusual events that are occurring and they will be anxious about receiving necessary information quickly. If information is power, then informed people feel empowered to survive the unusual and difficult situation of pandemic.

Communication must be timely and accurate

During chaotic events such as pandemic, institutions and agencies must coordinate the information that is being disseminated. People will be confused about which information is accurate if more than one perspective is being offered as correct within the organization. It will be necessary to designate an information coordinator and a central information access point. People need to hear *one voice* during crisis—one voice with accurate information.

Information being communicated must be coordinated

There must be a central information access point

Communication must also be exchanged with other agencies and institutions that are impacted by the pandemic. Churches need to know what schools are doing and relief organizations need to know who else is providing emergency services. No organization is an island. . .everyone needs to share information and receive information to be effective.

Information must be shared between agencies and institutions

When the usual events of life (e.g. school, work, worship, medical care, shopping, extracurricular activities, religious education, pastoral ministry) are being disrupted by pandemic, people will need to use unconventional or alternate methods to communicate and conduct business. Social distancing may require that people communicate without face-to-face contact.

People may have to communicate without face-to-face contact

In the church setting, communication procedures must be planned well in advance of the crisis. Churches may deal with issues such as:

Communication procedures in churches must be planned before the pandemic

- chain of command
- methods of communication
- appropriate disclosures
- privacy and confidentiality
- special needs of parishioners

Who will disseminate the information? What methods of communication will be used (e.g. email, telephone, newsletters, web page)? What information can be disseminated without violating privacy or confidentiality? Are there some parishioners who have special needs related to communication (e.g. no internet capabilities, have hearing or vision disabilities), don't have telephones, don't speak or read English)?

There are many questions to answer

What information will be communicated? How will sermons, religious education (Sunday School, Bible Study, AWANA, Team Kid, Vacation Bible School, etc.), and pastoral care and prayer meetings be conducted if social distancing measures are being employed? What if there are quarantines? Does the church just stop doing ministry?

What information will be communicated?

What methods of communication will be utilized? Some possibilities include the following:

How will communication take place?

- Telephone
- Pray chains
- Web page
- Email
- Pod casting
- Internet groups
- Snail mail – letters, newsletters
- Teleconferencing^{xv}

- Audio calling service (voice broadcasting service)
- Other methods?

In order for any of these strategies to be effective, 1) churches must have accurate information in advance, 2) contact lists must be current and correct, 3) family member names, addresses, phone numbers (home, cell, and work), email, and emergency contacts must be available, 4) members must be familiar with the communication strategy, and 5) members must make their special needs known to the planning team. The church must be prepared and the church must prepare people to prepare.

Churches must have accurate contact information

During the confusion of pandemic, chaplains and ministers may be called upon to be the voice of calm...the voice of truth...the voice of hope. Chaplains and ministers must be prepared to assist churches and other institutions as they plan their communication strategies for pandemic.

Chaplains and ministers must assist in the planning for communication in pandemic

Leadership

The effects of pandemic could certainly affect the leadership in churches, organizations, and agencies. Carefully considered succession plans could become essential if leaders are unable to function as a result of sickness for a long period of time. When members of the church or organization are able to discuss and plan succession in advance of the crisis, they are much more likely to accept the temporary (or long term) leadership of those who have been named to function in roles where leadership is absent due to pandemic. Some essential elements of succession plans should include the following:

Plan for succession of leadership

- Name the conditions under which succession occurs, or does not occur
- Include all leadership and ideally name at least two others who will succeed the previously named successor (be at least three deep)
- Describe the level of authority the successor will have
- Name the essential services of the church or institution which should be maintained during the pandemic (also name the services that could be suspended during the pandemic [e.g. weddings, festivals, quarterly business meetings])
- Identify and name specific laity to temporarily assume ministerial

There are some essential elements of succession planning

roles during pandemic if all ministerial or administrative staff is incapacitated

- Name the method and time by which the organization will be informed when succession plans are being implemented
- Will mandated leave be necessary? Who initiates this?

Worship and Religious Education

In the event of pandemic, many communities may enforce social distancing, snow days, self shielding, isolation, or quarantine. In times of crisis, churches may be the one place people find solace and yet, they will be discouraged from meeting. How will people “pass the peace?”

Churches must identify ways to provide a sense of community and worship in spite of physical isolation. Although everyone may not be able to participate in any one form of electronic worship, using multiple forms will help people feel connected during isolation. Some possibilities for corporate worship during pandemic include the following:

- Conference calls
- Three-way calling
- Videotapes and DVDs
- Audio tape and CDs
- Copies of worship bulletins, sermons, and Bible studies posted on a website or emailed to members
- Live streaming services
- Others?

Providing a sense of hope and peace during pandemic will be a challenge for everyone. When congregations are informed in advance of the crisis, they are much less shocked by the changes that will be made.

Pastoral Care

Pandemic will cause fear and distress for many people. The usual methods of pastoral care may be limited by the need to isolate and quarantine, or by the limited number of pastoral care providers who are available to provide pastoral ministry. Chaplains and ministers will be frustrated by the inability to provide spiritual presence and comfort without physical presence. Again, we must rely creativity and electronic media to assist us when physical presence is impossible.

People will not be able to worship in traditional ways

Use traditional methods and new technology

Providing a sense of hope will be essential and challenging

The usual forms of pastoral care may be limited

During war, prisoners-of-war often provided morale to each other by tapping on pipes and other forms of communication when they were unable to see each other or talk to each other.

How will pastors, chaplains and ministers provide a sense of presence without physical presence? How will churches deal with funerals and memorials when people are not allowed to gather? If mass graves are utilized, how will pastoral caregivers provide comfort to the survivors? When funeral rituals require ritualistic washing and cleansing, how will pastoral caregivers provide assurance of *rightness* when the *right* things have not been done? Pastoral caregivers will be challenged by the inability to provide the most significant ministry in their tool bag—the ministry of physical presence – *fear not, I am with you*.

How does the pastoral caregiver provide ministry without physical presence?

Facilities

Churches and other institutions (e.g. schools, businesses, or corporations) could provide a great service to the greater community by allowing their facilities to be used during pandemic. Facilities may be used as immunization sites, temporary emergency healthcare facilities, community emergency medication centers, temporary shelters, temporary morgues, triage centers, or disaster relief service centers for operations, warehousing, incident command, food distribution, or staging.

Churches and other institutions could be used for other temporary purposes during pandemic

Making the decision to use the facility for other purposes than its intended purpose could cause distress if people are not prepared or if they have not been part of the decision making. Congregations could corporately decide under what conditions their facility might be used and define how long “temporary” will be. They could prepare detailed descriptions of their facilities and provide a list of available resources. Information about capacity of kitchen, number of bathrooms, flexible use space, and size of large gathering rooms will be helpful to emergency management during times of crisis events.

Property descriptions are helpful to emergency management

Education and Training

Education and training prior to a pandemic event is crucial to preparedness. Churches, institutions, and agencies empower their constituents when they provide the education and training that enables constituents to accept and survive difficult situations. Training could be overwhelming if care is not taken in sharing essential information and providing resources for more comprehensive education. People need to be reassured of their safety and the steps being taken to protect them.

Education and training prior to pandemic is important

Some topics to include in training congregations and other constituents about epidemics or pandemics include the following:

- Overview of influenza and pandemic
- Differences between seasonal, avian, and pandemic flu
- Current status
- Signs and symptoms
- Prevention and treatment
- Social distancing, isolation, and quarantine
- Individual and family preparation
- Stress symptoms and coping strategies
- Communication plans
- Trusted sources of information and resources

There are many possibilities for education and training

Other topics may be included as the need requires. Parishioners and other constituents often appreciate written lists that provide information about other resources that may be available during pandemic.

Recreation, Entertainment, and Fellowship

Pandemic will limit socialization for people in all walks of life. For Christians, isolation, social distancing, and quarantine will also mean the end of many recreation, entertainment, and fellowship opportunities. How will the church find ways to provide *koinonia* when physical gatherings are prohibited? One could suggest various ways to use electronic media and other forms of telecommunications, but each church, institution and agency must be creative in finding ways to recreate and entertain. Lack of fellowship during a time during isolation could cause a great deal of loneliness and even depression.

Pandemic will limit socialization

Chapter 5 Legal and Financial Issues

In the event of pandemic influenza, the nation and world will be dealing with a myriad of legal and financial issues. Because government is making intentional preparations for the event of pandemic, there have been some serious considerations to these legal and financial issues. There are, in fact, some plans with notable efforts to mitigate the legal issues and financial impact of pandemic.

There are many legal and financial issues in pandemic

Financial Issues

In September 2007, over 2,700 banks and financial institutions conducted a three week exercise to determine whether or not they could sustain functioning in the event of pandemic.

One of the biggest challenges financial institutions will face is how to cope with absenteeism. In week one, the Treasury exercise directs the financial organizations to assume that 25 percent of their work force is not coming to work, either because of illness or because of fear of being infected or because they are staying home to take care of children who can't go to school because the schools have closed..... Absent employees won't be the only troubles facing the financial institutions. Under Treasury's scenario, they also will have to cope with shrinking Internet bandwidths as more and more people try to work from home. Cash withdrawals from ATM machines are expected to rise sharply and getting the machines refilled will present problems because of rising absentee rates at the armored car companies and the difficulty of getting fuel for the armored trucks as gasoline refineries curtail their production.^{xvi}

Banks and financial institutions are planning for the effects of pandemic

This exercise is only one of many exercises being conducted in the business and financial world to address issues identified by the White House directive to plan for pandemic. Other exercises must address issues around the possibility of black markets emerging, financial impact as disastrous as the stock market crash preceding the Great Depression, and rationing. There is little doubt that financial issues will abound.

Will pandemic cause another Great Depression?

Milan Brahmbhatt, a senior economist with the World Bank's East Asia and Pacific region estimates that "... a new flu pandemic could lead to

between 100,000 and 200,000 deaths in the US; more than 700,000 hospitalizations; up to 40 million outpatient visits and 50 million additional illness The present value of the economic losses associated with this level of death and sickness was estimated at between \$100-\$200 billion for the US in 2004 dollar terms If we extrapolate from the US to all high income countries, there could be a present value loss of \$550 billion.^{xvii}

Pandemic could cost the US \$550 billion

China reported an estimated \$196 billion dollars in tourism and consumer spending losses within two months of the first identified coronavirus illness. In the US, the federal government pledged \$1.5 trillion to support the repo markets. On March 12, 2020, the opening bell on Wall Street experienced a fall in US stocks so rapid that it triggered a 15-minute stop in trading. The coronavirus pandemic is causing significant impact on the economy and finances. Government is considering stimulus packages to protect our economy. There is shock on the side of supply availability and shock on the side of demand – people aren't buying discretionary items like TV's, toasters, and cars.^{xviii}

Wall Street takes a beating during pandemic

On a parish level, churches will be faced with smaller collections and ministers and staff who expect regular salaries but cannot work because of illness or quarantine while no previous policy was established for staff compensation and sick-leave that far exceeds the typical provisions for colds, flu, or surgery. Are there salary policies in place for extended leave, illness of staff or illness of family members? Will there be hazardous duty pay and how long will the church remain solvent when doors are shut for extended periods or when the economy faces collapse? Does the church insurance cover risk and issues related to pandemic (i.e. use of buildings, contents, disability)? Does anyone really have the authority to insist that people show-up for work? When is working "in the office" abusive? Bi-vocational ministers could face serious financial losses while being required to work more hours due to a reduced workforce. Which chaplain ministries will be cut because there is a sudden lack of funding? Are chaplains considered "essential personnel?"

Churches will deal with financial issues related to smaller collections, salaries for people unable to work, extended disability, insurance, unemployment, and layoffs

Legal Issues

Legal liability becomes a serious issue in the event of pandemic, too. In the past, when there have been vaccine shortages, institutions that dispensed the prophylactics (i.e. drugs, vaccines, etc.) did so on a first-come first-served or lottery basis. Perhaps a strange way to practice medicine, but no one wanted the legal liability of deciding who should get medical resources first, thereby eliminating the possibility of being sued by a family member whose loved one died as a result of not receiving the available prophylactics. It has become imperative that government make some strong decisions and provide legal guidelines for dispensing drugs and other issues such as forced isolation and quarantine, right to refuse vaccinations, temporary authorized dispensers of prophylactics, limited liability for practitioners, and other legal issues.

For example, in Connecticut, the Governor signed the Public Health Emergency Response authority Act, P.A. 03-236 of July 9, 2003, which strengthened certain powers and authorities of the Governor, the Commissioner of Public Health and local health directors during a public health emergency.^{xix} And on May 3, 2006, President Bush announced the implementation plan for The National Strategy For Pandemic Influenza.^{xx}

Public health decisions fall under the direction of local public health officials. They make the local decisions about how to protect the welfare of their citizens and community. The state government makes some quarantine decisions while the federal government is the only authority to quarantine national borders or to restrict international travel.

While chaplains and ministers usually don't make legal decisions, they may provide ministry to those who make these difficult decisions or who must enforce them. In the event of sickness or death, explaining the law will probably not be helpful, but understanding why people are so upset or angry will enable chaplains and ministers to provide spiritual comfort to those who hurt from losses they cannot explain, justify, or understand. There may be significant moral injuries as people make unpopular or seemingly compromising decisions.

No one wants the legal liability of deciding who gets medical attention and who does not

Government is making laws related to pandemic

There are different levels of authority in public health issues

Chaplains and ministers will attend to people who make or are affected by difficult legal and financial decisions

Chapter 6 Ethical Issues

*He has showed you, O man, what is good. And
what does the LORD require of you?
To act justly and to love mercy and to
walk humbly with your God.
Micah 6:8 (NIV)*

On January 14, 2006, a Russian-American who had been unsuccessfully treated for drug resistant tuberculosis for many months in Russia flew by commercial airliner to New York and then on to Phoenix. He was very sick and contagious. He visited a fast food restaurant and other stores without wearing a prescribed mask while in Phoenix. Having been diagnosed with a very serious form of tuberculosis, he knew the public health risk he carried. Failing to follow medical orders after a more serious diagnosis in Phoenix, health officials obtained a court order and locked Robert Daniels in the prison wing of a Phoenix hospital, where he spent almost a year in hermetically sealed isolation. He later was transferred to Denver, CO for surgery. On September 18, 2007 Daniels was released from National Jewish Medical and Research Center in Denver with a clean bill of health, and flew by commercial airliner to Phoenix. However, a private security guard hired by the Maricopa County Public Health Department in Arizona escorted him.

Robert Daniels flies from Russia to Phoenix while very contagious with drug resistant TB

Are there ethical issues involved in Robert Daniel's case? Is medical treatment by gunpoint constitutional? Is his decision to mingle in public places on public transportation without a face mask criminal behavior? Does the government have a right to forcibly isolate people who are sick? Do the resulting consequences of the government's actions or Daniel's actions make a difference? What is right? What is fair? Does anyone have a duty or obligation? Who decides what is ethical?

Who decides what ethical behavior is?

Teleologist or Deontologist

In the realm of ethics, there are at least two very broad perspectives. While this is not a study of biblical ethics, leaders and caregivers will be constantly faced with ethical decision-making. Whether one is an ethicist,

People make decisions from broad philosophies including teleology and deontology

minister, philosopher, or lay person, understanding at least two distinct possibilities will help us deal with the angst we feel when we make tough decisions. So, are you a *teleologist* or a *deontologist*? You may be thinking, “Well, I’m a vegetarian or I’m a Christian or I’m a geologist.” Let me explain—basically these two philosophies describe how most of us make decisions—perhaps not all the time, but at least some of the time.

The teleological viewpoint is one in which decisions are made based on what is *good*—a good outcome or at least more good than evil. The *good* may be for oneself or for the greater community—the church, the institution, the nation, or even the world as a whole. Teleologists may be secular as well as religious and are sometimes said to use *situational ethics*. An interesting complication is *who determines what is good*?

Teleologists tend to make decisions based on what is good or what leads to a good consequence

I will only vaccinate first responders even though I told family members and patients I could give them flu shots.

People who refuse to self-quarantine must be arrested at gunpoint and incarcerated.

People who are terminally ill, on death row, in penitentiaries, or over 65 will not receive any of the limited supplies of flu vaccines.

The deontological viewpoint is one in which decisions are based on *duty*—regardless of the consequences. In other words, sometimes, we must consider the value of the decision rather than the outcome. For example, it is more important to obey the rule—of self-determined moral principle or the institution or of God—than it is to consider the outcome or consequences of the decision to obey the rule. Deontologists may be secular or religious, may obey *the law of the land*, or may have a higher obedience to *God’s commandments, will, or example*. So one must consider the possibility of obeying one law, knowing that there may be consequences based upon another *higher law*.^{xxi} Deontologists may include religious groups that refuse medical assistance, transfusions, inoculations, etc. based on their theology. Opposing views may consider these refusals neglect.

Deontologists tend to make decisions based on duty regardless of consequences

After Katrina I must feed my starving family so I will take food from the flooded grocery store. Or, God's law says do not steal, so I must let my family starve until there are legal ways to get food.

I took an oath to protect and serve, so I must risk my life to save others.

Even though I will be exposed to pandemic flu, I must physically go and provide spiritual care to those in my area of responsibility—my church, my station, my hospital, my squad.

Other Ethical Issues

Ethical dilemmas in the event of pandemic influenza may include such issues as transparency—in communication, disclosures, intentions; minimizing consequences or maximizing results; focusing on responsibilities, duties, and obligations as individuals and institutions; consideration of rights—universal rights, constitutional rights, human rights; and respecting cultural and religious diversity as represented in the values, beliefs, expectations, and the standards of a particular group.

Some specific pandemic influenza related ethical issues include triage, how to utilize limited or scarce resources, duty to be prepared, and jurisdiction. Who will decide who gets medical treatment or gets the hospital bed or gets the oxygen tank? Within the church, there may be issues related to duty or obligation to staff, congregants, and those with special needs. Do church schools follow the same rules as public schools? The church will be faced with decisions about use of facilities for public quarantines, as emergency medication centers, or as distribution center for other necessary supplies. Will the church provide limited food and shelter supplies to non-members and members?

Racism

Another related issue is that of racism in the midst of fear and panic. There is a history of racializing infectious disease based on country of origin or nationality of those who are infected.

There are many ethical issues that arise in pandemic influenza

Issues: triage, using resources and facilities, duty, jurisdiction, and community involvement

Chaplains and ministers will often be ethical consultants

The examples of Ebola hysteria in the US are growing too numerous to count. Two students from Rwanda, 2,600 miles (4,148km) from West Africa, are sent home from a New Jersey elementary school for 21 days....A Texas college sends out letters to prospective students from disease-free Nigeria informing them that they are no longer accepting applications from countries with "confirmed Ebola cases". A Pennsylvania high school football player is met by chants of "Ebola" from the opposing team. A middle school principal goes to a funeral in Zambia, also with no cases of Ebola, and is put on paid administrative leave for a week.^{xxii}

Racism is a by-product of fear

In a more recent incident, the LA Times reported that Uber and Lyft drivers refused to pick-up Asian riders.^{xxiii} Racism may cause more fear and negative psychological reactions. It will be important to remember that the risk of infection was linked to a geographic location, not to a particular national origin, race, or ethnicity.

Corporate and other institutional chaplains and ministers may be called upon to consult on the ethical aspects of even legal and financial decisions as a result of pandemic. Bi-vocational chaplains and ministers may have to make some difficult decisions pertaining to duty to care for a congregation, family, or institution whether they are volunteers or paid. Chaplains and ministers will be essential contributors in all discussions regarding ethical practice.

When people and organizations are faced with ethical decisions, they often make their decisions based on either *what is the best* or *what is the rule*. As chaplains and ministers, our responsibility is not to make the decision, but to help clarify the basis for the decision and explore the consequences and results of those decisions. But as chaplains and ministers, we must have a clear understanding of our own ethical decision-making process so we are not caught off guard when we have strong emotions about the decisions others make. We may also be needed to provide ministry care to those who made the difficult decisions.

Chaplains and ministers don't make ethical decisions for people, but help clarify the situation and outcomes

For the Christian chaplain we find guidance in the Scriptures through God's commandments, through the inspiration of God through others, and through our own understanding and interpretation through the work of the Holy Spirit. Some may literally follow the Ten Commandments or some might heed the words of Paul, "Be on your guard; stand firm in the faith; be men of courage; be strong. Do everything in love" (1 Cor. 16:13-14 NIV). Others might take the deontological viewpoint and make decisions based on following Matthew's reminder of Jesus' words, "What good will it be for a man if he gains the whole world, yet forfeits his soul" (Matt. 16:26a, NIV). Some may heed Peter's words about consequences, "It's better to suffer for doing good, if that's what God wants, than to be punished for doing bad" (1 Pet. 6:17 The Message). Or will we be the chaplain who has no King, allowing every man to do "what was right in his own eyes" (Judges 17:6 NASB)?

Micah seems to suggest finding a balance between doing what is *good* and *doing what follows the rules*. So can we, in fact, make our ethical decisions based on acting justly—doing the right, fair thing as a people of God? Do we love mercy—demonstrate a compassionate heart that acts out of *hesed*—covenant love—mercifully? Micah suggest that we could do both and still walk humbly with our God—in obedience to His will, His word, His way.

Chaplains and ministers will be called upon to clarify the muddy waters of making ethical decisions during the planning and implementation of spiritual care in pandemic influenza. We will be challenged to find definitions and standards for *good*. We will be expected to guide people into doing what is fair and just. We will be the advocates for cultural and religious diversity needs when no one else seems to understand the values and standards of the people to whom we minister.

Chaplains and ministers rely on God through Scriptures and the Holy Spirit to make ethical decisions

He has showed you, O man, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.

Micah 6:8 (NIV)

Chapter 7

Individual, Family, and Institutional Preparedness

Preparing for pandemic influenza means *being* informed and *doing* some basic preparation—it's about the head and the hands. There are several ways in which this may be accomplished.

Preparation includes being informed and doing some tasks

Some people will prefer attending lectures, workshops, and seminars on pandemic influenza. Others will prefer to read literature or surf the web. The means for acquiring the information is much less significant than the importance of receiving accurate and helpful information—information that will enable individuals and families to adequately prepare—physically, emotionally, and spiritually—for the onset of pandemic flu.

People must prepare physically, emotionally, and spiritually

Being informed means understanding the nature and significance of pandemics and influenza, in particular. Knowing the differences between seasonal flu and pandemic flu will alleviate panic or undue worry when one catches a common cold. Recognizing the signs and symptoms of pandemic influenza and learning basic prevention and treatment will be essential, too. Familiarity with pandemic influenza planning for one's church, school, work, and community will reduce the confusion when social distancing becomes inadequate and policies of isolation or even quarantine go into effect. Being informed will help mitigate the distress and anxiety experienced during pandemic influenza.

Being informed will help mitigate distress and anxiety

Physical preparation includes everything from having a plan for what you will do to finding out what others will do. Begin with the basics:

- Know where to get accurate information and updates
- Utilize good hygiene and self-care practices (wash your hands frequently, cover your mouth when you cough, and frequently sanitize telephones, keyboards, counters, hand rails, etc.)
- Maintain an accurate contact list of family, friends, church members, work associates, essential businesses (doctors, bank, insurance company, etc.)
- Create a family communication plan (to keep family members in other locations informed)
- Make a family plan for taking care of each other if you get sick
- Keep a written copy of the plan and policies for pandemic of your workplace, schools, daycares, etc.

There are some basic preparations . . .

- Keep a two-week supply of non-perishable food, water, electrolyte drinks, and other essential household and hygiene supplies (alcohol based hand sanitizer, paper towels, tissues, anti-bacterial soap, diapers) on hand
- Keep a two-week supply of essential prescribed medications and fever reducing medications (acetaminophen/aspirin/ibuprofen—for adults and children)
- Maintain a supply of pandemic flu caregiving supplies (facemasks, thermometer, tissues, bleach, disposable gloves, etc.)
- Have a reserve of cash (ATM's and bank may have limited services during crisis)
- Inform other family members about location of legal documents (wills, insurance policies, next-of-kin information, etc.)
- Be aware of special needs of neighbors (shut-ins, disabled, elderly)
- Maintain materials for home worship, Bible study, and other religious services
- Provide for temporary guardianship of children and other dependents (elderly, functionally disabled) if it becomes necessary
- Keep a two week supply of pet food and supplies for all pets
- Maintain good health and well-being through regular physicals, inoculations, dental care, and flu shots as appropriate
- Be prepared to isolate a room and bath room in your house as a sick room for any household members who get sick
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Institutional or agency preparation involves educating employees and staff about individual and family preparation AND about policies and procedures for the particular institution or agency. Some essential elements of institutional planning include the following:

Institutions and agencies must also prepare—start with a plan

- A communication plan
- A pandemic plan that includes at least four detailed phases
 - Preparedness
 - Prevention
 - Response
 - Recovery
- Regular drills or practice
- A clear chain of command or line of succession
- Clear information about employee benefits and compensation (sick-leave policies, disability, non-punitive open-ended leave, hazardous duty pay, etc.)
- A temporary revised work schedule, including telecommuting,

- flexible or staggered shifts, and collateral duties
- Length of time and conditions under which employees are entitled to pay and benefits
- Temporary travel restrictions
- Review and evaluation in concert with stakeholders (employees, staff, first responders, community partners, etc)
- Continual updating of plan as new information becomes available from www.cdc.gov (the main information source for planning and response)
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Each institution and agency will have some specific issues that must be addressed in the planning and preparation. Schools must plan for school and day care closings, social distancing in small classrooms, or rescheduling sports events and other extracurricular activities. Law enforcement agencies may deal with reduced forces and longer shifts. Churches will deal with ministry through the internet and reduced contributions and offerings. Businesses will deal with less income and slow supply chains. Correctional facilities will deal with distancing issues in confined and communal spaces. Healthcare institutions and facilities will deal with highly contagious disease while experiencing unprecedented numbers of patients and reduced numbers of healthcare providers while triage becomes a greater distress and ethical issue. When supplies are collected or purchased, who or which agency should have priority over the allocation of personal protective equipment (PPEs such as gloves, masks, antibacterial cloths, etc.)? Healthcare workers around the globe are facing severe shortages of masks and gowns. How will we keep the healthcare providers safe when supplies are so limited? Even the trucking industry is facing shortages as drivers fall ill to COVID-19. Each institution will have unique problems and must address these as they do their planning and preparation.

Each institution and agency will have unique issues to address in planning and preparation

What preparation must your institution or agency do? What will be the issues that direct the preparation? Who will do the preparation?

Chapter 8

Spiritual Dimensions of Pandemic

Spirituality and religion will be important factors in dealing with pandemic influenza. Even when people are not a part of organized religion, critical events generate spiritual issues. People in crisis seek meaning in chaos and comfort through spirituality and religion. Many people will expectantly seek spiritual support and others will at least be open to the possibility that spiritual care may alleviate some of their emotional distress.

Spirituality and religion will play an important role in pandemic flu response

Overview of Spirituality in Pandemic

By incorporating spirituality in the crisis response, physical healing increases, mortality rates decrease, depression decreases, and there is a positive effect on diseases, ranging from cervical cancer to stroke.^{xxiv} Chaplains and ministers and other spiritual caregivers will be essential partners in providing meaningful care to those who are ill, those who survive, and those who have experienced great losses. Spiritual faith will have a positive effect in responding to the distress of pandemic influenza.

Spirituality has a positive effect on pandemic flu distress

Spiritual care will provide emotional support during a time of great distress. Spirituality and religion may assist in making difficult decisions, maintaining a hopeful attitude during difficult circumstances, and providing a “safe” way to ventilate anger, despair, or sorrow. “Whether the crisis and loss are property or death, faith is reexamined in the light of one’s spirituality. Personal values and beliefs may be shattered or transformed. Assumptions about life and death, people and God, good and evil—all may be challenged and redefined. Crisis shakes the very foundation of one’s being, and spirituality redefines hope and future.”^{xxv}

Pandemic influenza may redefine one’s spirituality

During pandemic, people may use spirituality and religion to mitigate the severity of the crisis they are experiencing. People may use spirituality and religion to help cope with feelings of isolation, fear, or depression.

Spirituality and religion mitigate stress during pandemic

Spirituality and religion could also provide a means for people to ask questions and seek answers or to problem solve. “Prayer provides a ‘listening ear’ during crisis. It allows the victim to *vent* his crisis as a hopeful response. Prayer provides an avenue for processing the chaos and reducing the stress through repetition, communion, and meditation. Prayer and rituals help victims connect with others and God. They integrate the past, the present crisis, and the future ‘different present.’ They create new traditions and future hope.”^{xxvi}

During pandemic influenza, people will ask many difficult questions. Most of these questions are very spiritual in nature. Chaplains and other caregivers will not have adequate answers, but in asking the questions, people express their need for spiritual care.

- Why did God allow this?
- Why me?
- Why did_____have to die?
- Why does God make innocent people suffer?
- Why won’t God answer my prayers?
- Is there a heaven? Is there a hell?
- Is pandemic flu the *pestilence* in *Revelation*?
- Will_____go to heaven?
- Others?

People ask difficult spiritual questions during pandemic influenza

Spiritual Issues During Pandemic

Chaplains and other spiritual caregivers often hear people ask, “Why would my good God allow people to suffer like this?” The words may be different, but the question has often been asked in the face of adversity. The need to justify God’s actions in the context of good and evil or His providence in suffering is known as *theodicy*. Christians often struggle with defending God’s goodness in the presence of evil and suffering.

Theodicy - the justification of God’s actions in the context of good and evil

When people are forced to isolate or are quarantined, they may develop a sense of abandonment by people, institutions, and God. “No one cares about me.” “Does God remember me?” “I’m so lonely and scared.” These are the words of people who feel separated from God. They are fearful and

Sense of abandonment by God

lonely. There is little sense of communion with God or with others. People feel estranged and alienated—they feel alone. The chaplain brings the hope of God’s message, “The LORD himself goes before you and will be with you; he will never leave you nor forsake you. Do not be afraid; do not be discouraged” (Deut. 31:8 NIV).

Another spiritual issue that people face during pandemic will be the possible change in what is perceived as *holy*. If people believe that God is holy—filled with wonder and awe—then when relief agencies provide medications, supplies, and resources, people often confuse God who is *holy* with institutions and agencies that provide necessary assistance. Transferring worship from God to institutions results when there is a changed awareness of what is *holy*.

New perceptions of what is holy

Survivors may often have a sense of God’s grace—His favor and blessing that allows them to escape sickness, be healed, or survive when others have succumbed to pandemic. The issue of grace is faced with joy and happiness if one is on the receiving end. But for the one who feels unworthy of good health when others suffer, grace is a burden that is complicated by guilt and a sense of unworthiness.

God’s grace or guilt?

During pandemic, many people will reevaluate their beliefs and values. For some, family will be more important than ever. For others, jobs that seemed important become extremely critical jobs. Who to trust and who to follow become more than political issues; they become spiritual issues.

There are many spiritual issues people will face during pandemic flu

For some, pandemic may seem like “the end of the world.” For others, pandemic will cause them to question the will of God—His purposes, His divine design, His providence. Some will experience despairing helplessness and other will experience renewed strength— “They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint” (Isa. 40:31 NIV). Some people will want to repent and others will be apathetic about righteousness. Issues such as trust, self-denial, rationing, right-to-die, obligation, “life boat ethics” (Who shall live and who shall die?), or conflict of interest will stretch the ethical and moral ability of people and the chaplains and ministers who struggle with them.

PART III IMPLEMENTATION

Chapter 9

The Role of the Chaplain and Minister

The role of the chaplain and minister encompasses many ministry tasks and responsibilities. But the most important role of the chaplain during pandemic influenza is to represent the presence of God during a frightening and traumatic circumstance.

Chaplains and ministers represent the presence of God during pandemic

Chaplain ministry has often been called the “ministry of presence.” Presence is both physical and emotional. First, the chaplain makes a conscious choice to be physically present with the client. Second, the chaplain is emotionally present with the client through empathetic listening. Through presence the chaplain begins to build the relationship that eventually brings comfort to those who feel alone in their suffering or despair.

Some become frustrated with the ministry of presence. *Goals* don’t seem to get accomplished. *Tasks* don’t seem important. *Doing* seems secondary to *being*. Both the chaplain and the public may perceive that nothing is happening. But for the experienced spiritual care provider, the art of “hanging out” with patients, clients, victims, or team members becomes an intentional event that leads to providing a calm presence during times of stress or chaos. The law enforcement chaplain practices intentional presence—“loitering with intent,” to calm, to build relationships, to provide compassion. The healthcare chaplain practices patient presence (in both senses of the word!)—serenely listening to the same narrative of diagnosis, treatment, and recuperative concerns. The crisis intervention or disaster relief chaplain practices “non-anxious presence”—demonstrating no anxiety or panic about the bombing, about the flooding, about destruction left by fires, tornadoes, hurricanes, or tsunamis.

The ministry of presence often looks like standing around the water cooler, circulating among the people, sitting quietly with someone, or having a cup of coffee in the lunchroom. Presence may seem insignificant, but presence is the grace gift that chaplains and ministers bring to the human encounter. It is being available in spite of other commitments. It is being physically present even when the surroundings seem threatening. It is being emotionally present although the anger or fear is uncomfortable. Presence is the grace gift that accepts the client who seems unacceptable.

The chaplain probably won’t be able to “fix” problems, but the

chaplain's presence is a reminder that spirituality is a part of the ordinary and extraordinary activities of life.

Sharing the moment of crisis through the ministry of presence may be the most powerful and appreciated act of ministry performed by the chaplain. The care-giving relationship is greatly strengthened when a person never finds him or herself alone because of the chaplain's own presence—or because of the chaplain's assurances that God is always there.

The presence of God in the person and ministry of the chaplain empowers the client to healing and wholeness. Chaplains and ministers are ordinary people with no supernatural power of their own. But in partnership with the presence of God, chaplains and ministers bring calm to chaos, victory over despair, comfort in loss, and sufficiency in need. Chaplains and ministers practice the presence of God through prayer, rites, rituals, listening, the spoken word, the holy scriptures, and acts of service. Clients often perceive the chaplain as the “God-person” in their midst. The very presence of the chaplain reminds the client that God is very present to them. Chaplains and ministers share God's presence with clients even as they share their own presence and words of assurance—“I am with you.” (Paget, 2006, 27-28)

Role of “Minister”

Chaplains and other clergy are usually first considered to be “ministers.”

. . . the chaplain functions in the role of the minister, providing the religious functions that people expect from clergy. Often performing ministry without the physical structure of a church, chapel, synagogue, temple, or mosque, the chaplain may provide these religious functions in seemingly unusual places—offices, outdoors, disaster sites, homes, or public buildings. To people who have never experienced “traditional” religious programs, services, or rituals, these locations may not seem that unusual. Instead, they may seem appropriate for the religious ministry provided.^{xxvii}

Chaplains and clergy will be “ministers” to people during pandemic

As a minister during pandemic influenza, chaplains and ministers may be called upon to provide rites and rituals that are usually performed by church pastors, but in unlikely places. Chaplains and ministers may be asked to lead worship services in quarantined spaces, officiate at funerals and memorial services at mass grave sites, or they may be asked to lead special prayer services in the isolation rooms, on the internet, or by CB radios, ham radios, or conference calls.

Chaplains and ministers may be asked to provide religious services in unusual ways

“Chaplains and ministers perform many of the same ministry tasks as other clergy, but their audience is much more culturally and religiously diverse. The venue may be quite different and the ministry may be unusual compared to the traditional ministries of the church. The chaplain performs the task of minister by borrowing from many religious traditions and providing the freedom for people to worship, celebrate, and remember in personally meaningful ways.”^{xxviii}

Chaplains and ministers will be a minister to diverse populations

Role of “Pastor”

In the pastoral role, chaplains and ministers assume the task of providing spiritual care to those in their care. As a shepherd cares for sheep, the pastoral chaplain cares for his or her “flock”—those people who are under his or her care. Spiritual care is a large umbrella that begins with assessment and could include spiritual instruction or interpretation, prayer or meditation, spiritual direction, listening, reflection, or counsel. Sometimes, the pastoral role is simply *being present* in a difficult situation with no agenda, no judgment, no solutions, or no advice. Again, the ministry of presence will be an essential role for the chaplain and minister in pandemic.

Chaplains and ministers provide spiritual care to people during pandemic

During pandemic, chaplains and ministers will be “pastors” to many people who are not of the same faith as them. They will assist in emotional and psychological support, in providing for physical needs (e.g. food, medicines, communication, and other resources), in facilitating reconciliation within families, institutions, and agencies, and in providing spiritual encouragement to all. Chaplains and ministers will be providing spiritual care for the soul of people who are in and out of their own faith tradition. In some cases, people will profess no religion or even be hostile or ambivalent about religion and still need pastoral care.

Chaplains and ministers will be “pastor” to people of many beliefs

Role of “Intercessor”

Chaplains and ministers must serve as intercessors or advocates in many unexpected and unusual circumstances. Probably none will be more unexpected than the event of pandemic influenza. As an intercessor or advocate for individuals and families, chaplains and ministers may be

asked to advice, counsel, comfort, or mediate. As an intercessor or advocate for churches, institutions or agency, chaplains and ministers have similar functions.

Chaplains and ministers will be intercessors and advocates for individuals, families, and institutions or agencies

The chaplain acts as an institutional advocate by assisting an organization in personnel issues. Clarifying appropriate action, suitable outcomes, right behavior, or proper protocol is a priority for all chaplains and ministers who are employed by institutions, both private and public. When there is a misunderstanding between employees or clients and the institution, the chaplain often acts as an advocate for both groups. In doing so, the chaplain clarifies issues, presents both positions, and often advises and arbitrates. As an institutional advocate, the chaplain helps the institution be sensitive to employee issues and needs while protecting the integrity and mission of the institution.

The chaplain may lead various seminars, in-service programs, or training events to educate employees, clients, or other personnel about institutional policies, programs, protocols, or procedures. In this educational role, the chaplain intercedes for the institutional need to *share* information and the employees need to *have* information.

When institutions have questions about religious holidays, observances, or prohibitions, those inquiries are often directed to the chaplain. In a world of multicultural institutions, demonstrating cultural and religious sensitivity is more than being “politically correct”; it is essential for the well being of everyone. The chaplain is often called upon to be the resident “expert,” demonstrating cross-cultural competence as an institutional advocate. Most chaplains and ministers cannot become completely knowledgeable about all cultural differences. Therefore, servant chaplains and ministers approach cultural differences with humility, willing to learn and apply new information.

The chaplain intercessor also acts as a liaison between clients and institutions. One special circumstance is in the event of a death. Institutions often request that the chaplain make the death notification to the family or the employees of the institution. With specialized training, the chaplain delivers the news of death—*in person* unless absolutely unable to do so. Understanding the grief reactions and the process of grieving are essential to this act of intercessory ministry. Death notifications may be complicated by language barriers, cultural differences, the involvement of children or teenagers, or particularly unusual circumstances—criminal activity, suicide, deaths perceived as preventable, kidnapping, or terrorism. The institution calls upon the chaplain to be a calm presence in the crisis of death.

There is also a unique situation in which the chaplain provides intercessory ministry from “insider status.” Some of these chaplains

and ministers include military chaplains and ministers who are part of the administrative personnel of the institution, but they are also the peers of many of the people to whom they provide ministry.

Similarly, the police chaplain who was once a police officer or the fire chaplain who was once a fire fighter—these are chaplains and ministers who capably serve as administrative liaisons. They have “insider status.” For some chaplains and ministers, the issues become complicated because their status changes from “them” to “us.” The roles and duties are vastly different, and having “insider status” can be frustrating with such role confusion. For example, being a doctor in a hospital is very different than being a hospital chaplain. A prison chaplain who was once an inmate faces even greater challenges with “insider status.” Can he or she gain the trust of former peers? Or even more importantly, can he or she gain the trust of the warden and guards? “Insider status” can be a blessing and a curse. (Paget, 2006, 24-7)

During pandemic, chaplains and ministers may be called upon to assist their churches, institutions and agencies to mitigate the distress and complications that come from isolation, lack of clear communication, staff shortages, and ethical dilemmas for which no planning has taken place.

Chaplains and ministers will assist their institutions with special issues during pandemic

A special issue volunteer and part-time chaplains and ministers will face will be that of competing loyalties. When the chaplain is the pastor of a congregation and a volunteer police chaplain, which institution will receive priority ministry? If isolation or quarantine is in effect, where will the pastor or chaplain minister—at the church or at the precinct? In most cases, during epidemics, people will not be allowed to move from location to location. Contamination policies will be in effect and pastors, chaplains and ministers will have to choose whom they will serve through physical presence, if at all.

Which institution or agency will the pastor/chaplain serve?

“Critical moments in people’s lives are times of confusion and distress. Things seem uncontrollable and unmanageable. People have a desperate need to “take control of the situation.” When chaplains and ministers provide necessary information, clarify confusion, and teach practical skills, they help people begin to control at least one small part of their out-of-control life.”^{xxix}

Fellow Traveler

Chaplains and ministers will face many of the same fears, losses, and difficulties that those in their charge will face during pandemic influenza. Chaplains and ministers will be fellow travelers on the journey through the wilderness we call pandemic. As people respond in fear, confusion, anxiety, or anger to their sense of vulnerability, isolation, grief, or loss, these chaplains and ministers in pandemic may be experiencing some of the same feelings of fear and loss. They will be lamenting and trying to navigate the wilderness of confusion and anxiety, too. Who will demonstrate compassion by providing encouragement through listening, dialoguing, comforting, clarifying, and empowering people through words and actions when the chaplains and ministers are overwhelmed?

Chaplains and ministers will be fellow travelers during pandemic

Chaplains and ministers bring hope during pandemic

When pandemic makes circumstances look bleak and despairing, chaplains and ministers bring encouragement and hope, empowering people to move forward to spiritual and emotional health and restoration. “The chaplain in disasters must be able to convey encouragement to a soul that is despairing by saying, “Take courage; it is I, do not be afraid” (Mark 6:50). In the midst of the storms of life—the disasters, the crisis, and the devastation—the chaplain must bring the assurance of hope.”^{xxx}



For we walk by faith, not by sight.

2 Corinthians 5:7

Chapter 10

End of Life: Rituals and Grief

*There is an appointed time for everything.
And there is a time for every event under heaven—
A time to give birth and a time to die;
A time to plant and a time to uproot what is planted.
A time to kill and a time to heal;
A time to tear down and a time to build up.
A time to weep and a time to laugh;
A time to mourn and a time to dance.*

Ecclesiastes 3:1-4 NASB

Death seems inevitable during pandemic. History tells us that millions have already died and that millions may still die in the days to come. What will sustain us in our grief as we mourn the death of those we hold dear? How will we lament in a world turned upside down? Who will hold us in the dark days following the saddest days of our lives? How will we gather as a community of faith, a community of family, a community of colleagues, a community of care providers? Where is our community and is there no balm in Gilead?

It seems that this is the appointed time for mourning. Mourning is an important part of our grieving after the death of a loved one. Mourning is the cultural or public demonstration of our grief through rites and rituals, including behaviors that others may not recognize as significant. Remembering our loved ones and those we have lost causes anxious moments for those who survive. Unconsciously or consciously, survivors seek comfort in this angst through behaviors that promote coping and later adapting to the loss. It is challenging business and hard work to undo all the psychological and social ties that bind us to our loved one.

There are many types of mourning practices – legal, governmental, military, and emergency services – these are often media events. We have seen flags at half-staff with procedure defined by statute. We have seen twenty-one gun salutes, parades, bagpipes, caissons, and black ribbons over badges. There are also cultural, family, religious, and individual mourning practices that are sometimes uniquely defined by the individual or group. There are wakes and visitation, funerals and memorial services (today they may even be called “celebration of life” services), Mass and *shivah*, flowers and caskets, urns and photographs, sympathy cards, gift cards, and casseroles delivered to the home.

Following pandemic, there may be complicated mourning due to the inability to engage in the very mourning practices that give voice to our lament and promote living with the reality of the loss. How will there be healing if we cannot do the very things prescribed for comforting our loss? Mourning

becomes complicated when the loss is unexpected or sudden. When there are multiple deaths – and in pandemic there may be hundreds at a time – even mortuaries and funeral homes cannot meet the need. Many will feel separated by emotional and spiritual death long after the physical death of their loved ones.

Funerals and Memorial Services

Remembering the life of one who has died is a significant part of the grieving process. Survivors want to remember and celebrate the memories of a life that was shared. The experience of the funeral or memorial event is vitally important to the well-being of those who survive, helping survivors accept the reality of the loss, acknowledging that someone we love or care about has died. These events allow family and friends to say goodbye while recognizing and expressing their loss emotions, which could vary across a vast continuum of sentiments. The gathering of friends and family provide opportunity to collectively be a supportive community and create group cohesion. While often providing hope for the living, these funerals and memorial services create intentional occasions to reevaluate values, meaning, and beliefs about life, family, and God.

Funerals and memorial services are important to survivors

In many ways, funerals and memorial services create a space in which one discovers a new self-identity. One's life relationships have changed.

The funeral helps us begin this difficult process of developing a new self-identity because it provides a social venue for public acknowledgment of our new roles. If you are a parent of a child and that child dies, the funeral marks the beginning of your life as a former parent (in the physical sense; you will always have that relationship through memory). Others attending the funeral are in effect saying, "We acknowledge your changed identity and we want you to know we still care about you."^{xxxi}

The challenge during COVID-19 and other epidemics or pandemics is that funerals and memorial services may not occur. When people are quarantined or restricted by social distancing, self-shielding, and government mandate, these healing gatherings of community will not occur as they have traditionally happened. The rituals will be modified in ways that may accomplish the traditional task albeit increasing pain and suffering.

Funeral and memorial services may not happen during pandemic

The National Funeral Directors Association (NFDA) recommends following the CDC guidance for mass gatherings and the President's Coronavirus Guidelines for America. Aligning with those guidance documents, the NFDA suggests private viewing for only immediate family and/or close friends, delaying the funeral and holding it at a later date, or webcasting the funeral so others may view it from the safety of their homes. The elderly and immune-compromised should stay home and all protocols for hand hygiene, covering coughs, etc. should be observed. The NFDA "offers a webcasting license that covers the copyrighted music in the ASCAP, NMI and SESAC catalogs. It covers services broadcast via funeral webcasting software, as well as other live streaming platforms like Facebook, YouTube, Zoom, Vimeo and Skype."^{xxxii}

There are strict recommendations from the National Funeral Directors Association

The Jewish tradition has some unique funeral components that speak to many of the same issues most griever face after death from a highly contagious disease. Following similar guidelines as most faith traditions, The Union for Reform Judaism has published web-based resources with suggestions for worship, religious education, and event gatherings. One helpful idea was expressed as "Bringing Shabbat Home," the idea of helping congregants recreate certain elements of synagogue life from home.^{xxxiii}

"Bringing Shabbat Home"

In a more detailed and specific publication, the Rocky Mountain Rabbinical Council urged rabbis to meet with families only by video-conferencing or by phone. All services were to be held graveside only, with no more than 10 people and seated at least six feet apart. Those who had been exposed to COVID-19 or who were feeling ill must not attend. Appropriate precautions should be taken when handling out *k'riah* ribbons, clothing, prayer cards, and other materials. Rabbis could offer traditional words of comfort to everyone positioned where they are seated rather than forming a greeting line. The common shovel to place earth in the grave would not be used and disposable cups should be used instead. There should be no hugging or touching of one another. Instead a helpful suggestion is to put one's hand over one's heart as an appropriate expression of caring. The traditional period of *shivah* (a period of seven days of formal mourning for the dead, beginning immediately after the funeral) should be modified and visitation should be via video technology. "We also recognize that

Rocky Mountain Rabbinical Council provides specific suggestions

this is a *sha'at dachak*—an emergency situation that calls for upholding the value of *pikuah nefesh*—a supreme concern for human life and safety. We urge for the expediting of funerals soon after death so that mourners have the opportunity to grieve immediately.^{xxxiv}

Pandemic is an emergency situation

Mourners from all traditions are learning that community looks different during pandemic. Whether it is the wake, the viewing, the funeral, the memorial service, or the celebration of life, we will not gather nor hold hands. The New York Disaster Interfaith Services (NYDIS) writes, “No repast or reception should be held following burial or cremation.”^{xxxv} We will experience technology as we never have experienced it before the crisis of COVID-19. Funerals and memorial services will be held in groups of less than ten with one officiant, or they will be held online with participants self-shielding in their own homes. Many services will be delayed “for a time when we can gather together,” or those services will not be held and a simple gravesite service will take its place.

Community will look different during pandemic

Cremation

The rate of cremation in the United States is slightly less than 50%. The rate varies throughout the world except in Japan where the cremation rates have consistently been about 99.94%. If the rate of fatalities continues to rise in Japan as a result of COVID-19, there may be many postmortem issues that will become a reality. In 2011 after the great tsunami in Japan, crematoriums were unable to handle the volume of bodies and many bodies were placed in mass graves. Later, exhuming those bodies was additionally traumatic for families.^{xxxvi} Today, in the wake of COVID-19, authorities are concerned for safety issues, families are concerned about cultural issues, and mortuaries are concerned about practical issues. The convergence of all these issues may create greater crises for those who are already feeling frustrated and powerless during one of the saddest moments of their lives.

Cremation is widely used in the US and world

Transportation of bodies of people who have died of COVID-19 poses a significant amount of risk for handlers. Rooms and morgues where bodies lay until transportation must be thoroughly disinfected after the body is placed in a cremation container (coffin), which will be placed in the retort (cremation chamber). The risk of infection is great at each step and family members who

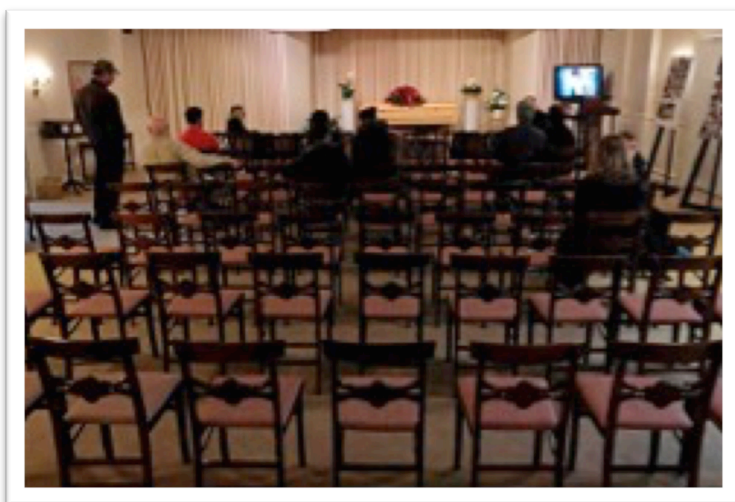
Transporting bodies for cremation requires special care

usually accompany the body throughout the process are prohibited from doing so. Often these family members were in direct contact with the deceased person and may be infected as well. Cluster infections often occur.^{xxxvii}

Typically, cremation occurs after 24 hours (to ensure there is no possibility for resuscitation) and many legal documents are signed. In a pandemic situation – or when a communicable disease or epidemic exists – in many places, cremation must occur within 24 hours. In other situations, cremation may occur almost immediately, without first going to a funeral home for preparation of the body.^{xxxviii}

While cremation is a fairly commonly used practice, pandemic will cause additional distress for the family and survivors when the usual rituals of accompaniment, waiting time, and preparation are not allowed. There will be no contact allowed between survivors and the deceased - no kissing, no touching, no physical presence.

Pandemic causes additional distress for families



Personal and Individual Ritual Modifications

The act of ritual is a common thread that has linked humanity throughout the ages, regardless of ethnicity, culture or religion, but what role does it have to play in our increasingly secular lives? Rituals motivate and move us. Through ritual we build families and community, we make transitions and mark important events in our lives, we express ourselves in joy and sorrow, and perhaps, most importantly, we create and sustain identity. They come in every shape and color.^{xxxix}

Rituals connect our past and present with the future

Rituals have roots in spirituality and seem to mark life's historic moments. They articulate what our words cannot say and connect us to an inner life that cries out, wanting to be expressed. Rituals mark sacred spaces – spaces that have importance and separate us from the ordinary. They tie us to our heritage and give meaning to the new space we inhabit after the death of our loved ones. Rituals such as funerals and memorial services provide a sense of structure and safety in a time of crisis. There is calming assurance in doing and controlling what we can during a time of chaos and uncertainty.

Rituals enact our deepest feelings and display our inner life

During pandemic, survivors and grievors will be forced to modify the rituals that encourage healing and growth. Social distancing, quarantine, and self-shielding will prevent participation in these end of life rituals as we know it. This may be a new world in which the old rituals that marked the *rites of passage* are discouraged, not allowed, or even illegal. We must remember that the ritual is only secondary to how we emotionally and spiritually participate in the ritual. What we receive is a part of what we give.

Some rituals will not be allowed the way we have always practiced them

The moment of death in a hospital may be shared by FaceTime on a cell phone. Ritual washings may be symbolic, not physical. Chaplain end of life rituals may be conducted by cellphone, TV monitors, or behind personal protective equipment that resembles alien invasions.

Technology becomes an important part of rituals

Most faith traditions recognize the importance of individual rituals especially at the time of death. But while practicing social distancing, quarantine, or self-shielding, how does ritual body washing happen? Ritual modifications require creativity and grace. Sometimes the religion provides solutions when the belief can be reinterpreted and applied with grace. A Quranic verse says: "And if you are ill or on a journey or one of you comes from the place of relieving himself or you have contacted women and find no water, then seek clean earth and wipe over your faces and your hands [with it]. Indeed God is ever Pardoning and Forgiving."^{xl}

We must find appropriate substitutes for the elements of our rituals

Makkah Mosque Leeds offers some guidance about ritual body washing after death, either by COVID-19 or other causes. The key point is that the health and well-being of the living is far greater than that of the deceased. The ritual washing of bodies is not mandatory if medical experts feel that washing the body poses a

risk to those performing Ghusi (the ritual washing of the body) or if personal protective equipment is not available. Notably, “COVID-19 affected deceased are classified as Martyrs and therefore the ritual of washing the body is not mandatory.”^{xli} The ritual is important; however “we must comply with the instructions we receive [from the authorities].”^{xlii}

Ritual washing of bodies may not be mandatory

Many sacrifices are being made. Many modifications are being made. Many creative ideas are being initiated. We are living in a time of opportunity – opportunity to *be* all we can be during a time when we cannot *do* all we have done in the past. Ritual modifications are only one part of the changes we will experience during a time of pandemic

Disenfranchised Grief and Mourning

Whether the decedent is a victim of COVID-19 or has died in the due course of unrelated events, grieving and mourning will be disenfranchised by the simple reason that people cannot gather together and provide comfort in the usual meaningful ways. Traumatic grief often occurs when death is not expected or when the individual death is part of a mass fatality event such as in the sudden and unexpected crisis of pandemic. Survivors are in shock and make little sense of what has happened. Anxiety is high and the forced separation during the sickness and dying process cause exacerbation of the anxiety. Patients will die alone – without their loved ones near. Loved ones will feel guilt, knowing that no one wants to die alone. In the event of pandemic and social distancing, traumatic grief becomes disenfranchised grief. The socially accepted ways of grieving and mourning do not take place (gathering for funerals, wakes, visitation, etc.) and the emotional consequences include additional anxiety, a feeling of isolation, a sense of abandonment, and misunderstandings of many kinds. How will one demonstrate the significance of one’s loss if there is no funeral, no flowers, no music, no pictures, no memorabilia – no people to share the experience of one’s loss? When grieving and mourning are defined by tradition, survivors may feel significant disenfranchisement when those traditions are not upheld.

Pandemic may disenfranchise the grieving process

*Disenfranchised grief:
When the griever is denied the right to grieve*

...in situations where there is no funeral, the social group does not know how to relate to the person whose identity has changed and often that

person is socially abandoned. In addition, having supportive friends and family around us at the time of the funeral helps us realize we literally still exist. This self-identity issue is illustrated by a comment the bereaved often make: “When he died, I felt like a part of me died, too.”^{xliii}

*Disenfranchised
mourning:
When the griever is
denied the right to
mourn*

Disenfranchised grief and mourning may cause multiple emotional and social challenges. People with disenfranchised grief may experience depression, withdrawal from family and friends, somatic issues, and even a sense of guilt.

Cost of Complicated Grieving and Mourning

When the assumptions of one’s life – the expectations and beliefs – are not realized, many survivors experience complicated grieving and mourning. There was no time to say “good-bye,” there was unfinished business, and sometimes the loss is ambiguous. It feels unbelievable that “we” are going through such an implausible time such as this. “He was only twenty-two.” “But it was just a bad cold.” “It was supposed to be our cruise of a lifetime.” “I let him die alone.”

*Emotional consequence
for disenfranchised grief
and mourning include
anxiety, isolation
abandonment, and
misunderstandings*

Grieving lasts a lifetime, although the intensity of that grief will probably lessen over time. When the rituals at the end of life don't happen and when community is prohibited from gathering in consolation, the needs of the griever seem to increase. There’s a void that cannot be filled. Communication without eye contact, gestures, and compassionate touch seems superficial and insincere. The needs of the griever seem to increase as the griever experiences secondary losses – not enough affirmation, not enough stories, not enough hugs, not enough tears, not enough tradition, and not enough sources of support.

*Grieving lasts longer
when it is
disenfranchised*

The emotional and spiritual cost of grieving and mourning during pandemic will be great. Disillusionment, depression, loneliness, and abandonment will only be the initial psychosocial cost of grief during pandemic. There may be no sense of honor or tribute to the ones who have died during this time. There may be a sense of guilt or shame in not providing the traditional end of life rituals that were so deserved. There may be doubt that “we did the right thing,” or that “we did all we could.” These will be difficult and challenging days for those who survive and deal with the end of life issues surrounding pandemic. These are uncharted waters filled with challenges that will perplex and confound us. We will

*The emotional and
spiritual cost of grieving
and mourning during
pandemic will be great*

collaborate with the experts, confer with the experienced, and pray with the faithful. In the end, we still know, “The best way out is through” (Robert Frost).



Blessed are the poor in spirit, for theirs is the kingdom of heaven.

Blessed are those who mourn, for they shall be comforted.

Blessed are the gentle, for they shall inherit the earth.

Matthew 5:3-5 NASB

God comforts those
who mourn

Chapter 11

Partnerships that Work

Collaboration between churches, institutions, and agencies is essential in responding to pandemic influenza. No single entity can be fully prepared to provide all the essential services that their congregants and constituents will require when pandemic disrupts life. Each church could partner with other churches in the community to provide the best of what they are able to provide. In partnership with community, regional, state, and national agencies, churches are able to respond more effectively to the needs expressed by their congregants and the community it serves.

Collaboration is essential in pandemic response

Collaborative efforts are most successful when contacts and relationships are developed *before* the pandemic crisis. Familiarity with relief agencies (e.g. American Red Cross, Southern Baptist Disaster Relief, or Salvation Army) will facilitate receiving and providing services.

Relationships must be made before the pandemic crisis

The National Voluntary Organizations Active in Disasters (National VOAD) is an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promotion cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster.^{xliv} This association of disaster response organizations has provided the opportunity for collaboration before, during and after the crisis.

National VOAD provides opportunity for collaboration before, during, and after the crisis

Through the efforts of many sub-committees, the National VOAD has assisted houses of worship, communities, counties, and states with guidance in how to prepare, how to respond, and how to recover after many types of disasters and critical events. These sub-committees have provided Points of Consensus, Guidelines, and other resources to facilitate effective care and consistency of ministry provision.

Sub-committees provide guidance

There are several documents on the National VOAD website (www.nvoad.org) under Emotional and Spiritual Care (ESC). “Light Our Way” is the first resource, a general guide book for spiritual care in times of disaster, written for disaster response volunteers, first responders, and disaster planners, including chaplains, community clergy, and others who

become critical care personnel under difficult and challenging situations.

The National VOAD Resource Center provides a comprehensive guide to online information regarding disaster spiritual care (DSC). There are references to numerous disaster response organizations interested in spiritual care, providing detailed guidance into the qualifications, attributes, knowledge, and skill required to provide effective spiritual care during times of crisis. With tip sheets, summaries, and resources for spiritual care providers, including community clergy, this DSC Guidelines document becomes a significant resource during the emergency and response periods.

Resources are available at www.nvoad.org

The emphasis is on appropriate and respectful spiritual care, including many kinds of caring gestures. This care is provided by people from a diverse background who have agreed to common standards and principles that ensure delivery of spiritual care in an appropriate manner.

Appropriate and respectful spiritual care

During times of pandemic, the Emotional and Spiritual Care Committee is active in dialogue, collaboration and communication to share trustworthy resources, best practices, and opportunities for caring ministry. Spiritual care provided by people outside the impacted community support and do not substitute for local efforts. The local spiritual care providers and communities of faith are the primary resources.

ESC committee facilitates sharing resources

Many communities are providing community drills that include many churches, institutions, and agencies. Banks and other businesses are testing their ability to maintain functioning in the absence of employees and slow-down of related services. Hospitals and other healthcare facilities are testing their ability to deal with unprecedented numbers of patients who are ill or seriously disabled. Funeral homes are planning how to deal with mass fatalities and dealing with contamination issues. Schools are dealing with emergency operations during prolonged *snow days* and quarantine, including asynchronous education. State and federal agencies are supporting community agencies with funding, training and other resources as they practice various pandemic scenarios. Community drills are practical preparation for pandemic and chaplains and ministers must be an integral part of that preparation.

Communities are involved in drills to prepare and respond to pandemic

Chapter 12

Practical Applications in Pandemic: Bullet Points for the Chaplain and Minister

- Social distancing may require online ministry
- Community education is necessary regarding death and dying
- Families need resources for home religious services, including funerals
- People tend to “fight or flight” during crisis—that will exacerbate pandemic
- Mass burials may be necessary – how do we “dignify” mass burials?
- The military may assume all responsibility for law enforcement—martial law may be in effect
- There will be wide-spread chaos and panic, perhaps even rioting
- Isolation and quarantine may increase panic among people
- Patient tracking during quarantine will be difficult
- Small businesses may fail; large business may struggle
- Some people will refuse to cooperate—how do you deal with them?
- Each family, institution, and agency must have a designated point of contact and a communicator or public information officer (e.g. in the Tom Smith family, Mary is the person who contacts all the other family members with updates and information and Mary is the person extended family, church, and friends call to check on the Tom Smith family)
- Chaplains and ministers must maintain their own personal protective equipment (e.g. disposable gloves, hand sanitizers, disposable respirators [masks], tissues)
- Personal rights may be limited by the needs of the community
- Schools may be closed—child care will be necessary
- Insurance companies will be overwhelmed
- Church members, institutions, and agencies will struggle with many ethical dilemmas including obligation, duty, and responsibility to constituents, and unaffiliated fellow citizens
- Insurance policies may have exclusions for some aspects of pandemic
- Pastor/chaplains and ministers may be forced to choose between church and agency
- Line of succession and chain of command must be clearly identified
- Bodies in mass graves may never be recovered
- We must accommodate multiple cultural and faith needs in mass burials
- Who will receive church ministry? Members? “Friends?” Neighborhood? Community?
- Special need populations (elderly, disabled, seriously ill, etc.) may receive special accommodations or priority treatment (or not) against the will of some citizens
- Someone must decide if citizens receive treatment before “foreigners” or non-US citizens
- Churches must decide if they have a responsibility to store food and be prepared to care for its members and the neighboring community
- Institutions or agencies must communicate their responsibility to employees or staff during quarantines or long periods of isolation
- Even extensive planning will be imperfect and inadequate - the unexpected will occur
- The Ministry of Presence must happen albeit without physical presence
- Chaplains and ministers and other leaders will be forced to assume field responsibility and leadership that involves difficult decision making
- Faith leaders will struggle with self care and duty to serve

Conclusions

*You know that by now I could have struck you and your people with deadly disease
and there would be nothing left of you, not a trace. But for one reason only
I've kept you on your feet: To make you recognize my power
so that my reputation spreads in all the Earth.
Ex 9:15-16 (The Message)*

The United States government, the Center for Disease Control, the World Health Organization, and other public health organizations know that the threat of pandemic influenza is real. They believe there is a possibility of a large-scale epidemic that could equal or exceed the 1918 Spanish Flu pandemic that killed millions around the world. The H5N1 virus has caused 200 deaths to this point and has killed a family group of seven, documenting human-to-human transmission of avian flu. COVID-19 has already been a significant threat to world public health and a subject of global threat, chaos, and drastic measures in response.

*The threat of pandemic
influenza is real*

When there is crisis, chaplains and ministers and other spiritual caregivers are on the front line. In the case of pandemic, being on the front line will be inadequate. We must be the voice and hands that prepare individuals, families, and communities for the devastation that many anticipate. We must minister to the sick and distressed during the havoc of pandemic, and we must minister to the living after the pandemic has taken its toll. We cannot do this by our own might. Only God can accomplish this great task.

*Chaplains and ministers
must prepare
individuals, families, and
communities for
pandemic*

God will be the Healer

*Then you called out to GOD in your desperate condition;
he got you out in the nick of time.
He spoke the word that healed you,
that pulled you back from the brink of death.
So thank GOD for his marvelous love,
for his miracle mercy to the children he loves;
Offer thanksgiving sacrifices,
tell the world what he's done—sing it out!*

Psalms 107:19-22 The Message

Appendix A



COVID-19: Recommended Preventative Practices and FAQs for Faith-based and Community Leaders

PLEASE NOTE: The following recommended preventative practices and answers are in response to common questions we have received. They are based on what is currently known [about the Novel Coronavirus Disease 2019 \(COVID-19\)](#). Should you have questions that are not listed below, please contact the Partnership Center at partnerships@hhs.gov or 202-260-6501. We will do our best to respond in a timely fashion and will continue to update this document as further questions and information come to our attention.

Primary Resources

- **For updates on the Novel Coronavirus Disease 2019 (COVID-19)**, refer to the Centers for Disease Control and Prevention's (CDC's) [dedicated website](#). Also available in [Spanish](#).
- **For local information and for recommendations on community actions** designed to limit exposure to COVID-19, check with your [state and local public health authorities](#).
- **For guidance and instruction on specific prevention activities** related to your community's tradition and practices, refer to your national and regional denominations.

The Role of Faith-based and Community Leaders

Faith-based and community leaders continue to be valuable sources of comfort and support for their members and communities during times of distress, including the growing presence of COVID-19 in different parts of the country. As such, **these leaders have the unique ability to address potential concerns, fears, and anxieties** regarding COVID-19. Additionally, by reiterating simple hygienic precautions and practices, these **leaders can broadly promote** helpful information, managing fear and stigma, and restoring a sense of calm into the lives of those in their care.

Such leaders are also poised — through their acts of service and community relationships — to reach vulnerable populations with essential information and assistance. These acts of service are an essential part of the safety net for the vulnerable in their communities.

Appendix B

FAITH-BASED & COMMUNITY ORGANIZATIONS PANDEMIC INFLUENZA PREPAREDNESS CHECKLIST



The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public's health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based, and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization's ability to protect your community during emergencies in general. You can find more information at www.pandemicflu.gov.

1. Plan for the impact of a pandemic on your organization and its mission:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on your organization's usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

2. Communicate with and educate your staff, members, and persons in the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop tools to communicate information about pandemic status and your organization's actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and CDC.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.

continued



Coronavirus Disease 2019 (COVID-19)

Checklist to Get Ready

Checklist for Individuals and Families

As a family, you can plan and make decisions now that will protect you and your family during a COVID-19 outbreak. [Creating a household plan](#) can help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community. Use this checklist to help you take steps to plan and protect the health of you and your family.

PLAN AND PREPARE
Get up-to-date information about local COVID-19 activity from public health officials
<p>Create a household plan of action.</p> <ul style="list-style-type: none"> Consider members of the household that may be at greater risk such as older adults and people with severe chronic illnesses. Ask your neighbors what their plan includes. Create a list of local organizations you and your household can contact in case you need access to information, healthcare services, support, and resources. Create an emergency contact list including family, friends, neighbors, carpool drivers, healthcare providers, teachers, employers, the local public health department, and other community resources. Choose a room in your house that can be used to separate sick household members from others.
<p>Take everyday preventive actions:</p> <ul style="list-style-type: none"> Wash your hands frequently Avoid touching your eyes, nose, and mouth. Stay home when you are sick. Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces Be prepared if your child's school or childcare facility is temporarily dismissed or for potential changes at your workplace.
TAKE ACTION
<p>In case of an outbreak in your community, protect yourself and others:</p> <ul style="list-style-type: none"> Stay home and speak to your healthcare provider if you develop fever, cough, or shortness of breath If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*: <ul style="list-style-type: none"> Difficulty breathing or shortness of breath Persistent pain or pressure in the chest

	<ul style="list-style-type: none"> ◦ New confusion or inability to arouse ◦ Bluish lips or face ◦ *This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning. <ul style="list-style-type: none"> • Keep away from others who are sick • Limit close contact with others as much as possible (about 6 feet)
	<p>Put your household plan into action</p> <ul style="list-style-type: none"> • Continue to practice everyday preventive actions • If someone in the household is sick, separate them into the prepared room • If caring for a household member, follow recommended precautions and monitor your own health • Keep surfaces disinfected • Avoid sharing personal items • If you become sick, stay in contact with others by phone or email • Stay informed about the local outbreak situation • Notify your work if your schedule needs to change • Take care of the emotional health of your household members, including yourself
	<p>Take additional precautions for those at highest risk, particularly older adults and those who have severe underlying health conditions.</p> <ul style="list-style-type: none"> • Consider staying at home and away from crowds if you or a family member are an older adult or have underlying health issues • Make sure you have access to several weeks of medications and supplies in case you need to stay home • When you go out in public, keep away from others who are sick and limit close contact with others • Practice good hand hygiene
	<p>Take the following steps to help protect your children during an outbreak:</p> <ul style="list-style-type: none"> • Notify your child's school if your child becomes sick with COVID-19 • Keep track of school dismissals in your community • Discourage children and teens from gathering in other public places

Pandemic Flu Checklist: Childcare Program Administrators

As administrators, you can plan and make decisions now that will protect the health of children in your care and their families during a flu pandemic. Children are in close contact with each other in the school setting, so childcare facilities are places where flu can quickly spread. You may be faced with making decisions about school dismissals and closures. Use this checklist to help you take steps to plan and protect the health of children in your care and their families.



Before a pandemic: PLAN

- ☐ Connect with your local board of education, regulating office, and health department to review or develop a pandemic flu plan for your community.
- ☐ Create an emergency communication plan for your childcare program.
- ☐ Share the plans with staff and parents.
- ☐ Support flexible attendance and sick leave policies for children and staff.
- ☐ Develop a monitoring system to alert the local health department about large increases in absenteeism due to the flu.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

During a pandemic: TAKE ACTION

- ☐ Put your plans into action, as needed.
- ☐ Track children's absenteeism due to flu-like symptoms.
- ☐ Encourage children and staff to practice healthy behaviors (for example, staying home when they're sick, covering their coughs and sneezes, and washing their hands often).
- ☐ Provide supplies (such as tissues and soap).
- ☐ Clean frequently touched surfaces and objects (such as door knobs and toys).
- ☐ Designate a room and transportation for sick children and staff.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

After a pandemic: FOLLOW UP

- ☐ Discuss and note lessons learned.
- ☐ Improve your plans accordingly.
- ☐ Maintain community partnerships.
- ☐ Test and update your plans regularly.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

www.cdc.gov/npi

1-800-CDC-INFO (232-4636)
TTY: 888-232-6348

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Pandemic Flu Checklist: K-12 School Administrators

As administrators, you can plan and make decisions now that will protect the health of students in your care and your community during a flu pandemic. Because students are in close contact with each other in the school setting, schools are places where flu can quickly spread. You may be faced with making decisions about school dismissals and closures. Use this checklist to help you take steps to plan and protect the health of students in your care and your community.



Before a pandemic: PLAN	During a pandemic: TAKE ACTION	After a pandemic: FOLLOW UP
<input type="checkbox"/> Connect with your local board of education and health department to review or develop a pandemic flu plan for your community.	<input type="checkbox"/> Put your plans into action, as needed.	<input type="checkbox"/> Discuss and note lessons learned.
<input type="checkbox"/> Create an emergency communication plan for your school.	<input type="checkbox"/> Track student absenteeism due to flu-like symptoms.	<input type="checkbox"/> Improve your plans accordingly.
<input type="checkbox"/> Share plans with staff, parents, and students.	<input type="checkbox"/> Encourage students and staff to practice healthy behaviors (for example, staying home when they're sick, covering their coughs and sneezes, and washing their hands often).	<input type="checkbox"/> Maintain community partnerships.
<input type="checkbox"/> Support flexible attendance and sick leave policies for students and staff.	<input type="checkbox"/> Provide supplies (such as tissues and soap).	<input type="checkbox"/> Test and update your plans regularly.
<input type="checkbox"/> Develop a monitoring system to alert the local health department about large increases in absenteeism.	<input type="checkbox"/> Clean frequently touched surfaces and objects (such as computers and door knobs).	<input type="checkbox"/> _____
<input type="checkbox"/> Identify strategies to continue educating students if schools close (for example, web-based instruction and e-mail).	<input type="checkbox"/> Designate a room and transportation for sick students and staff.	<input type="checkbox"/> _____
<input type="checkbox"/> Plan ways to continue student services (such as, meal and social services) if schools close.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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Pandemic Flu Checklist: Workplace Administrators

As employers, you can plan and make decisions now that will protect the health of your staff during a flu pandemic. Plan policies and strategies to increase space or limit face-to-face contact between staff. These measures may help more staff stay well and keep the workplace running smoothly. Use this checklist to help you take steps to plan and protect the health of your staff.



Before a pandemic: PLAN

- ☐ Work with your local health department on planning efforts.
- ☐ Create or update your pandemic flu and emergency communication plans.
- ☐ Share your plans with staff.
- ☐ Strategize how to increase space or limit contact between staff, if possible (for example, teleworking and conference calls).
- ☐ Establish flexible leave policies for staff during a flu pandemic.
- ☐ Develop a monitoring system to track staff absences due to the flu.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

During a pandemic: TAKE ACTION

- ☐ Stay informed about the local flu situation and school closures.
- ☐ Put your plans, policies, and strategies into action, as needed.
- ☐ Update staff, customers, and suppliers with information about how your business is responding to the pandemic.
- ☐ Encourage staff to practice healthy behaviors (such as staying home when they're sick, covering their coughs and sneezes, and washing their hands often).
- ☐ Provide supplies (such as tissues and soap).
- ☐ Clean frequently touched surfaces and objects (such as computers and door knobs).
- ☐ Use a monitoring system to track staff absences due to the flu.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

After a pandemic: FOLLOW UP

- ☐ Discuss and note lessons learned.
- ☐ Improve your plans accordingly.
- ☐ Maintain community partnerships.
- ☐ Test and update your plans regularly.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
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Pandemic Flu Checklist: Event Planners

As event planners, you can plan and make decisions now that will protect the health of attendees and the community during a flu pandemic. Attendees will be close together for a long time, making it easy for flu to quickly spread. You may be faced with making decisions to modify, cancel, or postpone an event. This decision will depend on your local pandemic situation, event duration, and attendees. Use this checklist to help you take steps to plan and protect the health of attendees and the community.



Before a pandemic: PLAN	During a pandemic: TAKE ACTION	After a pandemic: FOLLOW UP
<ul style="list-style-type: none"> <input type="checkbox"/> Work with your local health department and other partners to develop your pandemic flu plan. <input type="checkbox"/> Create an emergency communication plan for your events. <input type="checkbox"/> Establish flexible leave policies for staff during a flu pandemic. <input type="checkbox"/> Develop refund policies for attendees during a flu pandemic. <input type="checkbox"/> Identify strategies to increase space or limit contact between attendees during a flu pandemic (for example, staggering event schedules). <input type="checkbox"/> Plan ways to separate and care for attendees and staff who get sick during an event. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Stay informed about the local flu situation. <input type="checkbox"/> Work with your local health department and community partners on response efforts. <input type="checkbox"/> Implement your plans and pandemic flu-related policies as needed. <input type="checkbox"/> Share health messages with staff and attendees before and during the event. <input type="checkbox"/> Encourage staff and attendees to practice healthy behaviors (for example, staying home if they're sick, covering their coughs and sneezes, and washing their hands often). <input type="checkbox"/> Provide supplies (such as soap and tissue). <input type="checkbox"/> Clean frequently touched surfaces and objects (such as handrails and door handles). <input type="checkbox"/> Increase space and limit contact between attendees. <input type="checkbox"/> Separate sick attendees and staff from others, and ask them to go home. <input type="checkbox"/> Take steps to cancel or postpone the event, if necessary. <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss and note lessons learned. <input type="checkbox"/> Improve your plans accordingly. <input type="checkbox"/> Maintain community partnerships. <input type="checkbox"/> Test and update your plans regularly. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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For the most accurate information please see the following websites:

- www.CDC.gov
- www.HHS.gov
- www.RedCross.org
- www.State.gov
- www.usa.gov/coronavirus
- www.WHO.int

Your state and county health departments are also the best sources of information regarding state and local details about up-to-date situation reports and resources.

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The World Health Organization has established six phases which define the status of threat. These are defined below.

Phase 1	No new influenza virus subtypes have been detected in humans. If in animals, the risk for human infection is considered to be low.
Phase 2	A new circulating animal influenza virus subtype poses a substantial risk of human disease but no new influenza virus subtypes have been detected in humans.
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. Even without human intervention it would be self limiting among humans.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. An epidemic is possible but has not yet happened.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly well adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Phase 6	Increased and sustained transmission in general population.

We are currently at Phase 6. 3/21/2020

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