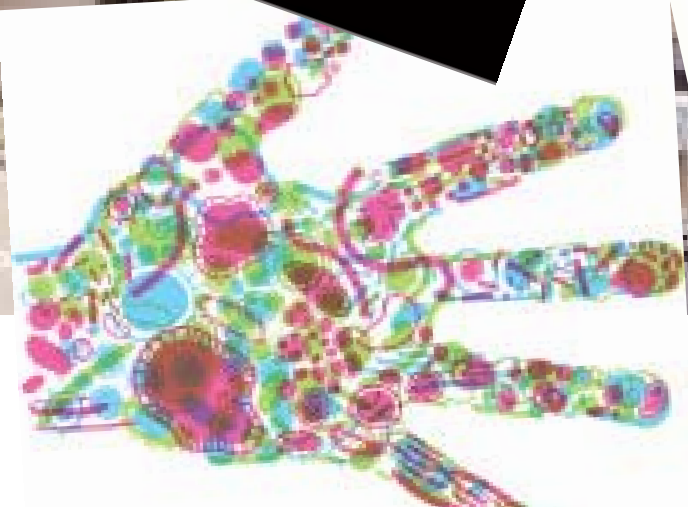


INFECTION CONTROL & EMERGENCY PREPAREDNESS TOOLKIT FOR THE FAITH COMMUNITY



Infection Control and Emergency Preparedness for the Faith Community Toolkit Contents & Ideas for Use

FRONT POCKET

Are You Ready for a Health Emergency?

Issue Brief 2010

Preventing the Spread of Infection in Faith Communities 2010

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5 Common Ways Germs are Spread¹

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Ready ✓ Preparing your Pets for Emergencies¹³

Ready ✓ Preparing Makes Sense for Older Americans¹³

Ready ✓ Preparing Makes Sense of People with Disabilities and Special Needs¹³

Ready ✓ Family Emergency Plan¹ In Excel format-complete for your family¹³

Home Emergency Kit⁴

¹Minnesota Department of Public Health

²Wisconsin Division of Public Health Department of Health and Family Services

³United States Department of Health and Human Services-Centers for Disease Control and Prevention

⁴FDL County, Wisconsin Health Department

⁵APIC-Association for the Professionals in Infection Control and Epidemiology

6Washington State Department of Health
7NACCHO-The National Association of County & City Health Officials
8Seattle & King County Advanced Practice Center
9www.henrythehand.com
10Adapted from the Central Texas Conference Plan
11Building Bridges of Love
12Pandemic Planning-The Faith Based Role: Joplin County, MO
13www.ready.gov

Are You Ready for a Health Emergency?

Congregational Ministry Guidelines for Worship



Health Emergency in the Faith Community

With the widespread talk of avian flu and a possible pandemic outbreak becoming part of the daily news, taking the time to consider how you would see to the day-

to-day needs of your community is just good planning. During times of crisis, the faith community is where many turn for support, particularly during a widespread health crisis. The very nature of community adds a level of risk to the spread of respiratory infections. How do we continue to offer our ministry, both on Sunday mornings and throughout the week, without putting our ministry personnel, lay leaders, and participants at risk? The following are some tips to consider in planning with your congregation.

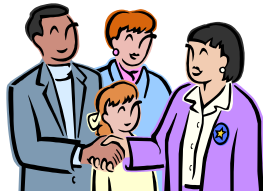
Why This Topic at This Time?

In the last century, three influenza pandemics occurred in 1918, 1957, and 1968. While we don't know when a pandemic may hit, we do know it is a real possibility, and we need to be prepared.

Congregational Risks

Respiratory infections are generally passed through direct contact or airborne droplets spread from coughing and sneezing. The following are some common practices that make transmitting infections easier:

- ❖ shaking hands—with greeters, and after a service passing the peace
- ❖ communion services, especially if a common cup and loaf are used



- ❖ nursery and toddler room toys
- ❖ Sunday school rooms coffee hour and other social times visitation to hospitals, retirement homes, nursing homes, and shut-ins

What Can My Congregation Do?

- ❖ Establish an Emergency Planning Team or similar group to develop an Emergency Plan for the congregation. Think in terms of the broader context of an emergency—not just an epidemic. Aspects of the plan may be useful when you need to do a major phoning project.
- ❖ Delegate responsibility. One person cannot do it all and may not be available at the time of the emergency.
- ❖ Identify coordinators to be responsible for implementing the plan should the need arise.
- ❖ Communicate your plan to the congregation.
- ❖ Review current activities and identify the risks.
- ❖ Develop alternatives for practices that pose a health risk.
- ❖ Establish a fan-out communication list:
 - Make a list of current members/adherents with phone numbers and e-mail addresses.
 - Establish contact groups—try for 8 to 10 per list.
 - Test for accuracy and completeness.
 - Keep the list current by using it for other communication purposes.
- ❖ Practice your plan.



Managing the Risk

A key element of worship and the church in general is the “community.” How can we reduce the “risk” without sacrificing what we know as community?

- ❖ Congregation and Worship
 - Have alcohol-based sanitizer available for use by greeters, the minister, and members of the congregation.
 - An alternative for passing the peace may be to bow with hands together.
 - Use individual cups and bread cubes for communion services, with one or two people administering the elements.

- ❖ Sunday school
 - Stock Sunday school rooms with a box of tissues and a wastepaper basket; clean tables after each class using soap and water.
 - Sanitize toys each week. Your local public health office can provide tips on this, or put the toys through a dishwasher cycle.

- ❖ Food-related activities
 - Wash hands before handling food.
 - Practice good food-handling techniques.
 - Use a dishwasher or hot, soapy water and hot-water rinsing to clean communion elements, coffee mugs, etc.
 - Consider using disposable items where possible such as individual communion cups.

- ❖ Alternatives to visitation
 - Abide by restrictions put in place for hospitals and nursing homes.
 - Establish a pastoral visitation team or increase the size of your existing team.
 - Provide pastoral visitation training.
 - Assign families to a visitation/contact list.
 - Develop a protocol for visitation by phone.



Prevention—the First Line of Defense

- ❖ Stay well:
 - Drink plenty of water/fluids.
 - Exercise regularly.
 - Eat a healthy diet.
 - Decrease stress.
 - Get enough rest.
 - Get the annual flu shot.
 - Wash your hands often using soap and warm running water, particularly after coughing or touching your nose.
 - Keep an alcohol-based hand sanitizer handy.
 - Stay at home if you are sick.

Need More Information?

- ❖ Local public health department
 - Information on influenza including signs and symptoms
 - Information on proper hand washing techniques
 - Information on food handling techniques

- ❖ Wisconsin Division of Public Health
 - Seasonal influenza: <http://dhs.wisconsin.gov/communicable/influenza/index.htm>
 - Pandemic influenza: <http://pandemic.wisconsin.gov/>
 - Infection control: <http://dhs.wisconsin.gov/communicable/InfectionControl/index.htm>

- ❖ Center for Disease Control and Prevention <http://www.pandemicflu.gov/>

- ❖ World Health Organization
 - Epidemic and Pandemic Alert and Response: www.who.int/csr/en

Preventing the Spread of Infection in Faith-Based Communities

Introduction

Public health has as its mission and privilege the promotion of physical and mental health in populations as well as the prevention of disease, injury and disability. With the community as its client, public health is successful in forging partnerships which aid in the early identification of health risks and the minimization of their impact on populations. The faith community has been suggested as one such public health partner. As a respected facet of community life, faith-based groups provide support and resources in times of crisis which are familiar and dependable.

In a normal influenza season, hundreds of people become ill. Many require hospitalization and some die. Should a severe new strain of influenza appear, this number would increase dramatically. The unpredictability of viruses places people at risk throughout the year, not just during the “cold and flu” season.

Preparing for pandemic, such as H1N1, and their effect on communities has occupied considerable time and planning dollars among public health professionals and the population in general. Public health is encouraging faith-based groups to adopt a policy to alter or eliminate common practices known to spread disease. This policy would be useful for congregations on a day-to-day basis as well as in the event of a public health emergency.

Common Practices Which Spread Disease

There are some common practices that promote the spread of disease. These include, but are not limited to: greeting members and visitors before and after services with a handshake; passing the peace using a handshake; communion services where a common cup or loaf are used or where a wafer is placed on the tongue of each

recipient from a single server; Sunday school rooms and toys; coffee hours and other social events, as well as visitations to nursing homes, hospitals, retirement homes and private residences.

Germ on the hands of individuals who cough, sneeze, wipe their mouths or even cover a yawn are easily passed on to others through a handshake or the touching of a common object or use of a common cup. Any person may harbor microorganisms that are currently harmless to them but potentially harmful to another person. Depending on the infectiousness of the germs being passed, hands or common items may remain infected for a long period of time. Handshaking and the sharing of common objects in worship services, while symbols of hospitality and spiritual bonding, are also efficient avenues for disease transmission. Frequent handwashing and the avoidance of using common objects have proven to be effective infection control measures.

Recommendations

To help control the spread of illness in congregations, please consider some of the following strategies:

- *Urge parishioners who are ill to refrain from attending services.*
- *Encourage members with cough/sneeze illness to avoid activities, during the service, where they come into direct contact with other members or common items.*
- *Make an announcement during the service, and in the bulletin, asking members to forego the handshake of fellowship to help prevent the unintentional spread of disease.*
- *Substitute another activity for handshaking when greeting each other before and after services and when “sharing the peace.” Nodding the head, touching the shoulder or waving the hand are a few suggestions.*
- *If unsuccessful in substituting an activity for handshaking, consider eliminating the portion of the service where “sharing the peace” or other handshaking occurs.*

- *Ask parishioners to extend hands in front of themselves, palms up, for special prayers where hands are usually held.*
- *Use individual cups for communion wine or grape juice.*
- *Have communion servers clean hands with sanitizer before distribution of the elements, then, place the communion bread or wafer into the palm of the recipient without touching his hand*
- *Have tissues and hand sanitizer gel available in each pew.*
- *Be sure classrooms and meeting rooms are stocked with Kleenex and hand sanitizer.*
- *Clean toys in nurseries and classrooms after each use.*
- *Encourage handwashing, using hot, soapy water as often as possible, particularly before handling food and after using restrooms.*

Conclusion

Healthy congregations in healthy communities are the goal of public health and its partners. The faith community is an integral part of the infection-control process. Eliminating the shaking of hands and the use of common objects before, during and after worship services, can have a significant impact on the achievement of this goal and the potential containment of serious threats to health.

Preventing the Spread of Infection in Faith Communities

Talking Points

In a normal influenza season, hundreds of people become ill. Many require hospitalization and some die. Now, with the unpredictability of viruses and the threat of an avian influenza strain, which may spark the next pandemic, people are at risk throughout the year, not just during “cold and flu” season. With faith communities being recognized as sources of spiritual, emotional and physical support, public health would like to partner with these communities to help identify health risks and minimize the impact of illness. Your congregation may wish to address some of the following practices which contribute to the spread of illness:

Attendance

- Encourage parishioners who are ill to refrain from attending activities and services*
- Urge members who are recovering from illness to avoid activities during the service where they come into direct contact with other members or common items*

Handshakes

- Make an announcement during the service and/or in the bulletin asking members to forego the handshake of fellowship to help prevent the unintentional spread of disease- “Let’s share the Spirit, not the germs”*
- Allow parishioners to substitute a nod of the head, a touch on the shoulder or a hand wave when greeting others or passing the peace*
- Ask parishioners to extend their hands in front of themselves- palms up- for special prayers when hands are usually held*
- Have tissues and hand sanitizer gel available in each pew, each classroom, lounge, office and in the kitchen*

Common Servers and Items

- Have communion servers clean or sanitize their hands immediately prior to distribution of the elements*
- Have servers place the host into the palm of the recipient's hand rather than on the tongue*
- Use small, individual disposable cups for communion wine or grape juice in place of a common cup*

Coffee Hours and Social Events

- Have hand sanitizer gel available in a convenient place*
- Encourage single-use plates and cups*

Sunday School/Nursery Ministries/Meeting Rooms

- Clean toys and all surfaces with antiseptic spray after each use*
- Stock classrooms and meeting rooms with tissue, antiseptic wipes and hand sanitizer*
- Use antiseptic spray on all doorknobs, keyboards, telephones and pews*

Bathrooms

- Place waste receptacles near the door so paper towels can be used on faucet and door handles before being deposited in the waste receptacle*
- Encourage frequent handwashing with soap particularly before handling food and after using the restroom (wash until completing The Lord's Prayer or one verse of Old Macdonald Had a Farm)*

Visitation Ministries

- Encourage hand-sanitizer use to all visitors to nursing home residents, the hospitalized or the homebound*

Working together, faith communities and public health can have a significant impact on maintaining healthy congregations.

For more information regarding infection control procedures please contact your local health department. You can find this number in your local phone book, or online at www.dhs.com, go to Partners & Providers; County / Tribal / Local Partners; Local Public Health department Listing; click on your county. (<http://dhs.wisconsin.gov/localhealth/index.htm>)

More online resources:

www.dhs.com

www.cdc.com

www.who.int

www.pandemicflu.gov

www.henrythehand.com

5 Common Ways Germs are Spread

Nose, mouth, or eyes to hands to others:

Germs can spread to the hands by sneezing, coughing, or rubbing the eyes and then can be transferred to other family members or friends. Simply washing your hands can help prevent such illnesses as the common cold or eye infections.



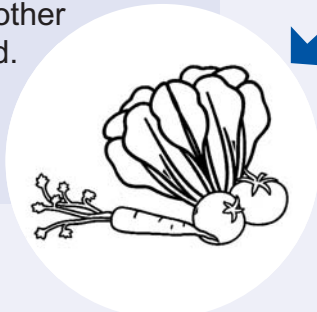
Hands to food:

Usually germs are transmitted from unclean hands to food by an infected food preparer who didn't wash his or her hands after using the toilet. The germs are then passed to those who eat the food. This is easily prevented by always washing your hands after using the toilet and before preparing food items.



Food to hands to food:

Germs are transmitted from raw foods, such as chicken, to hands while preparing a meal. The germs on the hands are then transferred to other uncooked foods, such as salad. Cooking the raw food kills the initial germs, but the salad remains contaminated.



Animals to people:

Wash your hands after petting animals or touching any surfaces they come into contact with.



Infected child to hands to other children:

Germs are passed from an child with diarrhea to the hands of the parent during diaper changing. If the parent doesn't immediately wash his or her hands, the germs that cause diarrhea are then passed to others.



Why is hand washing important?

Hand washing, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Good hand washing technique is easy to learn and can significantly reduce the spread of infectious diseases among children and adults.

What types of disease can good hand washing prevent?

1. Diseases spread through fecal-oral transmission. Infections that may be transmitted through this route include salmonellosis, shigellosis, hepatitis A, giardiasis, enterovirus, amebiasis, and campylobacteriosis. Because these diseases are spread through the ingestion of even the tiniest particles of fecal material, hand washing after using the toilet cannot be over-emphasized.
2. Diseases spread through indirect contact with respiratory secretions. Microorganisms that may be transmitted through this route include influenza, *Streptococcus*, respiratory syncytial virus (RSV) and the common cold. Because these diseases may be spread indirectly by hands contaminated by respiratory discharges of infected people, illness may be avoided by washing hands after coughing or sneezing and after shaking hands with an individual who has been coughing and sneezing.
3. Diseases may also be spread when hands are contaminated with urine, saliva or other moist body substances. Microorganisms, which may be transmitted by one or more body substances, include cytomegalovirus, typhoid, staphylococcal organisms, and Epstein-Barr virus. These germs may be transmitted from person to person or indirectly by contamination of food or inanimate objects such as toys.

What is good hand washing technique?

There is more to hand washing than you think! By rubbing your hands vigorously with soapy water, you pull the dirt and the oily soils free from your skin. The soap lather suspends both the dirt and germs trapped inside and are then quickly washed away.

Follow these four simple steps to keeping hands clean:

1. Wet your hands with warm running water.
2. Add soap, then rub your hands together, making a soapy lather. Do this away from the running water for at least 20 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as between your fingers and under your nails.
3. Rinse your hands well under warm running water. Let the water run back into the sink, not down to your elbows.
4. Dry hands thoroughly with a clean towel. Then turn off the water with a clean paper towel and dispose in a proper receptacle.

What type of soap should be used?

Any type of soap may be used. However, bar soap should be kept in a self draining holder that is cleaned thoroughly before new bars are put out and liquid soap containers (which must be used in day care centers) should be used until empty and cleaned before refilling.

To prevent chapping use a mild soap with warm water; pat rather than rub hands dry; and apply lotion liberally and frequently.

What are some mistakes I should avoid regarding hand washing?

- DON'T use a single damp cloth to wash a group of children's hands.
- DON'T use a standing basin of water to rinse hands.
- DON'T use a common hand towel. Always use disposable towels in day care or food preparation settings.
- DON'T use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water. Remember that germs thrive on moist surfaces!

What are some ways to help children with good hand washing technique?

It is important to encourage and help children to wash hands before eating, after playing outdoors or playing with pets, after using the bathroom, and after blowing their noses. Even though hands may appear to be clean, they may carry germs or microorganisms that are capable of causing disease.

Don't assume that children know how to wash their hands properly. Supervision, especially in a day care setting, is an essential element in forming good hand washing habits in children.

Finally, children learn by example! Let them observe good hand washing technique from the adults who care for them.

May I use the over-the-counter alcohol gels for washing my hands instead of using soap and water?

These products, which can be found wherever soap is sold, are very effective at killing germs on the hands as long as your hands are not visibly dirty. They should be used when soap and water are not readily available.

To use correctly, apply about a teaspoonful of the alcohol gel on the palm of one hand. Then rub all over both hands, making sure you rub the front, back, and fingernail areas of both hands. Let the alcohol dry, which should take about 30 seconds.

If your hands look dirty but you have no other way to wash your hands, use the gel but wash with soap and water as soon as you can.

Hand washing signs:

- Food establishment sign
- General sign



Key Facts About Seasonal Influenza (Flu)

What is Influenza (Also Called Flu)?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each year.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- more than 200,000 people are hospitalized from flu complications; and
- about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions (such as asthma, diabetes, or heart disease), are at high risk for serious flu complications.

Symptoms of Flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

How Flu Spreads

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 days **after** becoming sick. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.**

Preventing Seasonal Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccination each year. There are two types of vaccines:

- **The "flu shot"** – an inactivated vaccine (containing killed virus) that is given with a needle. The flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.

- **The nasal-spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). LAIV is approved for use in healthy* people 2-49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

When to Get Vaccinated

Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season, into December, January, and beyond. This is because the timing and duration of influenza seasons vary. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.

Who Should Get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, the Advisory Committee on Immunization Practices (ACIP) makes [recommendations regarding priority groups for vaccination](#).

People who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:

- Children aged 6 months until their 5th birthday,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long-term care facilities.

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above),
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated), and
- Health care workers.

3. Children aged 6 months up to their 19th birthday

4. Anyone who wants to decrease their risk of influenza.

Use of the Nasal Spray Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy* people 2-49 years of age who are not pregnant, even healthy persons who live with or care for those in a high-risk group. The one exception is healthy persons who care for persons with severely weakened immune systems who require a protected environment; these healthy persons should get the inactivated vaccine.

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health-care provider.

For more about preventing the flu, see the following:

- [Key Facts About Seasonal Flu Vaccine](#)
- [Influenza Antiviral Drugs](#)
- [Good Health Habits for Prevention](#)
- [The Flu: A Guide for Parents](#)

* "Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications.

For more information, visit www.cdc.gov/flu, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

August 26, 2008

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AVIAN INFLUENZA (BIRD FLU)

FACT SHEET

Key Facts About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus

This fact sheet provides general information about avian influenza (bird flu) and information about one type of bird flu, called avian influenza A (H5N1), that has caused infections in birds and in humans. Also see Questions and Answers (<http://www.cdc.gov/flu/avian/gen-info/qa.htm>) on the CDC website and Frequently Asked Questions (FAQs) http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html) on the World Health Organization (WHO) website.

Avian Influenza (Bird Flu)

Avian influenza in birds

Avian influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.

Infected birds shed influenza virus in their saliva, nasal secretions, and feces. Susceptible birds become infected when they have contact with contaminated secretions or excretions or with surfaces that are contaminated with secretions or excretions from infected birds. Domesticated birds may become infected with avian influenza virus through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces (such as dirt or cages) or materials (such as water or feed) that have been contaminated with the virus.

Infection with avian influenza viruses in domestic poultry causes two main forms of disease that are distinguished by low and high extremes of virulence. The "low pathogenic" form may go undetected and usually causes only mild symptoms (such as ruffled feathers and a drop in egg production). However, the highly pathogenic form spreads more rapidly through flocks of poultry. This form may cause disease that affects multiple internal organs and has a mortality rate that can reach 90-100% often within 48 hours.

Human infection with avian influenza viruses

There are many different subtypes of type A influenza viruses. These subtypes differ because of changes in certain proteins on the surface of the influenza A virus (hemagglutinin [HA] and neuraminidase [NA] proteins). There are 16 known HA subtypes and 9 known NA subtypes of influenza A viruses. Many different combinations of HA and NA proteins are possible. Each combination represents a different subtype. All known subtypes of influenza A viruses can be found in birds.

Usually, "avian influenza virus" refers to influenza A viruses found chiefly in birds, but infections with these viruses can occur in humans. The risk from avian influenza is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of human infection from several subtypes of avian influenza infection have been reported since 1997. Most cases of avian influenza

June 30, 2006

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Key Facts About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus

(continued from previous page)

Infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks, and turkeys) or surfaces contaminated with secretion/excretions from infected birds. The spread of avian influenza viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person.

“Human influenza virus” usually refers to those subtypes that spread widely among humans. There are only three known A subtypes of influenza viruses (H1N1, H1N2, and H3N2) currently circulating among humans. It is likely that some genetic parts of current human influenza A viruses came from birds originally. Influenza A viruses are constantly changing, and they might adapt over time to infect and spread among humans.

During an outbreak of avian influenza among poultry, there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with secretions or excretions from infected birds.

Symptoms of avian influenza in humans have ranged from typical human influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. The symptoms of avian influenza may depend on which virus caused the infection.

Studies done in laboratories suggest that some of the prescription medicines approved in the United States for human influenza viruses should work in treating avian influenza infection in humans. However, influenza viruses can become resistant to these drugs, so these medications may not always work. Additional studies are needed to demonstrate the effectiveness of these medicines.

Avian Influenza A (H5N1)

Influenza A (H5N1) virus – also called “H5N1 virus” – is an influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them. H5N1 virus does not usually infect people, but infections with these viruses have occurred in humans. Most of these cases have resulted from people having direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces.

Avian influenza A (H5N1) outbreaks

For current information about avian influenza A (H5N1) outbreaks, see our Outbreaks (<http://www.cdc.gov/flu/avian/outbreaks/>)page.

Human health risks during the H5N1 outbreak

Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of detected cases of severe disease and death in humans. However, it is possible that those cases in the most severely ill people are more likely to be diagnosed and reported, while milder cases go unreported. For the most current information about avian influenza and cumulative case numbers, see the World Health Organization (WHO) avian influenza website (http://www.who.int/csr/disease/avian_influenza/en/).

Of the human cases associated with the ongoing H5N1 outbreaks in poultry and wild birds in Asia and parts of Europe, the Near East and Africa, more than half of those people reported infected with the virus have died. Most cases have occurred in previously healthy children and young adults and have resulted from direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces. In general, H5N1

Key Facts About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus

(continued from previous page)

remains a very rare disease in people. The H5N1 virus does not infect humans easily, and if a person is infected, it is very difficult for the virus to spread to another person.

While there has been some human-to-human spread of H5N1, it has been limited, inefficient and unsustainable. For example, in 2004 in Thailand, probable human-to-human spread in a family resulting from prolonged and very close contact between an ill child and her mother was reported. Most recently, in June 2006, WHO reported evidence of human-to-human spread in Indonesia. In this situation, 8 people in one family were infected. The first family member is thought to have become ill through contact with infected poultry. This person then infected six family members. One of those six people (a child) then infected another family member (his father). No further spread outside of the exposed family was documented or suspected.

Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic (worldwide outbreak of disease) could begin. For more information about influenza pandemics, see PandemicFlu.gov (<http://www.pandemicflu.gov/>).

No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation in Asia and Europe very closely and are preparing for the possibility that the virus may begin to spread more easily and widely from person to person.

Treatment and vaccination for H5N1 virus in humans

The H5N1 virus that has caused human illness and death in Asia is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Two other antiviral medications, oseltamavir and zanamavir, would probably work to treat influenza caused by H5N1 virus, but additional studies still need to be done to demonstrate their effectiveness.

There currently is no commercially available vaccine to protect humans against H5N1 virus that is being seen in Asia and Europe. However, vaccine development efforts are taking place. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005, and a series of clinical trials is under way. For more information about H5N1 vaccine development process, visit the National Institutes of Health website (<http://www3.niaid.nih.gov/news/newsreleases/2005/avianfluvax.htm>).

For more information, visit <http://www.cdc.gov/flu/avian>,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

June 30, 2006

Page 3 of 3



HOW DOES SEASONAL FLU DIFFER FROM PANDEMIC FLU?

November 1, 2005

SEASONAL FLU

Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates

Usually some immunity built up from previous exposure

Healthy adults usually not at risk for serious complications (the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications)

Health systems can usually meet public and patient needs

Vaccine developed based on known virus strains and available for annual flu season

Adequate supplies of antivirals are usually available

Average U.S. deaths approximately 36,000/yr

Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.

Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)

Manageable impact on domestic and world economy

PANDEMIC FLU

Occurs rarely (three times in 20th century - last in 1968)

No previous exposure; little or no pre-existing immunity

Healthy people may be at increased risk for serious complications

Health systems may be overwhelmed

Vaccine probably would not be available in the early stages of a pandemic

Effective antivirals may be in limited supply

Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 500,000)

Symptoms may be more severe and complications more frequent

May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)

Potential for severe impact on domestic and world economy

For additional information visit: www.pandemicflu.gov

Noroviruses: Q&A

What are noroviruses?

Noroviruses are a group of viruses that cause the “stomach flu,” or gastroenteritis (GAS-tro-en-ter-I-tis), in people. The term norovirus was recently approved as the official name for this group of viruses. Several other names have been used for noroviruses, including:

- Norwalk-like viruses (NLVs)
- caliciviruses (because they belong to the virus family *Caliciviridae*)
- small round structured viruses.

Viruses are very different from bacteria and parasites, some of which can cause illnesses similar to norovirus infection. Viruses are much smaller, are not affected by treatment with antibiotics, and cannot grow outside of a person’s body.

What are the symptoms of illness caused by noroviruses?

The symptoms of norovirus illness usually include nausea, vomiting, diarrhea, and some stomach cramping. Sometimes people additionally have a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. The illness often begins suddenly, and the infected person may feel very sick. The illness is usually brief, with symptoms lasting only about 1 or 2 days. In general, children experience more vomiting than adults.

What is the name of the illness caused by noroviruses?

Illness caused by norovirus infection has several names, including:

- stomach flu – this “stomach flu” is *not* related to the flu (or influenza), which is a respiratory illness caused by influenza virus.
- viral gastroenteritis – the most common name for illness caused by norovirus. Gastroenteritis refers to an inflammation of the stomach and intestines.
- acute gastroenteritis
- non-bacterial gastroenteritis
- food poisoning (although there are other causes of food poisoning)
- calicivirus infection

How serious is norovirus disease?

Norovirus disease is usually not serious, although people may feel very sick and vomit many times a day. Most people get better within 1 or 2 days, and they have no long-term health effects related to their illness. However, sometimes people are unable to drink enough liquids to replace the liquids they lost because of vomiting and diarrhea. These persons can become dehydrated and may need special medical attention. This problem with dehydration is usually only seen among the very young, the elderly, and persons with weakened immune systems. There is no evidence to suggest that an infected person can become a long-term carrier of norovirus.

How do people become infected with noroviruses?

Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- eating food (see [food handler fact sheet](#)) or drinking liquids that are contaminated with norovirus;
- touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
- having direct contact with another person who is infected and showing symptoms (for example, when caring for someone with illness, or sharing foods or eating utensils with someone who is ill).

Persons working in day-care centers or nursing homes should pay special attention to children or residents who have norovirus illness. This virus is very contagious and can spread rapidly throughout such environments.

When do symptoms appear?

Symptoms of norovirus illness usually begin about 24 to 48 hours after ingestion of the virus, but they can appear as early as 12 hours after exposure.

Are noroviruses contagious?

Noroviruses are very contagious and can spread easily from person to person. Both stool and vomit are infectious. Particular care should be taken with young children in diapers who may have diarrhea.

How long are people contagious?

People infected with norovirus are contagious from the moment they begin feeling ill to at least 3 days after recovery. Some people may be contagious for as long as 2 weeks after recovery. Therefore, it is particularly important for people to use good handwashing and other hygienic practices after they have recently recovered from norovirus illness.

Who gets norovirus infection?

Anyone can become infected with these viruses. There are many different strains of norovirus, which makes it difficult for a person's body to develop long-lasting immunity. Therefore, norovirus illness can recur throughout a person's lifetime. In addition, because of differences in genetic factors, some people are more likely to become infected and develop more severe illness than others.

What treatment is available for people with norovirus infection?

Currently, there is no antiviral medication that works against norovirus and there is no vaccine to prevent infection. Norovirus infection cannot be treated with antibiotics. This is because antibiotics work to fight bacteria and not viruses.

Norovirus illness is usually brief in healthy individuals. When people are ill with vomiting and diarrhea, they should drink plenty of fluids to prevent dehydration. Dehydration among young children, the elderly, the sick, can be common, and it is the most serious health effect that can result from norovirus infection. By drinking oral rehydration fluids (ORF), juice, or water, people can reduce their chance of becoming dehydrated. Sports drinks do not replace the nutrients and minerals lost during this illness.

Can norovirus infections be prevented?

Yes. You can decrease your chance of coming in contact with noroviruses by following these preventive steps:

- Frequently wash your hands, especially after toilet visits and changing diapers and before eating or preparing food.
- Carefully wash fruits and vegetables, and steam oysters before eating them.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner.
- Immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness (use hot water and soap).
- Flush or discard any vomitus and/or stool in the toilet and make sure that the surrounding area is kept clean.

Persons who are infected with norovirus should not prepare food while they have symptoms and for 3 days after they recover from their illness ([see food handler information sheet](#)). Food that may have been contaminated by an ill person should be disposed of properly.



Social Distancing

FACTSHEET

Social distancing is a term applied to certain actions that are taken by health officials to stop or slow down the spread of a highly contagious disease. The Health Officer has the legal authority to order social distancing measures. Since these measures will have a huge impact on our community, any action to start social distancing measures would be done in line with other local agencies such as cities, police departments and schools, as well as with state and federal partners. The Fond du Lac County Health Officer and the Public Health Department are in charge of providing the public with information about social distancing measures. This information can help you understand what you may be asked to do if the Health Officer puts social distancing measures into practice.

What are social distancing measures?

Social distancing measures are taken to limit when and where people can gather to stop or slow the spread of contagious diseases. Social distancing measures include stopping large groups of people coming together, closing buildings, and canceling events.

Why would social distancing measures be used?

Today, social distancing measures are most often thought about as a way to slow the spread of pandemic influenza. Health experts have looked at past pandemics and found that during the 1957-58 pandemic, the spread of the disease followed public get-togethers such as conferences and festivals. During the 1957-58 pandemic, the highest rates of illness were seen in school children because they are so close together in classrooms. Health experts believe that stopping groups of people from coming to-

gether will be important in slowing the spread of pandemic influenza.

Since a pandemic cannot be stopped once it has started, when pandemic influenza is first found in our area social distancing measures will be used to slow the spread of the disease. Because health experts do not know how much warning there will be, slowing the spread of the disease will give our community some extra time we need to be better prepared.

Examples of social distancing measures that would be carried out during a pandemic include:

- Closing all public and private K-12 schools and facilities, as well as all child-care centers.
- Canceling all indoor and outdoor events that get large crowds. These events include sports events, concerts, parades and festivals.
- Closing community centers, malls and theaters, as well as postponing services at all places of worship.

During a pandemic, mass transit systems may also be temporarily closed or only be used for necessary travel. Other actions that would be taken include: public and private colleges delaying classes, going to web-based learning, and canceling all large campus meetings and gatherings; public and private libraries changing their operations and stopping people from gathering by only letting people come in to pick up books that have been reserved or requested on-line or by telephone; and businesses changing company practices, setting up flexible shift plans, having employees telecommute, and canceling any large meetings or conferences.

Continued....

Information about.....

Social Distancing

cont'd



What other public health actions help limit the spread of disease?

Other public health actions that are used to limit the spread of a contagious disease include isolation and quarantine.

Isolation is used when a person is sick and has a contagious disease. The sick person is separated from people who are not sick. People who are isolated may be cared for in hospitals, other healthcare facilities, or in their own homes. In most cases isolation is voluntary, but federal, state and local health officials have the power to force the isolation of sick people to protect the general public's health. When a person is placed in **quarantine**, they are also separated from others. Even though the person is not sick at the moment, they were exposed to a contagious disease, may still become infectious, and then spread the disease to others. Other quarantine measures include limiting the travel of those who have been exposed to a contagious disease, and stopping people coming or going into a specific area. States have the power to put into force quarantines within their borders. Both isolation and quarantine may be used by health officials during an influenza pandemic to help slow the spread of the disease.

What can I do?

It is always important to avoid close contact with people who are sick. Health officials recommend that if you get sick, stay home and away from others as much as possible. Do not go to work sick and do not send sick children to school or day care. This will be even more important during a pandemic.

Even though it may seem simple, practicing good hygiene habits such as washing your hands and covering your cough will help stop or slow the spread of many diseases. The FDL County web site, www.fdlco.wi.gov, has 'Wash Your Hands' and 'Cover Your Cough' posters you can download and use. During a pandemic, it will be critical to understand what you may be asked or required to do. It will be important to follow any social distancing instructions, or any other instructions or orders given by health officials. So please stay informed and plan ahead. The Web sites listed below can help you prepare for public health emergencies, including the possibility of pandemic influenza. Please remember, while pandemic influenza is likely to be more serious than any other public health emergency, most people who get this disease will survive.

For health-related questions or concerns, please contact the **Fond du Lac County Public Health Department** at: **920-929-3085**.

For more information about health issues and emergency preparedness, please visit the following Web sites:

- www.cdc.gov
- www.pandemicflu.gov
- www.redcross.org
- www.who.int
- www.fdlco.wi.gov

the flu



A Guide for Parents

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.

What are the symptoms of the flu?

Most people with the flu feel tired and have fever (usually high), headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.

How does the flu spread?

People that have the flu usually cough, sneeze, and have a runny nose. This makes droplets with virus in them. Other people can get the flu by breathing in these droplets, getting them in their nose or mouth, or touching contaminated surfaces.

How long can a sick person spread the flu to others?

Healthy adults may be able to spread the flu from 1 day **before** getting sick to up to 5 days **after** getting sick. This can be longer in children and in people who don't fight disease as well (people with weakened immune systems).

How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. CDC recommends that all children from the ages of 6 months up to their 19th birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).

- Flu shots can be given to children 6 months and older.
- A nasal-spray vaccine can be given to healthy children 2 years and older (children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).

You can protect your child by getting a flu vaccine for yourself too. Also encourage your child's close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).

Is there medicine to treat the flu?

There are antiviral drugs for children 1 year and older that can make your child feel better and get better sooner. But these drugs need to be approved by a doctor. They should be started during the first 2 days that your child is sick for them to work best. Your doctor can discuss with you if these drugs are right for your child.

What Can YOU Do?

How else can I protect my child against flu?

1. Take time to get a flu vaccine and get your child vaccinated too.
2. Take everyday steps to prevent the spread of germs. This includes:
 - Clean *your* hands often and cover your coughs and sneezes
 - Tell your child to:
 - Stay away from people who are sick
 - Clean hands often
 - Keep hands away from face
 - Cover coughs and sneezes to protect others (it's best to use a tissue and throw it away).

What should I use for hand cleaning?

Washing hands with soap and water (for as long as it takes to sing the *Happy Birthday* song twice) will help protect your child from many different germs. When soap and water are not available, wipes or gels with alcohol in them can be used (the gels should be rubbed into your hands until they are dry).

What can I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. If your child is older than 2 years, you can buy medicine (over-the-counter) without a prescription that might make your child feel better. Be careful with these medicines and follow the instructions on the package. **But never give aspirin or medicine that has aspirin in it** to children or teenagers who may have the flu.

What if my child seems very sick?

- Call or take your child to a doctor right away if your child:
- has a high fever or fever that lasts a long time
 - has trouble breathing or breathes fast
 - has skin that looks blue
 - is not drinking enough
 - seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
 - gets better but then worse again
 - has other conditions (like heart or lung disease, diabetes) that get worse

Can my child go to school if he or she is sick?

No. Your child should stay home to rest and to avoid giving the flu to other children.

Should my child go to school if other children are sick?

It is not unusual for some children in school to get sick during the winter months. If many children get sick, it is up to you to decide whether to send your child to school. You might want to check with your doctor, especially if your child has other health problems.

When can my child go back to school after having the flu?

Keep your child home from school until his or her temperature has been normal for 24 hours. Remind your child to cover their mouth when coughing or sneezing, to protect others (you may want to send some tissue and wipes or gels with alcohol in them to school with your child).



DIVISION OF PUBLIC HEALTH

Jim Doyle
Governor

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Karen E. Timberlake
Secretary

State of Wisconsin

Department of Health Services

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

May 1, 2009

TO: Local Health and Tribal Partners

FR: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases

RE: Religious Practices during the Outbreak of Influenza A H1N1 Virus Infections

The following guidance from the Wisconsin Division of Public Health is intended to enable local and tribal health partners to serve as a resource to local religious leaders during the outbreak of Influenza A H1N1 virus infections in the state.

Consider replacing the use of common cups or intinction (dipping the wafer into the wine or grape juice into a common cup) methods for distributing wine or grape juice during communion with use of individual, single-use disposable cups or individual re-usable cups that are washed in hot water and detergent and rinsed with dilute bleach solution after use.

- 1) Persons preparing or dispensing communion wafers and cups should wash their hands with soap and water or use alcohol hand sanitizer before handling them. Sick individuals should not participate in preparing or dispensing communion.
- 2) If religious ceremonies or practices include hand shaking in a large group, consider making hand sanitizer available at the entrance to a sanctuary or other convenient location.
- 3) Congregation members should be encouraged to stay home if they have symptoms of respiratory illness (fever, cough, sore throat, runny or stuffy nose). Tips for staying healthy may be distributed to members at places of worship (see below).

More information about Influenza A H1N1 virus infections is available on the Wisconsin Department of Health Services website at <http://www.pandemic.wisconsin.gov/>

Tips for Staying Healthy

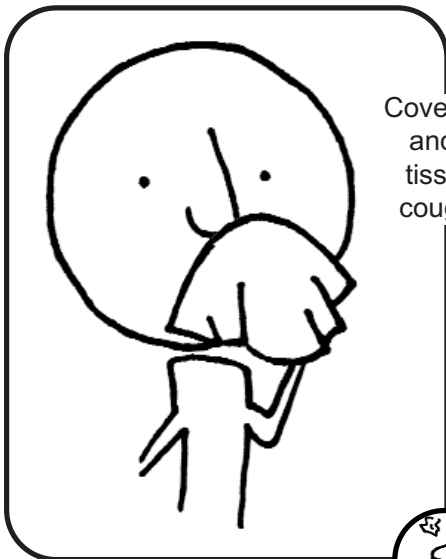
- Wash your hands often. Be sure to use warm water and enough soap to create a lather. Rub hands together briskly for about 15 seconds (about as long as it takes to sing "Happy Birthday"). Rinse your hands completely to allow the water to carry the soap, dirt and germs away. If soap and water are not available, using an alcohol gel such as Purell[®] is a good alternative.
- Try not to touch your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose or mouth. If you do need to touch these parts of your body, wash your hands first.
- Avoid close contact with people who are sick.
- Practice other good habits, such as not smoking, getting plenty of sleep, staying active, managing stress, drinking plenty of water and eating nutritious food.

To protect others if you get sick

- Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue in the wastebasket and wash your hands right away. If soap and water are not available, using an alcohol gel such as Purell[®] is a good alternative. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Stay home from work and school and avoid large public gatherings such as places of worship, shopping centers, sports arenas and movie theaters if you are coughing, sneezing and blowing your nose.

Stop the spread of germs that make you and others sick!

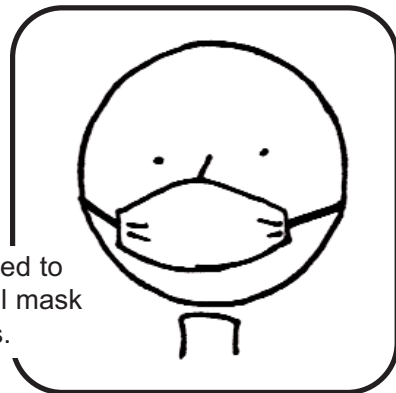
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



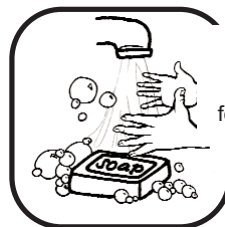
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds or



clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota
Antibiotic
Resistance
Collaborative



The **new** way to get clean

Alcohol-based handrub

Keep your hands clean! Use an alcohol-based handrub when your hands are not visibly soiled. Wash your hands with soap and water when your hands are visibly soiled.

[Food handlers in restaurants, schools, deli's and grocery stores must wash their hands with soap and water before applying hand sanitizers. Minn Rules Chap. 4626.0070 - 4626.0085]



Alcohol-based handrubs provide several advantages over handwashing with soap and water:

- require less time than handwashing
- act quickly to kill microorganisms on hands
- more effective than handwashing with soap and water
- more accessible than sinks
- reduce bacterial counts on hands
- do not promote antimicrobial resistance
- less irritating to skin than soap and water
- can even improve condition of skin

How do you use it?

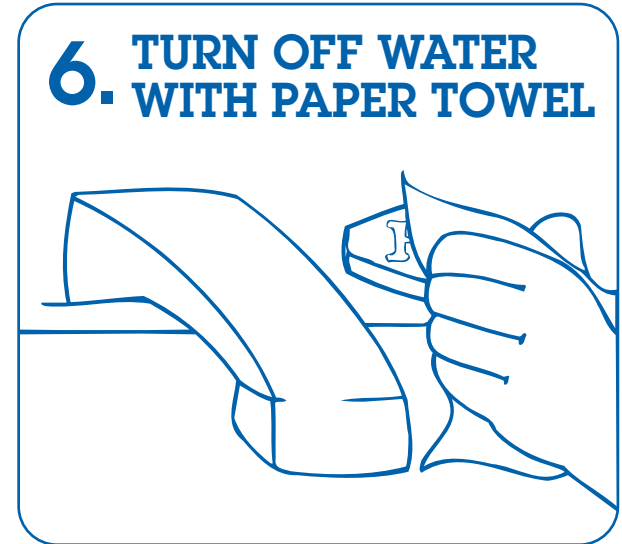
It is as easy as 1, 2, 3... When decontaminating hands with an alcohol-based handrub use an amount of alcohol-based handrub sufficient to cover all surfaces of hands.

- 1** Apply handrub to palm of one hand.
- 2** Rub hands together covering all surfaces of hands and fingers.
- 3** Rub until handrub is absorbed.



Be a Germ-Buster...

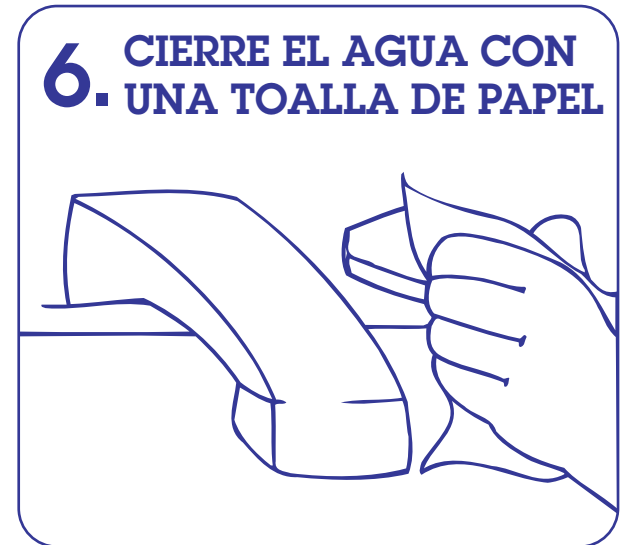
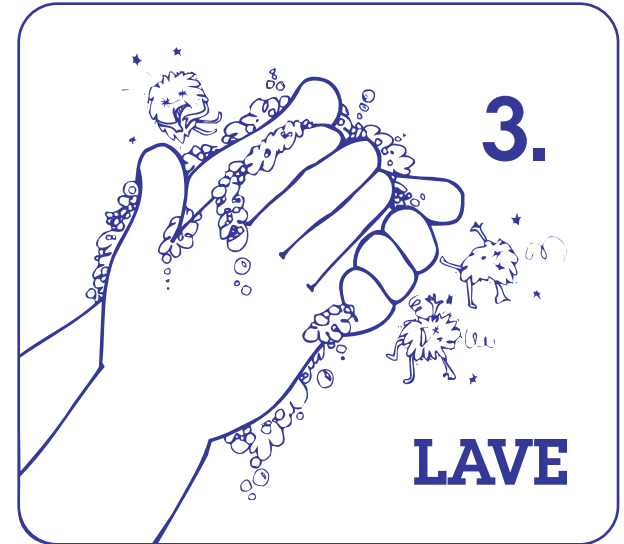
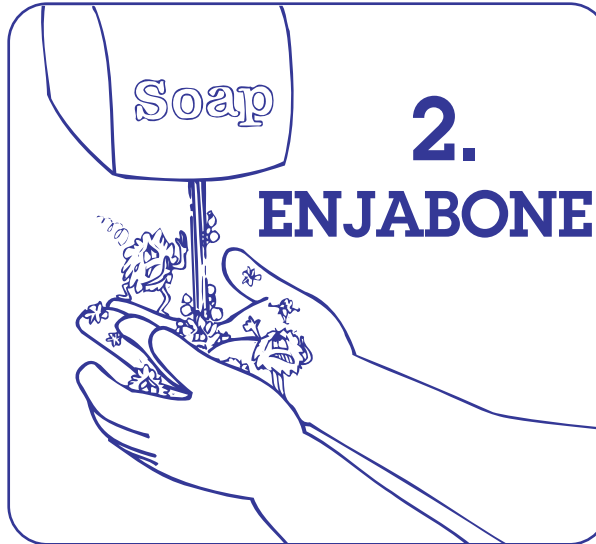
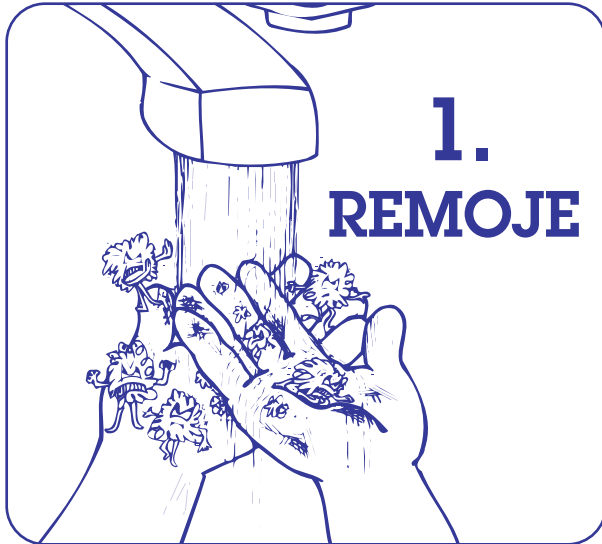
WASH YOUR HANDS!





Sea un Mata-Germen...

LAVE SUS MANOS





Dear Colleague,

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Sincerely,
Health Education Resource Exchange Web Team

REPORT IMMEDIATELY

“UNUSUAL OCCURRENCES”

- ✓ ***Out of Season*** (flu-like symptoms in July)
- ✓ ***Out of Range*** (many more than usual)
- ✓ ***Out of Sequence*** (rash in adults but not children)
- ✓ ***Out of Context*** (stroke-like illness in young people)
- ✓ ***Out of Geographic Area*** (monkeypox in Wisconsin)

To the Local Health Department **Telephone Number:** _____

To the State Health Department **Business Hours: 608-267-9003**
24/7 and After Hours: 608-258-0099



CDC Says: “Take 3” Steps to Fight the Flu

Flu is a serious contagious disease.

Each year in the United States, on average:

- More than 200,000 people are hospitalized from flu complications.
- 20,000 of those hospitalized are children younger than 5 years old.
- 36,000 people die from flu.

The Centers for Disease Control and Prevention (CDC) urges you to take the following steps to protect yourself and others from influenza (the flu):



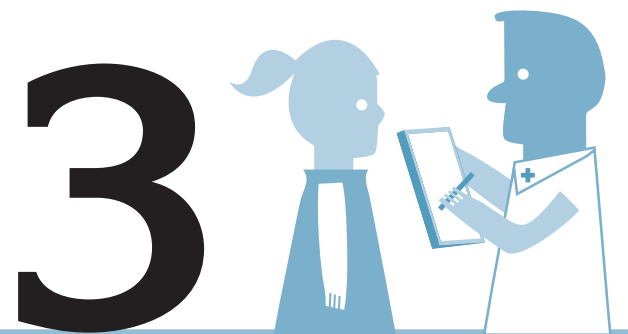
1 Vaccinate

- Take time to get a flu vaccine.
- CDC recommends a yearly flu vaccine as the first and most important step in protecting against this serious disease.
- While there are many different flu viruses, the flu vaccine protects against the three main flu strains that research indicates will cause the most illness during the flu season.
- The vaccine can protect you from getting sick from these three viruses or it can make your illness milder if you get a different flu virus.
- Getting a vaccine is very important for people at high risk for serious flu complications, including young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart or lung disease, and people 65 years of age and older.
- People who live with or care for those at high risk should also get a flu vaccine to protect their high-risk contact.



2 Stop Germs

- Take everyday preventive actions.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get the flu, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread this way.



3 Antiviral Drugs

- Take flu antiviral drugs if your doctor recommends them.
- If you do get the flu, antiviral drugs are an important treatment option. (They are not a substitute for vaccination.)
- Antiviral drugs are prescription medicines (pills, liquid or an inhaler) that fight against the flu by keeping flu viruses from reproducing in your body.
- Antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. This could be especially important for people at high risk.
- For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).
- Flu-like symptoms include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches.



For more information about flu,
visit www.cdc.gov/flu

IN 1918, A TERRIBLE DISEASE RANSACKED THE GLOBE,
THE MOST DEADLY DISEASE OUTBREAK IN MODERN HISTORY.
THE DISEASE WAS INFLUENZA, BUT IT WAS...

NO ORDINARY FLU



ALSO IN THIS ISSUE:
HOW YOU CAN PREPARE
FOR THE CURRENT
PANDEMIC THREAT

NO ORDINARY FLU

Hey mom,
who is
this?

FAMILY
PHOTOS

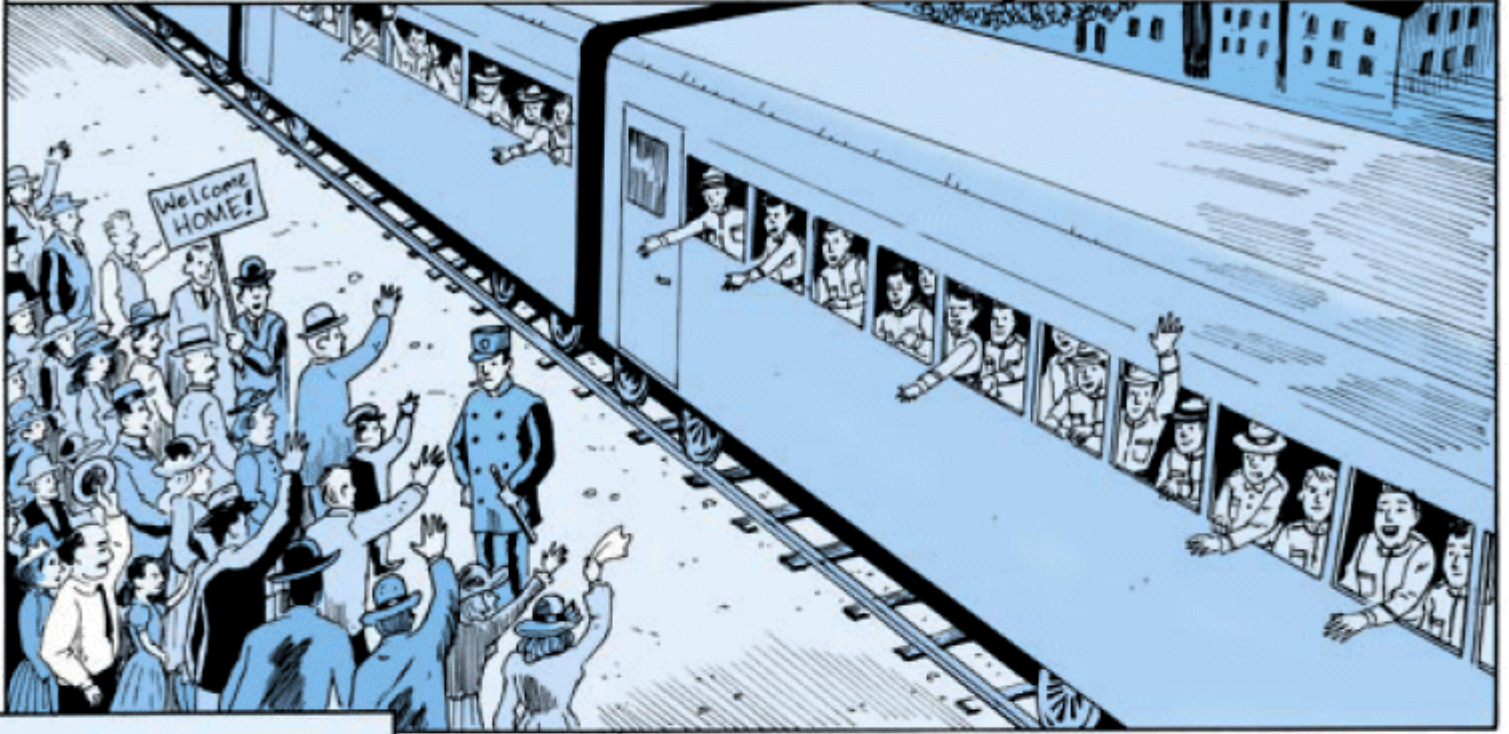
That's your
great uncle
Arturo.

He died in the
great pandemic
of 1918.

they say it nearly broke
Great-Grandma
Maria's heart.

But he looked so young.
What happened?

In the fall of 1918, it looked like the first World War was winding down...



For our family, things were looking up.



It's good to be back, Maria, even if it means helping Ma and Pop out at the store.

Everyone loved Arturo.

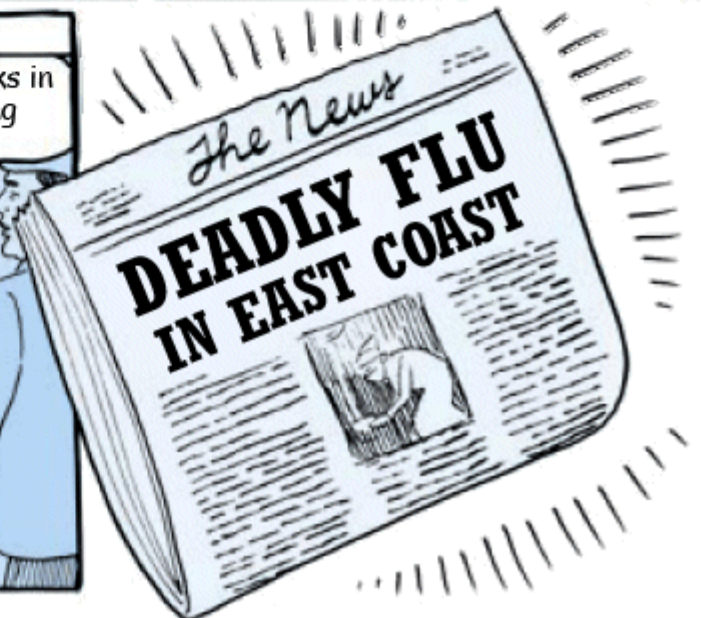


Great to have you back, soldier!

Thanks, Max!

But life would soon take a different turn.

Aunt Eva says that folks in Philadelphia are dying from influenza.



In a matter of weeks, the flu had arrived, and your great grandma was the first to get sick.



She's delirious. I'll take care of her. Arturo, fill in for me at the store.

Almost overnight, their world had changed.



No delivery today. Max is sick.

When his mother fell ill, Arturo cared for her and Maria.



Arturo, we just don't have any nurses available. So many of our doctors and nurses are sick, and there are too many sick people.



It wasn't much better at the store.

I'm sorry ma'am. We just aren't getting any shipments.



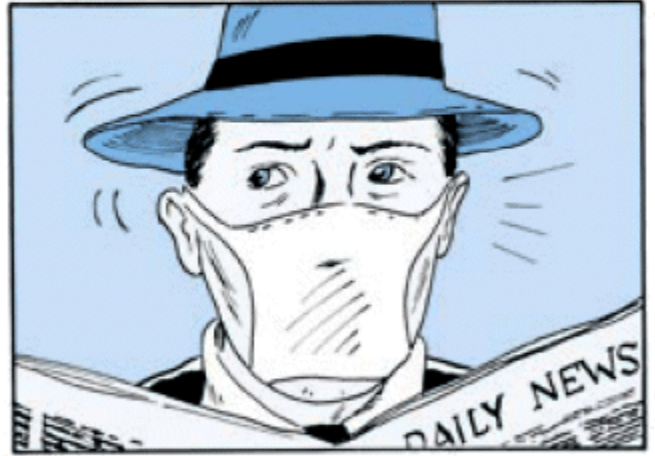
The entire city was suffering.



Fortunately, Maria and her mother started to recover after a few weeks.



But the family wasn't out of the woods yet.

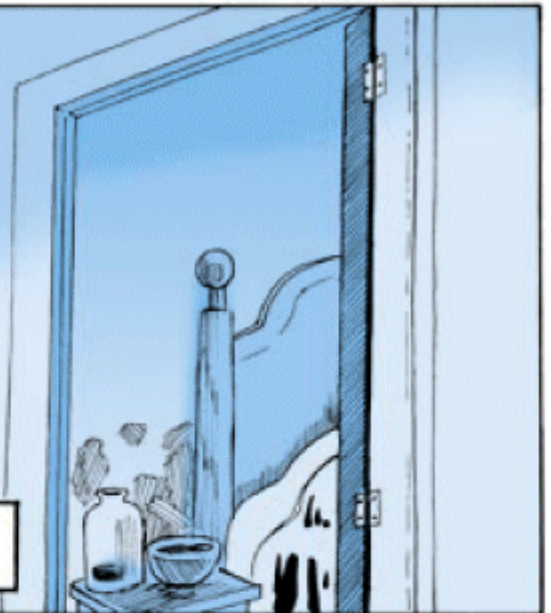


Like many other young adults, Arturo became very sick, very quickly.



He died

the next day.



It was hard for everyone.

I'm sorry, ma'am. We're all out of coffins.



We can't hold funerals or gatherings of any sort where people could spread flu to one another.



Maria took it the hardest.



So many died. 50 million people died in the pandemic around the world, 675,000 in the United States.



Devastating numbers, but the vast majority survived.

Your great-grandmother Maria— was a survivor.

"We are all descendants of survivors of the 1918 pandemic."



But the threat of pandemic influenza hasn't left.

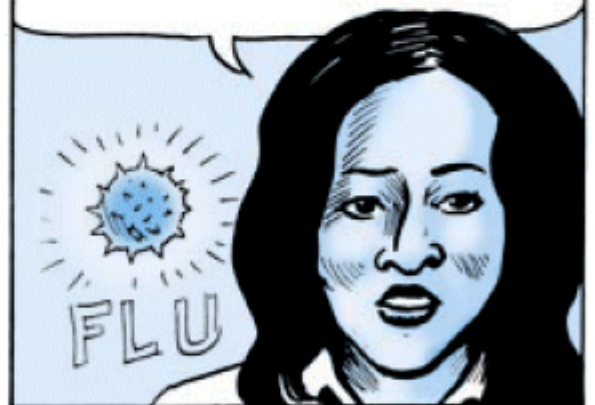
LATER:

"...health experts are concerned that a new flu virus could spark a pandemic..."

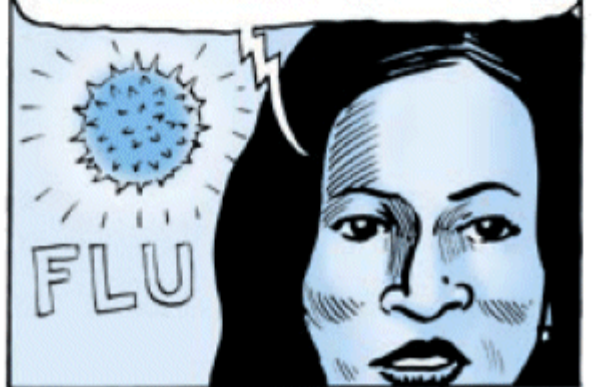
Hey Mom!



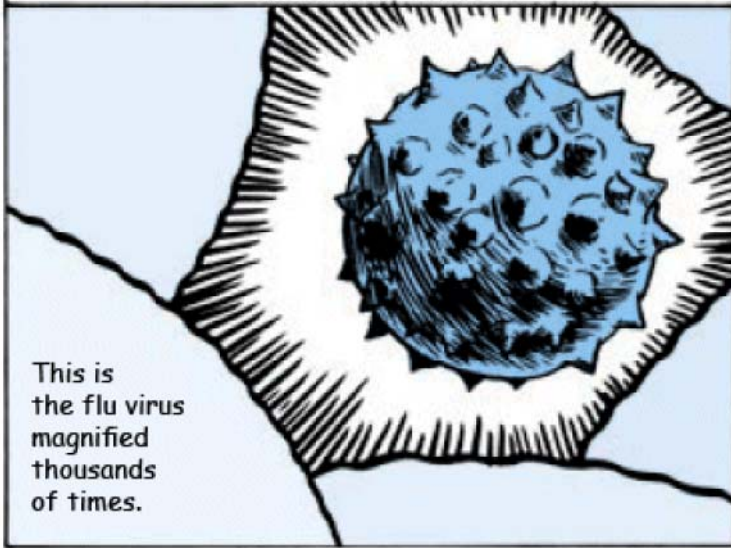
Pandemic flu is different from the flu we see each winter.



It's caused by a new virus that the human body has never encountered.



Our bodies will have trouble fighting a new flu virus.

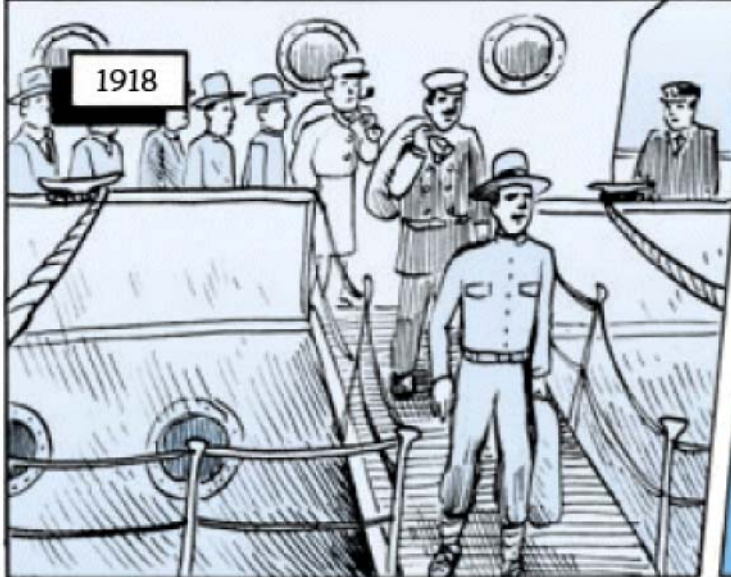


This is the flu virus magnified thousands of times.

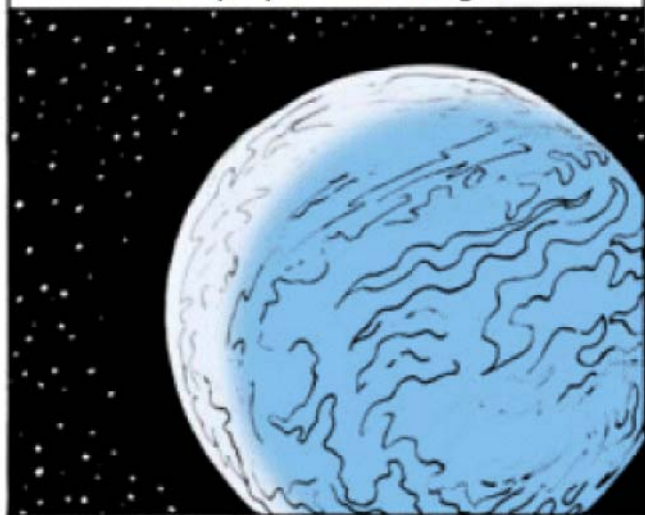
Unlike the flu we see each winter, there is no pandemic flu vaccine at this time.



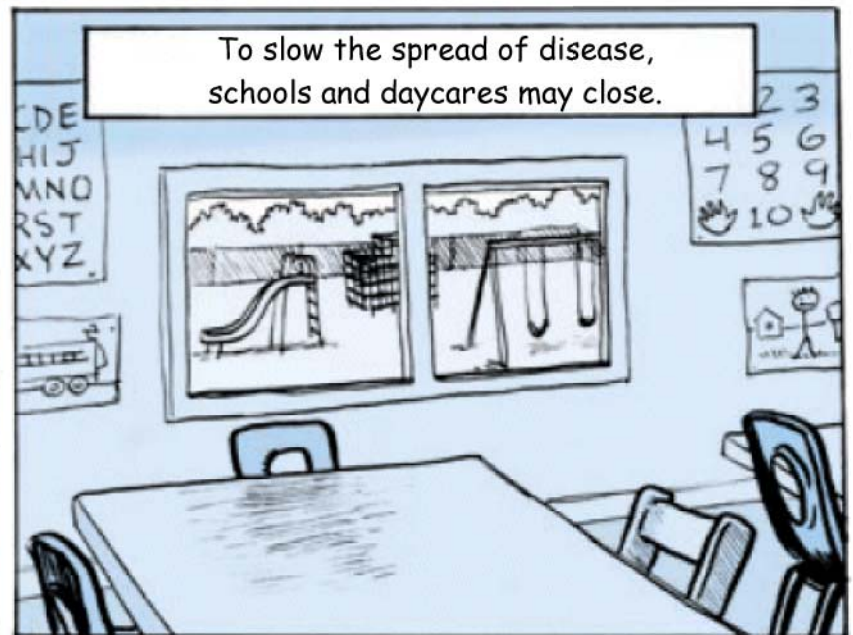
A pandemic virus would spread quickly through contact between people.



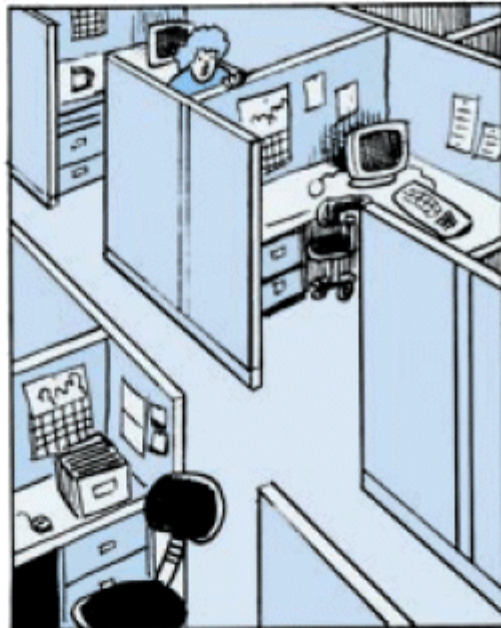
Pandemic flu will spread to every corner of the world. Everywhere, everyday life will change.



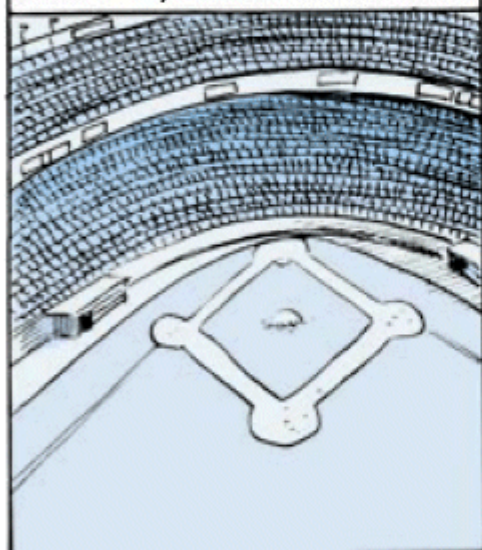
To slow the spread of disease, schools and daycares may close.



Many people will be unable to work.



Public events may be cancelled.



It may be difficult to get medical care.



Dr. Van is sick too. I don't know how we can keep up.



But most flu patients can be cared for at home.



It might not be as bad as 1918. Two milder flu pandemics happened in 1957 and 1968.



But even if it's milder, we need to be prepared.



Be ready to stay home for at least a week.*



* At a minimum, since a pandemic may last weeks to months.

Store health and medical supplies.



Decide who will take care of children if schools are closed.



Plan how you can work from home, if possible.



Be ready to help neighbors during a pandemic.



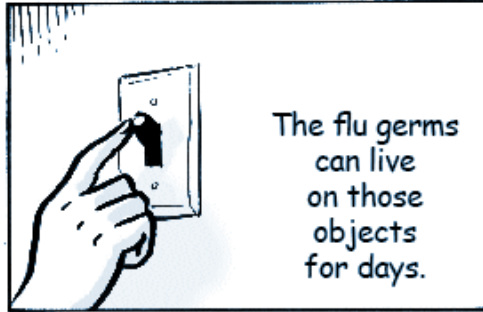
Stop flu germs. They spread when people cough and sneeze.



Or when hands that have flu germs on them...



...pass the germs to other objects.



The flu germs can live on those objects for days.

Washing your hands frequently is the best protection.



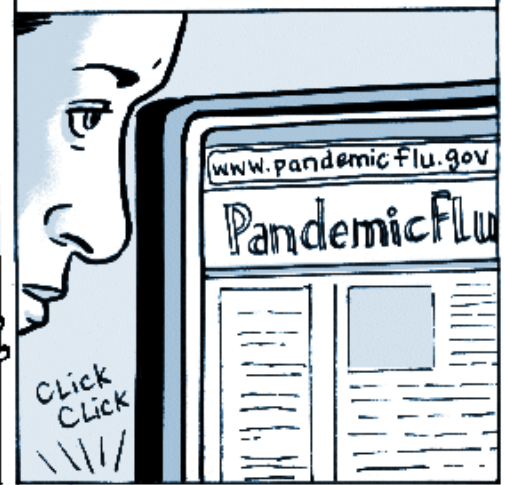
Use hand sanitizer if you don't have soap and water.



Stop flu germs by covering your coughs and sneezes.



Learn more about pandemic flu from your health department or this website...



No one knows when a pandemic will come, right?



True. But if we prepare now, we'll get through a pandemic much better when it does come.



And remember, most people will survive even a bad pandemic, just like your Great Grandmother Maria.



Glossary:

Influenza (or flu): an illness of the nose, throat and lungs that is caused by an influenza virus. Flu can be passed from one person to another.

Pandemic: disease which starts in one place and spreads around the world.

Virus: a type of germ that can cause mild illness, such as the common cold, or some very serious diseases. Antibiotics do not work against viruses.

Acknowledgements

Developed by Public Health – Seattle & King County Advanced Practice Center

Concept and story by Meredith Li-Vollmer and Matthew French

Artwork by David Lasky (with an inking assist by Lin Lucas)

Funding provided by Cooperative Agreement Number U50/CCU302718 from the Centers for Disease Control and Prevention (CDC) to the National Association of County & City Health Officials (NACCHO). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or NACCHO.



NACCHO

National Association of County & City Health Officials
The National Connection for Local Public Health



Public Health 
Seattle & King County

Continuing Series of Bulletin Blurbs

Blurb #1:

Healthy congregations are a strength in healthy communities !!!

Can we be a 'healthy' congregation ? Sure !!

Is it 'simple and easy' to do ? Very much so !!

How can we be a 'healthy' congregation ? Just be aware of good practices to reduce the spread of infections that we can incorporate in celebrating the joy of worship.

Handshaking and the sharing of common objects during the celebration of worship, while symbols of hospitality and spiritual bonding, are efficient avenues for transmitting disease.

Prevention is the first line of defense !!

Blurb #2:

Healthy congregations are a strength in healthy communities !!!

Of course staying healthy is the ultimate – but we know we can't stay healthy all the time !!

So what if you are feeling 'under the weather' as the day of worship approaches ? Consider staying home that day. Spend some quiet time sharing in the spirit of the worship on your own. "Let's share the Spirit, not the germs."

Would a home visit make you feel the fellowship missed at the worship service ? Contact your clergy or parish nurse to see if a home visit can be arranged during the week.

Blurb #3:

Healthy congregations are a strength in healthy communities !!!

Have you had your flu shot yet ?

Any help in keeping the flu bug from 'biting' you is a plus. So, why take the chance ??

Check out the immunization clinics, doctor offices, senior centers, or community organizations. Check out the newspaper for locations and times. Listen to the radio or watch the TV. Flu shots are readily available.

Need help in getting there ? The whole congregation is your friend – "Ask and you just might receive."

Blurb #4:

Healthy congregations are a strength in healthy communities !!!

Handshaking, a symbol of hospitality, greeting, and spiritual bonding is so common that we seldom think about it. At the worship service, we greet with a handshake, we pass the peace with a handshake.

But is this practice as safe as it one might think ? Any person can harbor microorganisms that are currently harmless to them, but potentially harmful to another person.

Germs on the hands of people coughing, sneezing, wiping their mouths, or covering a yawn are easily passed on to others through a handshake. Depending on the germs being passed, hands may remain infected for a long period of time.

Would it be better to meet the greeter with a friendly nod – instead of a handshake, pass the peace with a touch on the shoulder or a nod – instead of a handshake, extend your hands in front of you with palms up for special prayers – instead of holding hands ?

“Let’s share the Spirit, not the germs.”

Blurb #5:

Healthy congregations are a strength in healthy communities !!!

The sharing of common objects, like a common cup for communion, during the celebration of worship can lead to an increase in the transmission of germs and infections among the congregation.

This common experience is important to spiritual bonding. However, if you are asked to sip from an individual cup at communion instead of a common cup, don’t be alarmed. It is good for your health – and that of the entire congregation !!

And you might notice the server taking an extra moment to very carefully place the communion bread or wafer into the palm of your hand or on your tongue without making contact with you. That again is good for your health – and that of the entire congregation !!

Blurb #6:

Healthy congregations are a strength in healthy communities !!!

Stopping the spreading of germ is a big help in keeping the congregation healthy. The germs can be spread by coughs and sneezes sending airborne droplets speeding through the air. The germs can be spread by direct contact with the other person or common objects.

What are ways to reduce these things from happening ??

Cover your mouth and nose when coughing or sneezing. Then be sure to wash your hands, lathering with hot, soapy water for a short time (about long enough to recite the Lords Prayer) before contacting other people, before handling food, and after using the bathrooms.

Those little containers of hand sanitizers found around the building, and maybe in the pews, are not there for decoration – make use of them !!!

Blurb #7:

Healthy congregations are a strength in healthy communities !!!

Sunday school classrooms and other rooms where young people gather are great hideouts for germs and infections waiting to strike !!

Use the tissue, antiseptic wipes, and hand sanitizers that are available. And if you are involved in cleaning up after the nursery activities, do take the time to help in wiping down and cleaning the toys used by the young nursery enthusiasts.

Coffee-hour gatherings and other social events are not immune either. Be courteous and respectful of the other parishioners. Just be aware what your actions can mean.

Salem United Methodist Church
is concerned for your health.

We would encourage you to give
your greetings this morning by

saying “” versus a
handshake.

We want to spread the word...
Not the germs!!!

HENRY THE HAND®

4 PRINCIPLES OF HAND AWARENESS

HEY KIDS!



1

WASH YOUR HANDS WHEN THEY ARE DIRTY AND BEFORE EATING!



2

DO NOT COUGH INTO HANDS!



3

DO NOT SNEEZE INTO HANDS!

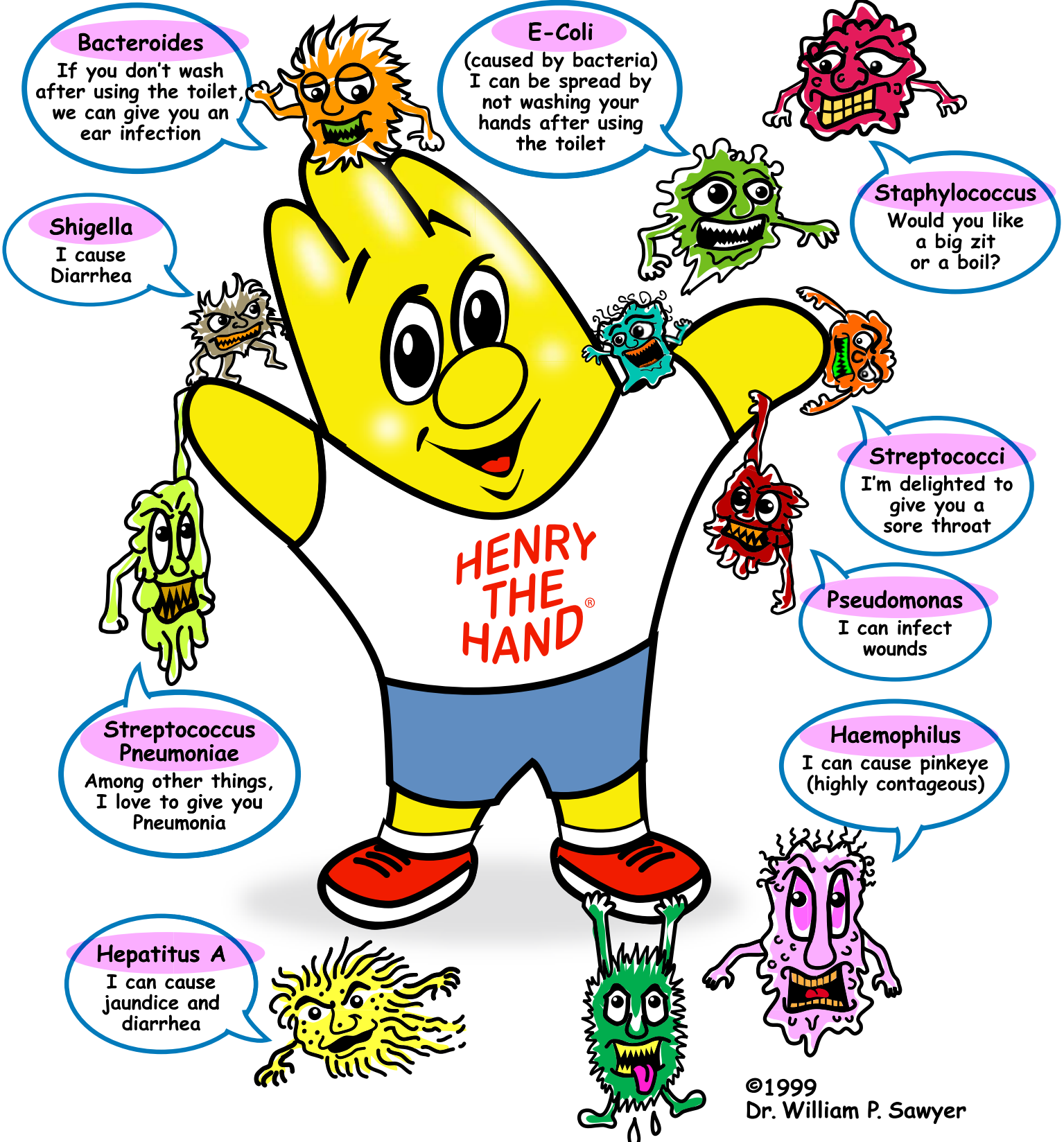


4

ABOVE ALL, DO NOT PUT YOUR FINGERS IN YOUR EYES, NOSE OR MOUTH!



Do You Have Any Idea What Germs Could be on Your Hands?



Bacteroides
If you don't wash after using the toilet, we can give you an ear infection

E-Coli
(caused by bacteria)
I can be spread by not washing your hands after using the toilet

Staphylococcus
Would you like a big zit or a boil?

Shigella
I cause Diarrhea

Streptococci
I'm delighted to give you a sore throat

Pseudomonas
I can infect wounds

Haemophilus
I can cause pinkeye (highly contagious)

Streptococcus Pneumoniae
Among other things, I love to give you Pneumonia

Hepatitis A
I can cause jaundice and diarrhea

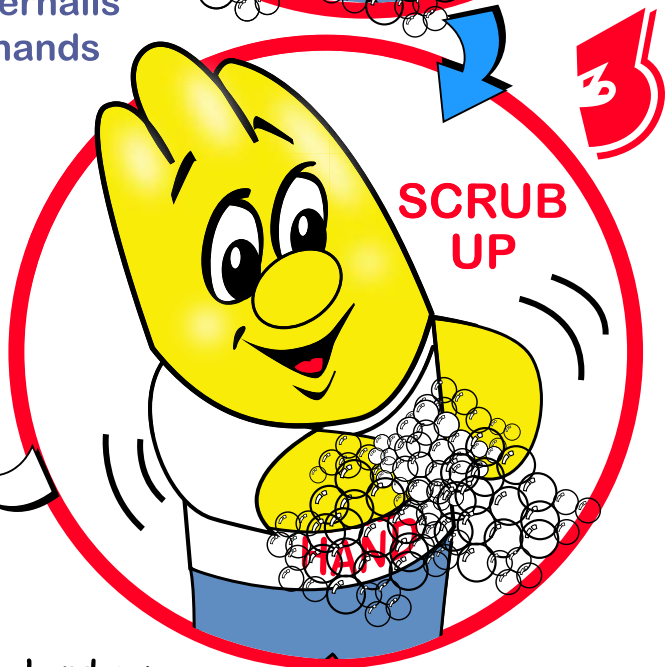
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HENRY THE HAND'S HAND WASHING GUIDE

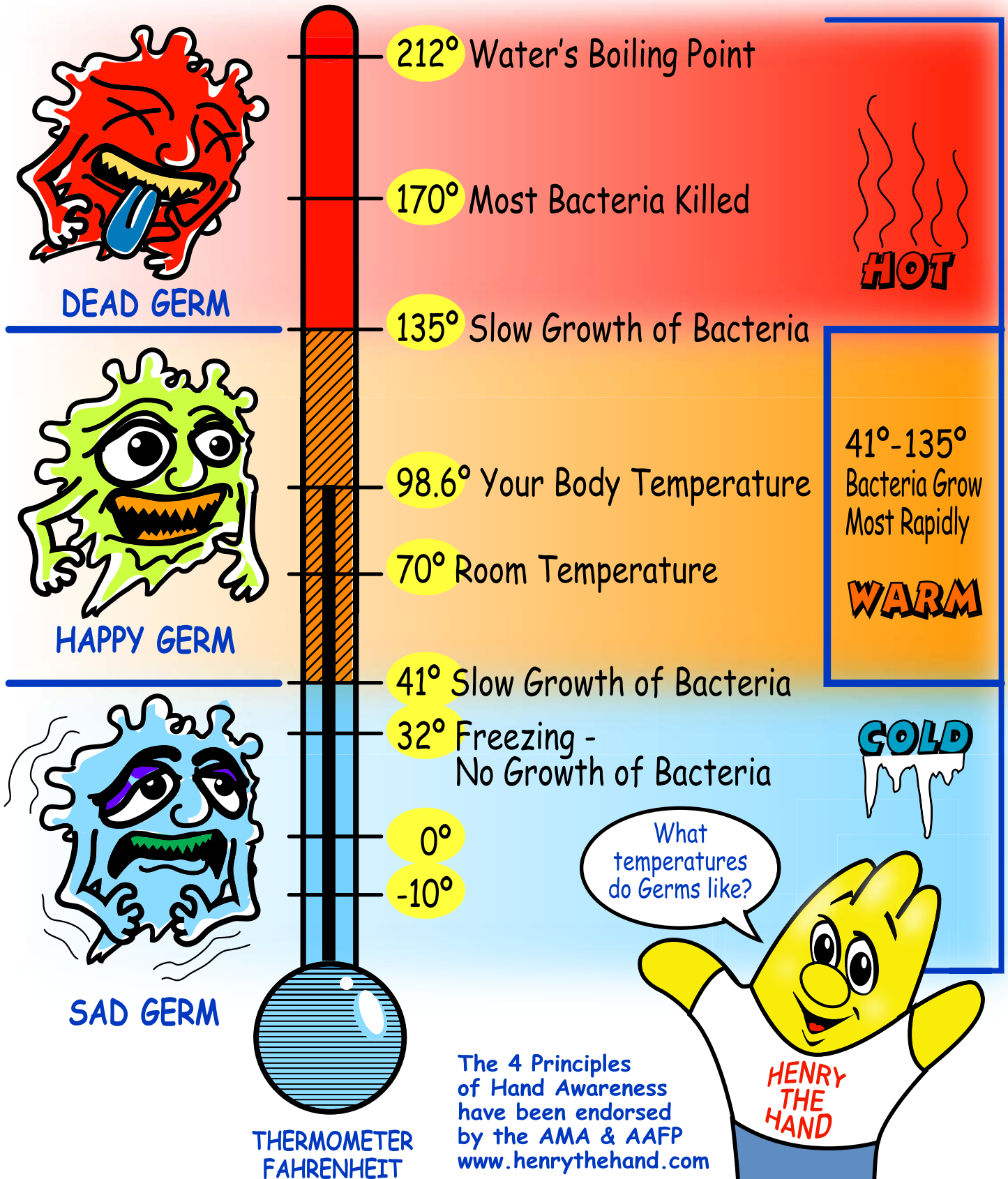
5 REMEMBER
to turn off the water
USING A
PAPER TOWEL
INSTEAD OF
YOUR HANDS



2 Use SOAP
and
WARM
WATER



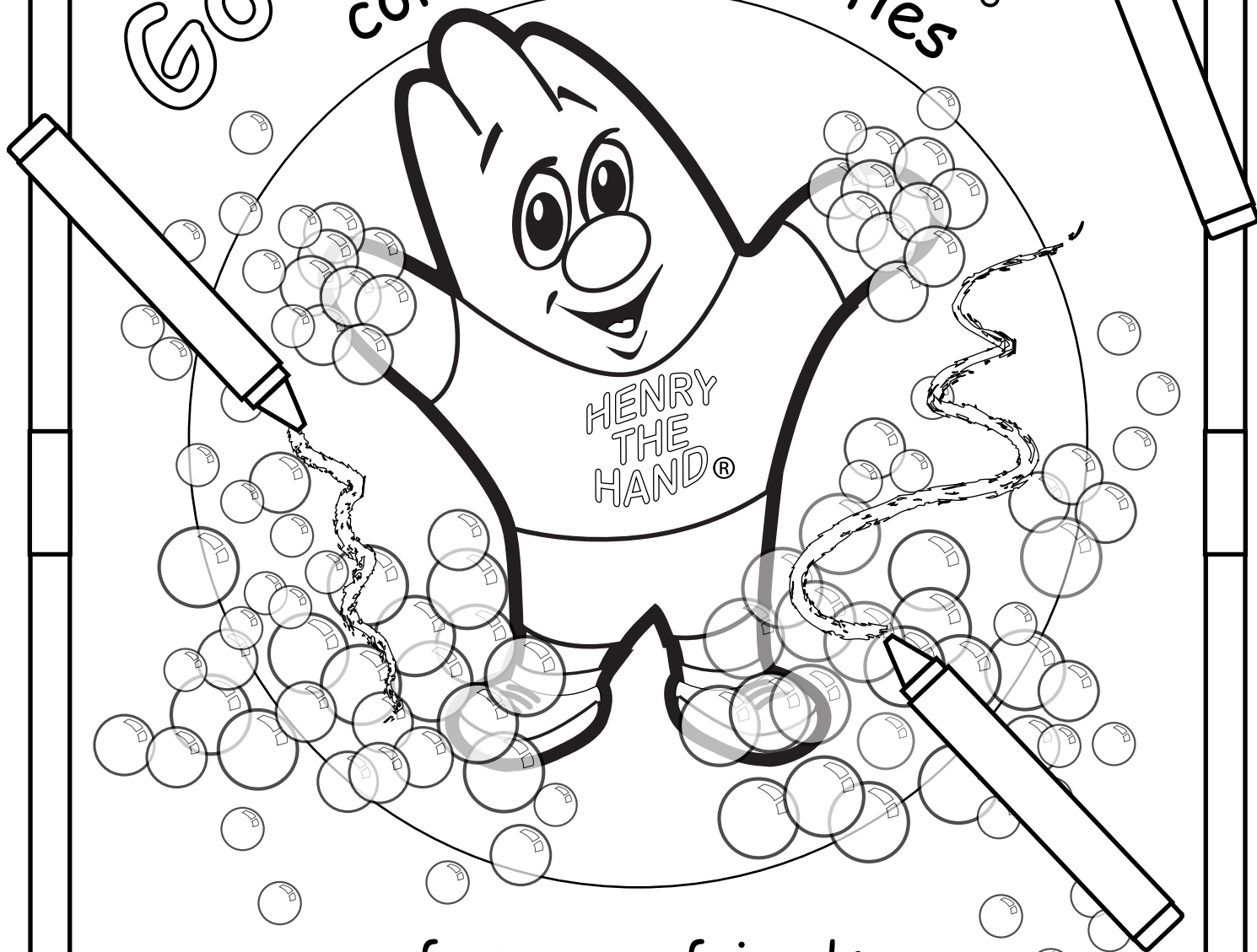
See How Temperatures Affect the Germs!



The 4 Principles of Hand Awareness have been endorsed by the AMA & AAFP www.henrythehand.com

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Good, clean fun!
coloring & activities



from your friends
HENRY THE HAND
and Dr. Will

Help keep everyone
healthy!

Spread the word
not the germs!



Henry the Hand's
4 Principles of
Hand Awareness:

1. Wash your hands when they are dirty and **before** eating
2. Do not cough into your hands
3. Do not sneeze into your hands
4. Above all, **do not** put your fingers in your eyes, nose or mouth

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Henry the Hand®

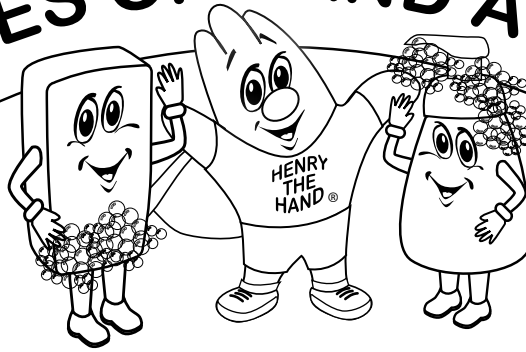
The 4 Principles of Hand Awareness were endorsed by the American Medical Association (<http://www.ama-assn.org/>) and the American Academy of Family Physicians (<http://www.aafp.org/x37651.xml>) in 2001.

from your friends
HENRY THE HAND
and Dr. Will

HENRY THE HAND®

4 PRINCIPLES OF HAND AWARENESS

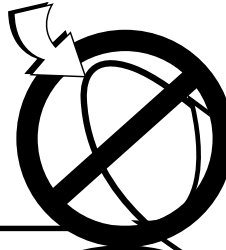
THEY KIDS!



1
WASH YOUR HANDS WHEN THEY ARE DIRTY AND BEFORE EATING!



2
DO NOT COUGH INTO HANDS!



INSTEAD TRY COUGHING HERE!



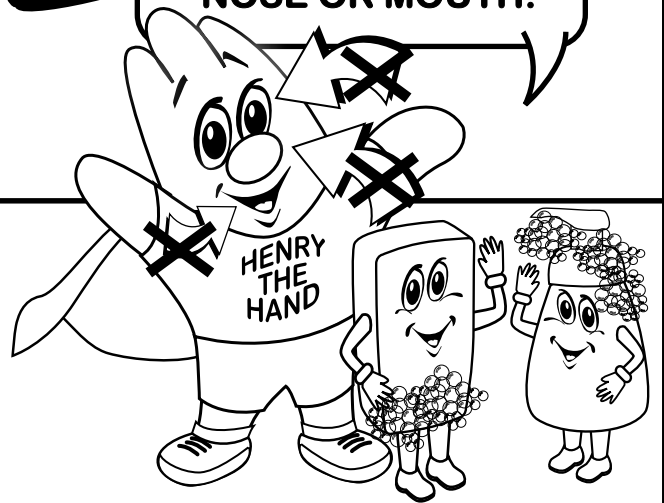
3
DO NOT SNEEZE INTO HANDS!



INSTEAD SNEEZE HERE!



4
ABOVE ALL, DO NOT PUT YOUR FINGERS IN YOUR EYES, NOSE OR MOUTH!



HENRY THE HAND'S HAND WASHING GUIDE



WET
HANDS

1

REMEMBER
to turn off the water
USING A
PAPER TOWEL
INSTEAD OF
YOUR HANDS

5

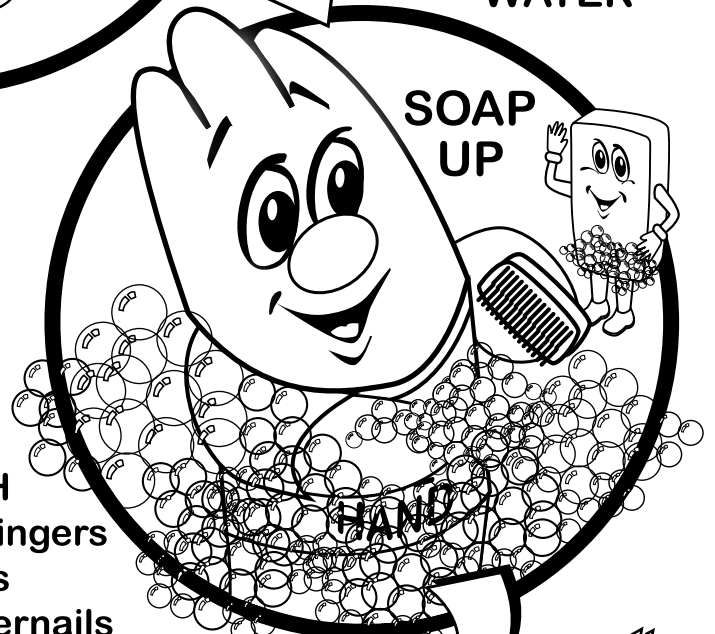
Use SOAP
and
WARM
WATER

2



TOWEL DRY

HENRY
THE
HAND

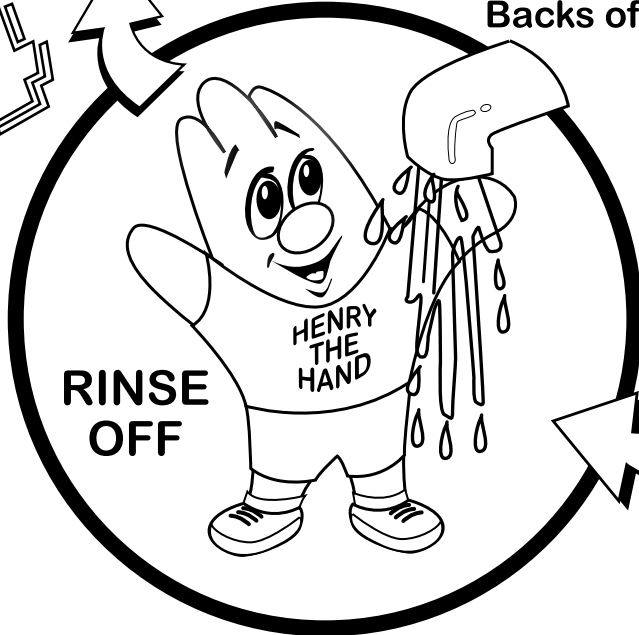


SOAP
UP

HENRY
THE
HAND

WASH
Between Fingers
Wrists
Under Fingernails
Backs of hands

3



RINSE
OFF

HENRY
THE
HAND

4



SCRUB
UP

HENRY
THE
HAND

Do You Have Any Idea What Germs Could be on Your Hands?

Bacteroides

If you don't wash after using the toilet, we can give you an ear infection

E-Coli

(caused by bacteria)
I can be spread by not washing your hands after using the toilet

Staphylococcus

Would you like a big zit or a boil?

Shigella

I cause Diarrhea

Streptococci

I'm delighted to give you a sore throat

Pseudomonas

I can infect wounds

Streptococcus Pneumoniae

Among other things, I love to give you Pneumonia

Haemophilus

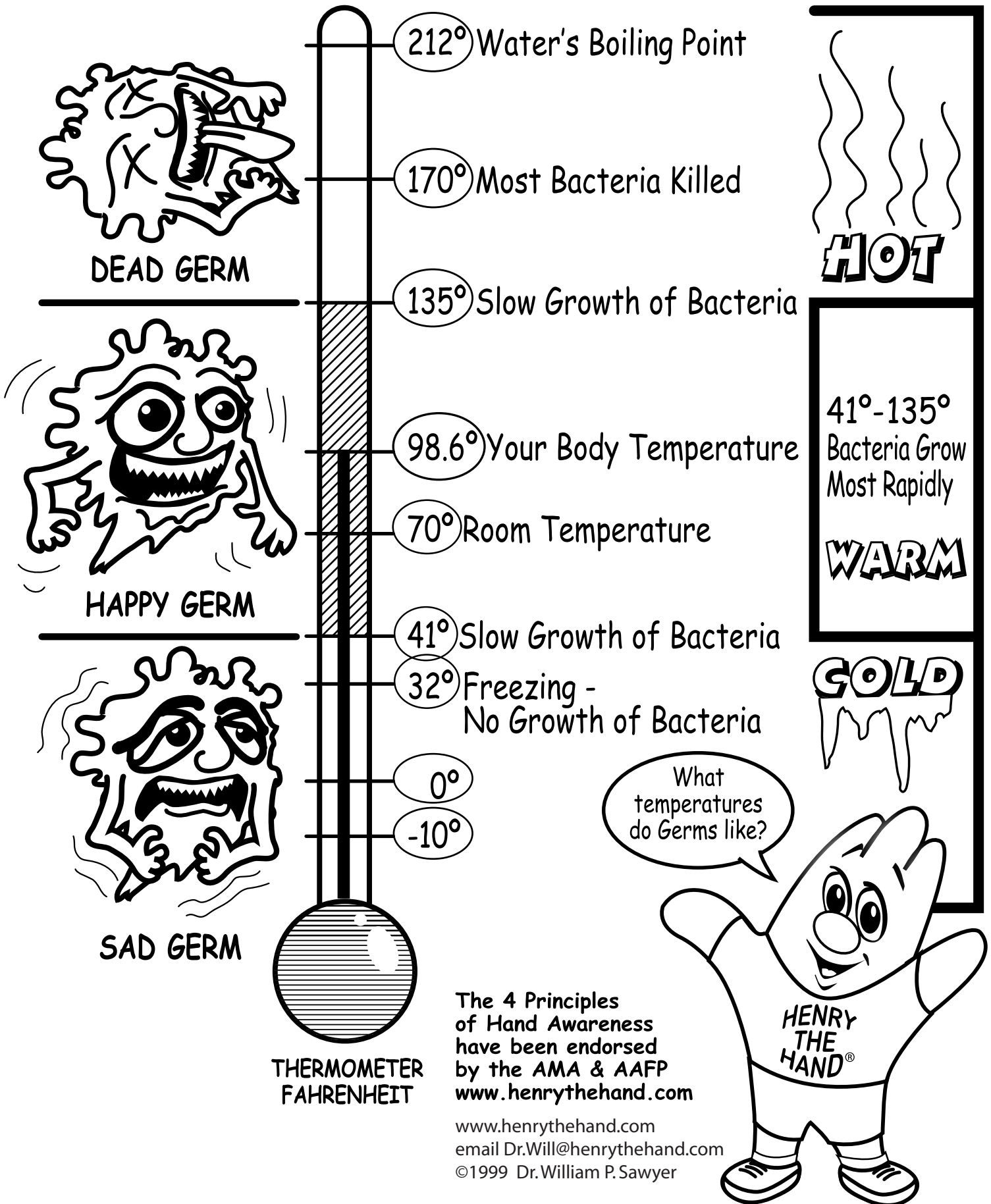
I can cause pinkeye (highly contagious)

Hepatitis A

I can cause jaundice and diarrhea

HENRY
THE
HAND®

See How Temperatures Affect the Germs!



The 4 Principles of Hand Awareness have been endorsed by the AMA & AAFP www.henrythehand.com

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 email Dr.Will@henrythehand.com
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HEY KIDS!

See how fast germs can multiply and spread if you do not follow Henry's four principles!



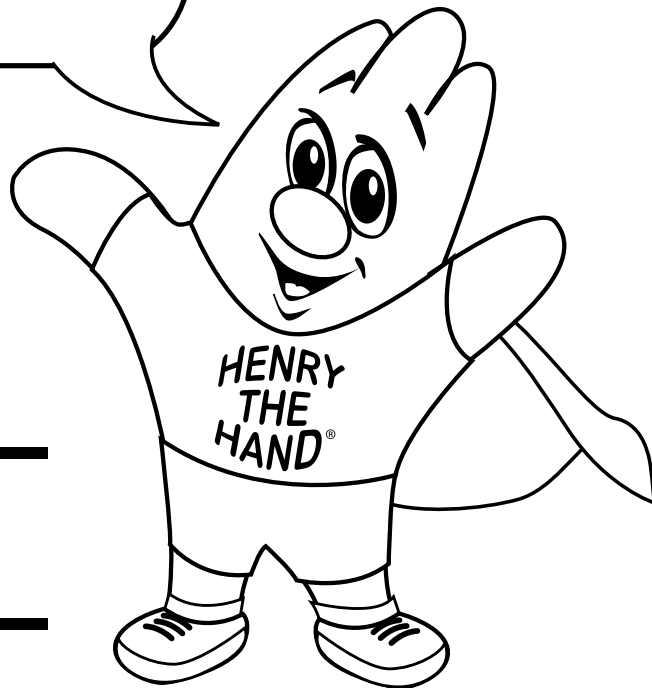
$$1 \times \underline{\quad} = 5$$

$$5 \times 5 = \underline{\quad}$$

$$25 \times 5 = \underline{\quad}$$

$$125 \times 5 = \underline{\quad}$$

$$625 \times 5 = \underline{\quad} ?$$

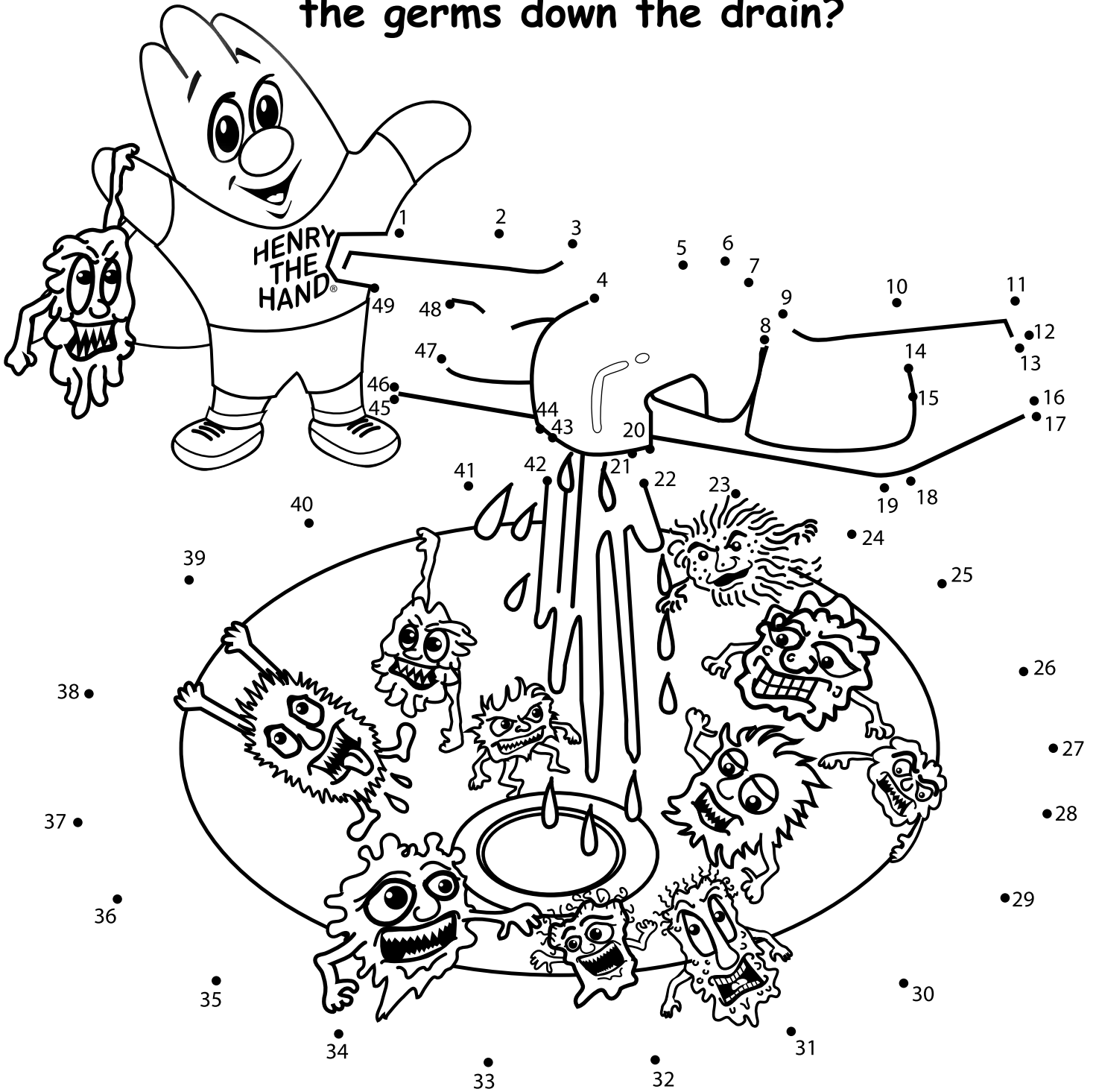


Thank you for helping
"Spread the Word, Not the Germs" !

WASH YOUR HANDS!

HENRY THE HAND® DOT TO DOT

Can you help Henry wash
the germs down the drain?



HENRY'S CROSSWORD PUZZLE!



CLUES

ACROSS

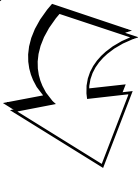
- One of Henry's 4 Principles is to keep your fingers out of your eyes, nose, and _____.
- The germ that causes a common cold is a _____.
- It is very important when washing hands to wash under the _____.
- The best defense against the spread of disease is _____ (two words).
- When washing hands, rub your hands together for at LEAST _____ seconds.
- When washing hands, use _____ water.

DOWN

- _____ is caused by bacteria and can be spread by not washing your hands after using the toilet.
(Hint: See Identifying Germs)
- When washing hands, rub hands together _____.
- The most important time to wash your hands is after using the _____.
- When washing hands, make sure to use lots of _____.
- The germ that causes streptococcus is a _____.

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email Dr.Will@henrythehand.com
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START



CAN YOU FIND THE CORRECT PATH TO BECOME A CHAMPION HANDWASHER?



DID NOT WASH HANDS

HENRY GOT DIRTY

HENRY WASHES HIS HANDS!

WITH SOAP!

RESTROOMS

BOYS **GIRLS**

HENRY STOPPED AT THE BATHROOM

CONGRATULATIONS! CHAMPION HANDWASHER!

DID NOT WASH HANDS

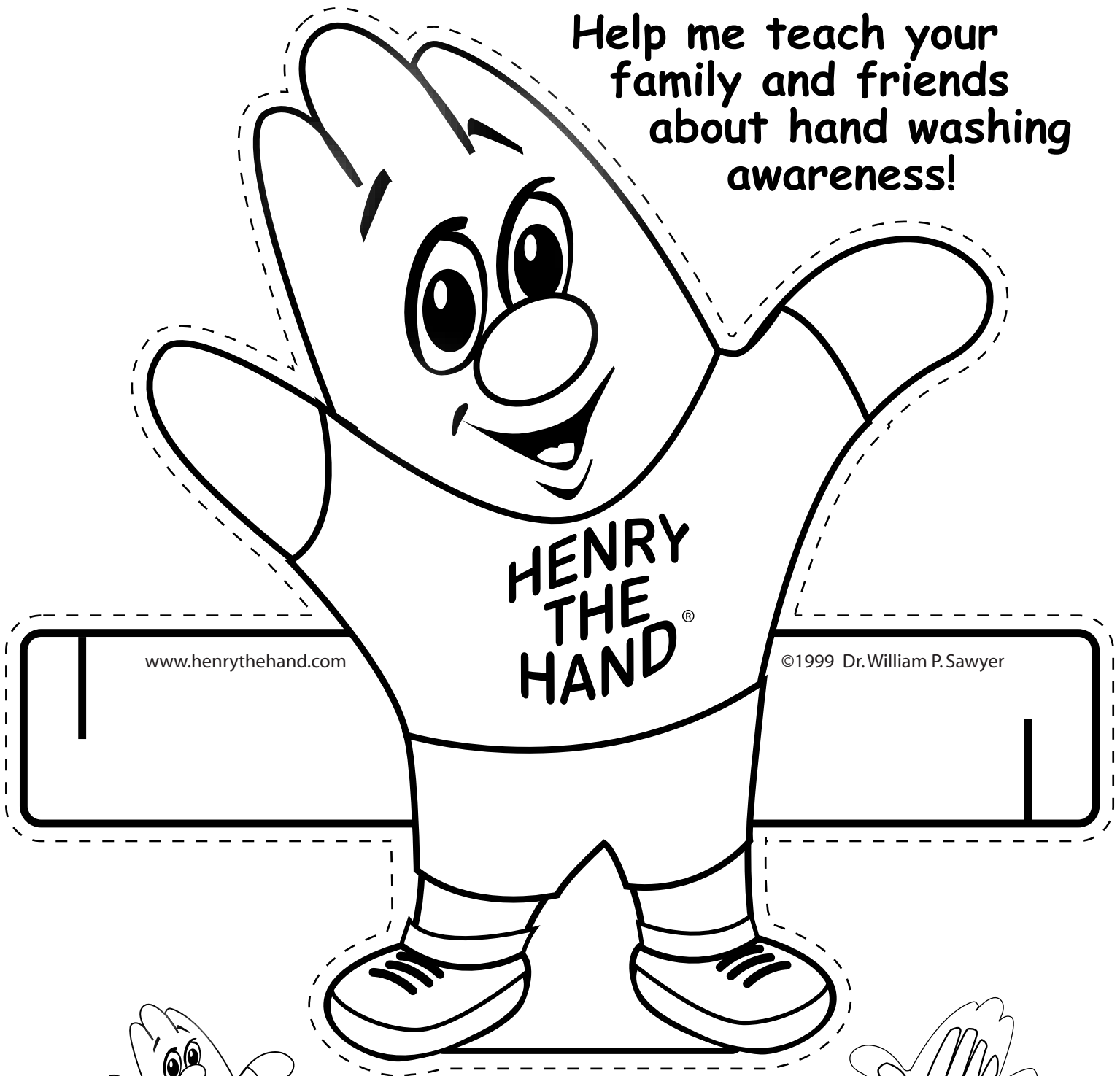
HENRY WASHES HIS HANDS!

DID NOT USE SOAP

SNEEZED ON HIS HANDS! OH NO!

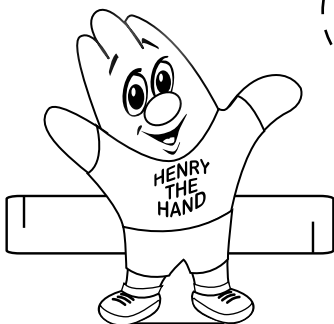
HENRY THE HAND[®] PUPPET

Help me teach your
family and friends
about hand washing
awareness!

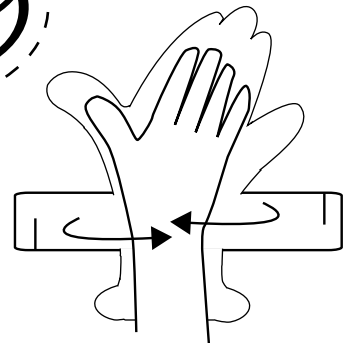


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Cut out Henry and the tabs.
Cut the slots in each end and
wrap the tabs around your hand.



HENRY THE HAND® MASK

Cut out
the mask
and see what
the world
looks like
from
Henry's
point of
view!



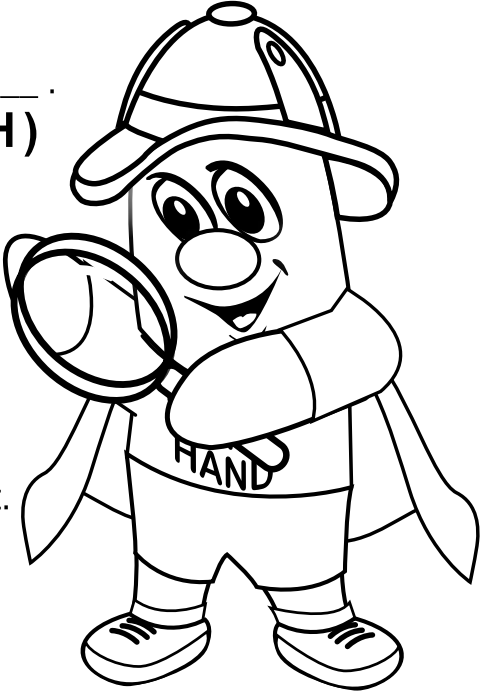


DETECTIVE HENRY'S SECRET CODE GAME

secret code letter

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Z	Y	X	W	V	U	T	S	R	Q	P	O	N	M	L	K	J	I	H	G	F	E	D	C	B	A

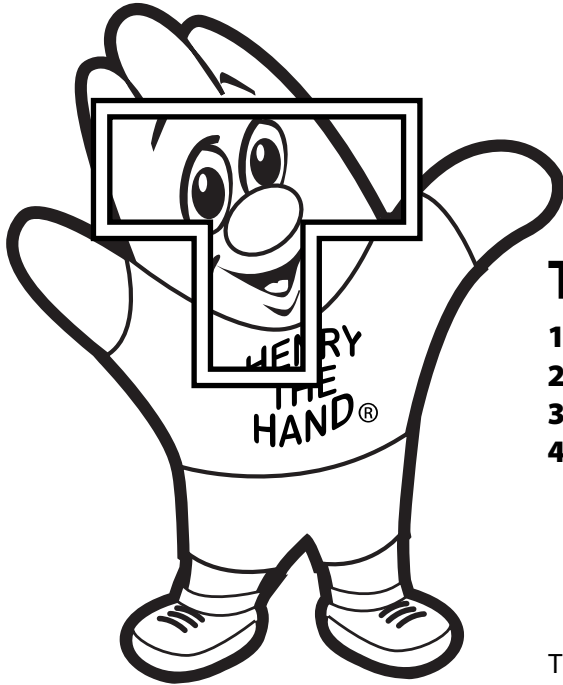
actual letter



- Type of germ that causes a "common cold" is a _____ .
(ERIFH)
- Wash your hands for at least _____ seconds.
(GDVMGB)
- When washing your hands use _____ water.
(DZIN)
- You must always wash your hands _____ you eat.
(YVULIV)
- Germs can be spread at least _____ different ways
(ULFI)
- Most important part of hands to wash is under _____ .
(URMTVIMZROH)
- When washing your hands, rub together _____ .
(ERTLILFHOB)
- The best protection against infectious disease is _____ .
(SZMWDZHSRMT)
- The type of germ that causes strep throat is _____ .
(YZXGVIRZ)
- The most important time to wash your hands is after using the _____ .
(GLROVG)

Do NOT touch the T-zone!

mucous membranes of your eyes, nose or mouth



The 4 Principles of Hand Awareness

1. **WASH** your hands when they are dirty and **BEFORE** eating.
2. **DO NOT** cough into your hands.
3. **DO NOT** sneeze into your hands.
4. Above all, **DO NOT** put your fingers into your eyes, nose or mouth!

Spread the word not the germs!

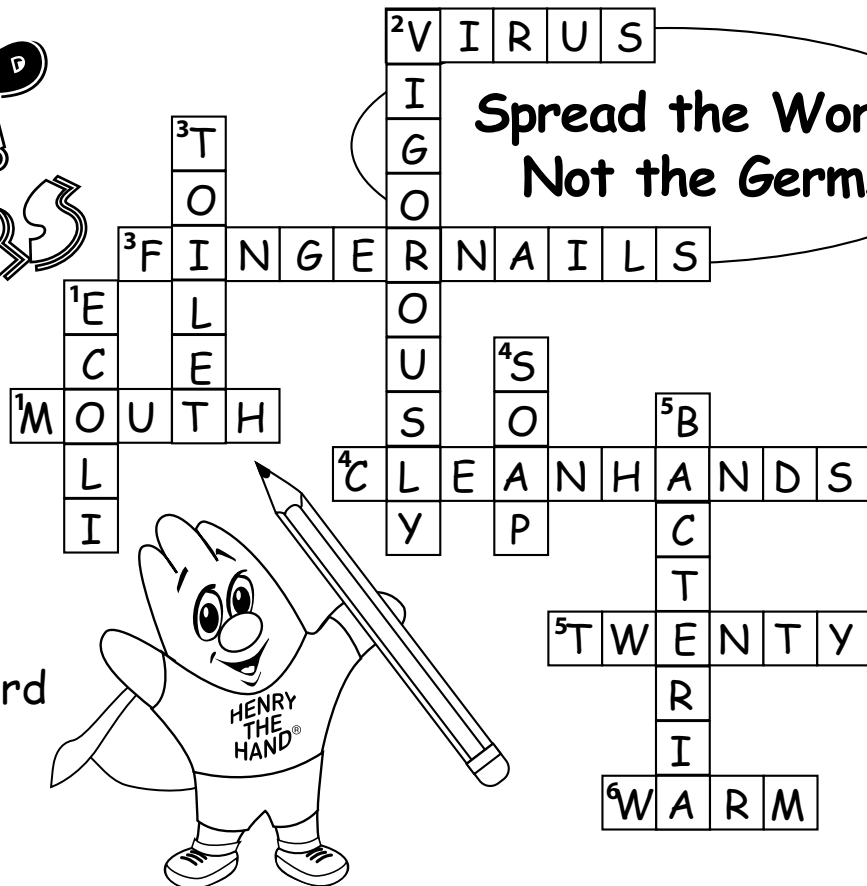
Visit www.henrythehand.com

The 4 Principles of Hand Awareness have been endorsed by the AMA & AAFP

HENRY'S CROSSWORD PUZZLE! ANSWERS

Check here for the correct answers.

Did you solve Henry's crossword puzzle?



HENRY THE HAND[®]

CHAMPION HANDWASHER MEDALLIONS



You can share these Henry the Hand
Champion Handwasher Medallions
with your family and friends!

Henry the Hand's Weekly Home Hand Washing Chart



YOU CAN SHARE WITH YOUR FAMILY & FRIENDS
SO THEY CAN BECOME

Champion Hand Washers!

www.henrythehand.com

Name: _____

Week of: _____

BEFORE
BREAKFAST

BEFORE
LUNCH

BEFORE
DINNER

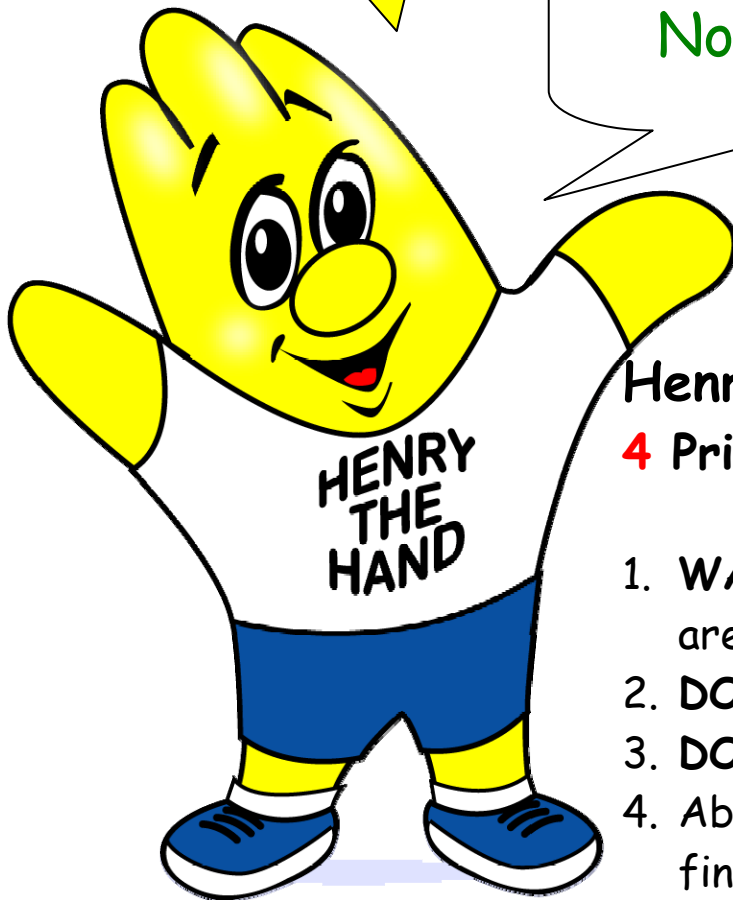
AFTER
RESTROOM

ARRIVAL
HOME

	BEFORE BREAKFAST	BEFORE LUNCH	BEFORE DINNER	AFTER RESTROOM	ARRIVAL HOME
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Help keep
(Your church or school)
Healthy

Spread the Word
Not the Germs



Henry the Hand's®

4 Principles of Hand Awareness:

1. **WASH** your hands when they are dirty and **BEFORE** eating.
2. **DO NOT** cough into your hands.
3. **DO NOT** sneeze into your hands.
4. Above all, **DO NOT** put your fingers into your eyes, nose or mouth!

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RECOMMENDATIONS FOR LOCAL CHURCH EMERGENCY PLAN

This document is intended for use as a template for local church leaders in developing a site-specific plan for church property. Every church in the Central Texas Conference will have different needs, so please adapt these recommendations to fit the needs of your particular site. For instance, smaller churches may not be able to form a full emergency response team; however, church leaders may be designated to serve in particular functions. Once procedures have been established, it is important that they be relayed to church members and emphasized as often as possible (e.g. church-wide meetings, trainings, drills).

The following is a link to the Central Texas Conference Toolkit for Disaster Preparedness and Response:

<http://www.ctcumc.org/page.asp?PKValue=962>

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Acknowledgements

Thanks to the Mount Olive Baptist Church, Arlington, TX; the Central Texas Conference Youth in Mission; and the Michigan Department of State Police, Emergency Management Division for providing resources for these recommendations.

EMERGENCY TELEPHONE NUMBERS

For All Emergencies Dial 9-1-1—*If your community is not served by 9-1-1, call your local emergency contact number.*

Treat minor injuries from supplies in the first aid kits. The kits are located (provide location here).

OTHER IMPORTANT NUMBERS

Building Maintenance/Trustees: (Identify appropriate contact person here)

Call this number to report unsafe conditions.

Also, to report problems with:

- Leaks and drainage.
- Building temperature.
- Lighting.
- Building conveniences.

Pastor(s): _____

Church office: _____

Call this number for appointments or other business.

- Non-emergency assistance.
- Reporting lost ID or valuables.

Where applicable (*refer to following section*):

Building Coordinator: _____

Incident Coordinator: _____

Medical Response Team Members: _____

Emergency Response Team Members: _____

ROLE OF AN EMERGENCY RESPONSE TEAM

The following are guidelines for creating an emergency response team within your congregation should you deem it necessary. The positions listed are recommendations and can be adapted to the needs of your particular site. We recommend that several people be designated and trained for each position and that each position be represented at every possible worship service or event.

Building Coordinator

A building coordinator is a staff member or volunteer trained to know the floor plans of each building and the emergency evacuation procedures for any emergency—medical, fire, tornado, etc. The building coordinator may be involved in long-range planning. *(Your church disaster response coordinator or building trustee might be appropriate for this position.)*

A building coordinator may be responsible for:

- Receiving status reports from the Incident Coordinator.
- Relaying status report information to the emergency agency/agencies involved (e.g., fire department, police, paramedics, emergency management, etc.).
- Coordinating with the emergency agency/agencies any needed evacuations or other emergency actions.

A building coordinator may work with the emergency response team to:

- Coordinate emergency planning activities.
- Assist with recruiting team members.
- Schedule training.
- Communicate ongoing plans.

Incident Coordinator

The incident coordinator on duty assumes responsibility for implementing the local church emergency plan at the time of the incident, providing leadership until personnel with more experience arrive on scene. *(Greeters, ushers, or other church leaders might be appropriate for this position.)* Responsibilities may include the following:

- Ensuring that all emergency response team members are assigned duties and understand all emergency procedures.
- Working with other emergency response team members to evaluate an emergency.
- Ensuring proper emergency communication.
- Delegating needed emergency actions.

The incident coordinator may also be called upon by the emergency agency/agencies involved to aid in crowd control and building evacuation. The incident coordinator

should immediately identify her/himself as such to maintenance personnel and emergency agency personnel responding to an incident.

Medical Response Team Members

Medical response team members are members of the emergency response team who have been trained in medical emergencies. Responsibilities may include the following:

- Providing “first responder (medical) service” to those incurring a medical emergency until medical personnel with higher training arrives on scene.
- Conducting a primary assessment of the medical emergency situations and reporting this assessment to appropriate personnel.
- Participating as emergency response team members in emergency situations when their medical expertise is not required.
- Providing medical assistance and support until professional help arrives.
- Remaining “in charge” of a medical emergency situation until professional help arrives.

Medical response team members should immediately identify themselves as such to any personnel responding to the incident.

Emergency Response Team Members

The remaining emergency response team members are staff members or volunteers who are trained in evacuation techniques and use of fire extinguishers. Emergency response team members know the location of approved tornado shelter areas in the building.

Responsibilities may include the following:

- Building evacuations—responsible for reporting to the incident coordinator that their assigned section has been cleared during an evacuation.
- Work in coordination with the building maintenance/trustees to minimize hazards.
- If available, maintain hand-held radios to coordinate with incident coordinator or other team members.

Emergency response team members should immediately identify themselves as such to any personnel responding to the incident.

BUILDING EMERGENCY PROCEDURES

Leader Responsibilities

In the event of an emergency, leader responsibilities may include the following:

- Knowing how to correctly respond to and summon help for a medical emergency.
- Knowing how to correctly report a fire or smoke emergency using the 911 emergency number.
- Knowing the locations of the manual fire alarm pull stations in their area.
- Knowing the locations of the fire extinguishers in their area and how to use them.
- Knowing how to correctly respond to a fire warning alarm.
- Knowing designated shelter areas and precautions to take in the event of a tornado emergency.
- Becoming familiar with exit routes and knowing alternate exits to correctly respond to a call for an evacuation.
- Closing all opened doors as they evacuate an area.

Medical Emergency

Call 911. Be prepared to give the following information:

- Name and extension.
- Location.
- Number of people involved.
- Nature of injury or illness.

Note: Treat minor injuries from supplies in the first aid kits. The kits are located (*provide location here*).

While waiting for professional help do not move the ill or injured person. When professional help arrives:

- Allow responding units to take control of situation.
- Emergency response team members will stand by to assist as needed

Regular CPR/First Aid training is recommended for all church leaders, especially pre-school and Sunday School teachers.

Fire and Smoke Emergencies

If you detect smoke:

- Call 911.
- Give your name, telephone number, and location within the building.
- Describe the situation.

- Advise the building coordinator, incident coordinator, or other emergency response team members of the situation.

If you detect fire:

- Activate the manual fire alarm
- Call 911 (move to a safe area before making this call).
- Give your name, telephone number, and location.
- Describe the situation.
- If you know how to use a fire extinguisher and feel the best course of action is to attempt to extinguish the fire, locate an extinguisher and, without risking injury attempt to extinguish the fire.
- If the fire is beyond the point of a safe attempt to extinguish it, isolate the fire by closing doors in the area before evacuating.
- Advise the incident coordinator or other emergency response team members of the situation.

If the Fire Warning Alarm Sounds

- Do not use the elevator.
- Evacuate immediately, using the nearest exit. Walk quickly. Do not run.

Note: Evacuation should be toward ground level. If you encounter smoke or heat in a stairwell, proceed across that floor to another stairwell and continue evacuation to ground level.

- Assist disabled persons in your area.
- If you encounter smoke, take short breaths through your nose and crawl along the floor to the nearest exit.
- Feel all doors with your hand before opening. If the door is hot, do not open it. If the door is cool, open it slowly, keeping behind the door in case you have to quickly close it to protect yourself from oncoming smoke or fire.
- Proceed to the ground level and outdoors.
- Move upwind of the building at least 75 feet away from the building and beyond designated fire lanes. Go to your designated assembly area (if possible).
- Do not go to your automobile or attempt to move it from the parking lot. This could hinder access by emergency vehicles.
- Do not congregate near building exits, driveways, or roadways.
- Do not reenter the building until an “all clear” is issued by the incident coordinator. (Note: The “all clear” should be initially issued by the Fire Department.)

Building Evacuation Emergency

All leaders should know the emergency evacuation routes and procedures for the building, and their designated assembly area outside the building. Memorize the exit route closest to your work area or office.

The designated assembly area is located (*provide location here*).

Should the designated assembly area be deemed unsafe, an alternate assembly area will be located (*provide location here*).

If a Building Evacuation is Initiated Important “dos” and “don’ts” are:

- Remain calm.
- Follow the instructions of the incident coordinator or emergency response team, if applicable.
- If you occupy an enclosed office, close the door as you leave.
- Use stairwells (do not use elevator) for evacuation. Be alert for other staff, church members, and emergency agency personnel who might also be using the stairwells.
- Do not return for coats, purses, briefcases, etc, after you have left the area.
- Do not smoke.
- Do not return to your area until the “all clear” signal is given.

Notes: Ensure that (*identify appropriate leader here*) has planned with disabled leaders or church members a procedure to assist each disabled person in evacuating. Emergency evacuation procedures should be provided to all church members (e.g. in member orientations).

Tornado Emergency

The National Weather Service has developed a method of identifying storm conditions that foster the development of tornadoes. The classification and definitions of storm conditions are:

- Tornado watch
- Tornado warning

A “**tornado watch**” status indicates that weather conditions are favorable for the development of tornadoes. The “watch areas” are usually large geographic areas, covering many counties or even states that could be affected by severe weather conditions including tornadoes.

A “**tornado warning**” is an alert issued by the National Weather Service after a tornado has been detected by radar or sighted by weather watchers or by the public. The National

Weather Service provides the approximate time of detection, the location of the storm and the direction of movement. A tornado can move from 25 to 40 miles per hour so prompt emergency action must be taken.

During a tornado warning, a battery-powered radio should be tuned to the National Weather Service and local weather watchers radio frequency. Should a tornado develop which threatens our area, emergency response team members should initiate actions to notify and protect all staff and church members in the facility.

If a Tornado Warning is Announced

When you hear the announcement for a tornado warning:

- Move to a designated tornado shelter immediately. Move quickly, but do not run.
- Do not use elevators.
- Assist disabled personnel in your area.
- Wait in the shelter until you hear an announcement from a member of the emergency response team and/or a hand-held radio system station (if applicable) that it is safe to return to your area.

Tornado Safety Basics

Tornadoes and tornado-producing weather conditions are common in the Central Texas Conference area. Familiarize yourself with the basics of protecting yourself wherever you may be.

If you are indoors, the general responses to a tornado warning are:

- Move away from windows. If you have time, close any window blinds or shades to help prevent flying glass and debris—the cause of most injuries in office buildings.
- Warn others. Encourage them to get to safety immediately.
- Move away from large expanses of unsupported ceilings.
- Move away from building perimeter area.
- Move to an interior room away from windows—to an enclosed room or conference room, a rest room, an interior stairwell.
- If in an interior hallway, away from windows, crouch down as low as possible.
- If you are in an elevator, stop and get off at the next floor and take cover in an interior hallway or interior room. Do not use elevators during tornado warnings.
- If moving to a safer location in the building is not possible, get under a desk or table in an interior office.
- Once you've situated yourself in the safest place you can find, protect your face and head, and stay where you are until an "all clear" signal is given. (If circumstances change and new dangers are present, seek a different safe place.)

If you are outdoors, the general responses to a tornado warning are:

- If at all possible, move indoors to an interior room.
- If moving indoors is not possible, take cover near objects that are low and securely anchored to the ground, such as culverts or low retaining wall.

Basic safety information specifically related to other disasters likely to occur in your area may be included here (i.e. flooding, hazardous material spills, etc.).

THREATS

In the event you receive a threat call (i.e. bomb threat, armed assault, custody issues), remain calm; if possible, have a pre-arranged signal to alert other personnel to listen to the caller also. If possible, advise the caller that the detonation of a bomb could maim or injure innocent people.

Threat Checklist

Complete this list if you receive a threat.

Exact time of call: _____ Date: _____

Exact words of caller:

Caller's voice: (circle)

Male Female Adult Youth

Estimate Age: _____

Black White Hispanic Asian Other: _____

Calm Disguised Nasal Rapid Accent

Nervous Angry Sincere Slurred Loud

Excited Giggling Stressed Crying

If voice is familiar, whose did it sound like? _____

Background Noise: (circle)

Music Children Typing Airplanes Machinery Cars/Trucks

Other:

Do not hang up! Obtain as much information as possible:

- When is the bomb going to explode? _____
- Where is the bomb? _____
- What does it look like? _____
- What kind of bomb is it? _____
- Method of activation: mechanical, clock, movement/chemical action?

- Method of deactivation? _____
- Did you place the bomb? _____
- Why? _____
- Where are you calling from? _____
- What is your address? _____
- What is your name? _____

Call received by: _____ Department: _____ Ext: _____

Note: In the event you receive a bomb threat:

- Call 911 immediately. Provide the following information:
 - ✓ Identify yourself
 - ✓ State: "I have received a bomb threat."
 - ✓ Give your office location and extension.

REMAIN CALM!

APPENDICES

EMERGENCY EVACUATION MAPS

Insert maps here.

INJURY/INCIDENT REPORT

The following form is a sample that may be helpful should an injury occur during an evacuation or other emergency procedure. It is important to maintain accurate records of any injuries incurred during an emergency in case of insurance or liability questions.

Date:

Injured Person: _____

Completed by: _____

Where were you when injury occurred:

Description of injury and how it occurred: (Use back if more space is needed)

Witnesses:

Action Taken/Medical Treatment Provided:

BUILDING EMERGENCY SYSTEMS

This appendix may include information about the location of emergency equipment and information about warning systems for your particular site. Such systems may include, but are not limited to, the following:

Fire/Smoke Detection and Warning

Recommended information: automatic sprinklers, location of fire extinguishers (including maps), lighting

Emergency Power System

Recommended information: emergency power backup equipment

Recognizing an Alarm System Warning

Recommended information: description of warnings (sound, light)

CONDUCTING A HAZARD ANALYSIS

Purpose

The purpose of a hazard analysis is to determine the hazards a site is most susceptible and vulnerable to experiencing. By determining those hazards prior to development, the site emergency plan will be realistic.

Starting Point

A good place to look for information regarding potential hazards is the local emergency management office. This office can describe the disaster history of the community, the location of flood plains, frequency of tornadoes, and so on. The local library may also provide some insight on local disasters.

Considerations

Look at disasters or emergencies that have occurred in the community, for example: tornadoes, wind storms, severe winter weather, heavy rains, forest fires, flooding, utility problems, transportation accidents, etc. Consider the geographic location of the site to flood plains, nuclear power plants, heavy forest, major transportation routes, and neighboring sites with might be hazardous. Look into past emergency events onsite. Consider technological problems that could occur due to problems on the site, such as heating and cooling systems, incinerator problems, power failure, etc. Consider the construction of buildings on the site. Do the buildings pose any hazards, such as building collapse?

Hazard Analysis Worksheet

Using the worksheet on the next page examine the listed hazards. List any other possible hazards that the site may face under the first column labeled "Hazards". Cross off any hazards that are not possible, for example the "onsite hazardous material" incident.

Using a scale of 1 to 3, estimate the possibility of each listed hazard.

1. **unlikely or low possibility**
2. **maybe or average possibility**
3. **likely or high possibility**

In the next three columns labeled, "Employee Impact," "Property Impact," and "Economic Impact" use a 1 to 3 scale. Using the 1 to 3 scale estimate the possible impact of each hazard on the employees, property and business. Use a worse case scenario to estimate the probable impact.

1. **low impact** (few hours lost productivity, nick and scratch injuries, slight property damage.)
2. **moderate impact** (loss of wage, loss of short term productivity, serious bodily injury, moderate property damage.)
3. **high impact** (loss of employment, loss of life, destruction of property and business.)

After factoring each impact area, total the row for each hazard. Using the totals, prioritize the hazards to determine which hazards to plan for first. Depending on the needs and resources of the organization, complete the low priorities as possible, or not at all.

HAZARD ANALYSIS WORKSHEET

Hazards	Possibility	Employee Impact	Property Impact	Economic Impact	Total Possible Impact
Fire					
Tornado					
Severe Winter Storm					
Flood					
Onsite Haz/Mat*					
Off-site Haz/Mat*					
Bomb Threat					
Civil Unrest					
Utility					

* Haz/Mat means Hazardous Materials

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

3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.

4. Set up policies to follow during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up policies for flexible work hours and working from home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate your organization's usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly.

5. Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider focusing your organization's efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).

6. Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you've learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district’s staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district’s pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the district’s crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district’s operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district’s pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district’s established ICS and the local/state health department’s and state education department’s ICS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community’s pandemic plan as well as the state department of education’s plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the district’s Incident Command System and the local/state health department’s and state education department’s Incident Command System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community’s pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.

"I AM THE LORD, AND THERE IS NO OTHER, I FORM THE LIGHT AND CREATE DARKNESS,
I BRING PROSPERITY AND CREATE DISASTER; I, THE LORD DO ALL THESE THINGS".

ISAIAH 45:7

Love
IS ACTION...

Pandemic Preparedness
RECONNECTING THE CHURCH AND COMMUNITY

Building Bridges of **Love**



Practically Speaking, How Can the Church Respond?

PANDEMIC PREPAREDNESS

Marg Pollon
Bridges of Love Ministry Society
November, 2006

Love Your Neighbour...

We know in the days of the early church, the thing that most impressed their neighbours was the community of love they witnessed among believers. In every age, the most persuasive evidence for the gospel is not words or arguments but a living demonstration of God's character through Christian love for one another, expressed not only in word but demonstrated in tangible and practical ways.

Reports state that government officials taking charge for an Influenza Pandemic will let the public know when to move into isolation or what they call the '*social distancing phase*', as essential services are implemented. Will the orders to take refuge and seek isolation be our mandate? Will Christians retreat into seclusion for safety and protection against this devastating virus? Or will we help a neighbour who might be without food or needing assistance during a pandemic? Will we be prepared to step out with a touch of God's Love? How would Jesus respond if he were walking with us today?

Churches have an opportunity like never before to put our faith into action. A pandemic is a civic responsibility that everyone needs to address but as followers of Christ, we are to be His example, as the shining light in our community. How does that play out individually as well as corporately as the body of Christ? Are we willing to let down our nets and follow Him? Please join on a mission of joining hands with our Christian brothers and sisters to meet people where they are – our neighbours next door...

Business and Health Care as Usual??

In 1918, half the world became infected with a flu which killed an estimated 50 – 100 million people. This virus killed more people in 25 weeks than AIDS has killed in 25 years. According to one academic reviewer, this 'single, brief epidemic generated more fatalities, more suffering, and more demographic change in the world than all the wars of the Twentieth Century.'

The scope of a major pandemic will be by definition and historical records alike, unlike any other emergency; it happens, then it happens some more, and it keeps on happening. Just when it looks like it is going to recede, it returns even more severely than before. It happens in virtually all communities, leaving little possibility for outside help; and with it, being a novel infectious disease, comes a fear of infection for self and family.

Fear

Fear of the unknown will hinder our witness and ability to care and minister to our neighbours. By being informed, prepared and having a solid foundation in our faith will help alleviate our fears and ineffectiveness. In Psalm 91 God has promised to protect those who are His own.

Because Christians have a hope that is super-natural our response will be dictated not only by how merciful we are but more importantly by how much we love God. Coming from a Biblical perspective gives Christians such a unique vantage point.

Informed Christians with practical tools for impacting our communities have the potential to make a huge impact across our country. Can you imagine the witness that the faith community could have to a watching world? Can you imagine what effect solidarity within the body of Christ could have to the health/medical community and the government? Can you imagine caring for those in your community and showing them that churches are willing to work together demonstrating the love of Christ?

"...I have become all things to all men, that I might by all means save some."

1 Corinthians 9:22

An excellent book recently written by doctors Vincent Lam and Colin Lee, **'The Flu Pandemic and You' - A Canadian Guide** is a wonderful educational resource.¹ The information in this book is intended to help readers understand scientific issues and make informed decisions about their health. I have included the summary of four chapters from this book to aid in the planning process. This little synopsis gives a quick over-view so I would recommend their entire book for further reading in order to become as informed as possible.

"The fear in the hearts of people just withered them. They were afraid to go out, afraid to do anything... You just lived from day to day, did what you had to do and not think about the future. If you asked a neighbour for help, they wouldn't do so because they weren't taking any chances..."
"Susanna Turner, Philadelphia Hospital volunteer during the 1918-19 Pandemic.

Will History Repeat Itself? Influenza Pandemics over the Centuries

(The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 4)

1. Influenza pandemics have occurred repeatedly over the centuries.
2. There were three pandemics in the 20th century. The first one was especially devastating, and the other two were much milder.
3. In 1976, a pandemic was predicted, and a mass immunization campaign was undertaken in the US to respond to this risk. The feared pandemic did not occur.
4. SARS gave the world a recent taste of a global infectious disease outbreak. The rapid containment of SARS was an international public health success but does not guarantee a similar degree of success with in Influenza pandemic.
5. Some lessons from the influenza pandemics of the 20th century:
 - ✓ Pandemics often give some warning before doing their worst damage.
 - ✓ Pandemics tend to feature a 'signature age shift,' meaning that younger adults become seriously ill and die in greater proportion than in seasonal influenza epidemics.
 - ✓ Pandemics tend to feature a rapid surge in the number of ill people.
 - ✓ The pandemics of the 20th century have given us knowledge and insight to be able to respond more meaningfully to future pandemics.
 - ✓ Honest and clear communication is the cornerstone of an effective response to a pandemic.

Some Ethical Dilemmas during an Influenza Pandemic

(The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 13)

1. Individual people from all walks of life, health care professionals, public health officials, and people in government may face many ethical dilemmas in the course of a Pandemic
2. Some issues with important ethical parameters are:
 - ✓ When and how to isolate and quarantine citizens who have fallen ill or have been exposed to the pandemic strain of influenza, while respecting personal liberties as much as possible.
 - ✓ How to ensure that health care workers are able and willing to work, despite the increased occupational hazards of working with influenza-stricken patients.
 - ✓ How to ration scarce health care resources such as medications, vaccines, and advanced medical equipment, such as life-saving ventilators.
 - ✓ How to balance global and local priorities, which may sometimes be different.

¹Excerpted from **The Flu Pandemic and You: A Canadian Guide** by Vincent Lam, M.D. and Colin Lee, M.D. Copyright © 2006 Vincent Lam and Colin Lee. Reprinted by permission of Doubleday Canada."

Making Preparation for Surviving a Pandemic (The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 7)

1. In the worst-case scenario of a pandemic like the one of 1918-19, you would have a 95% chance of surviving. If 1957-58 or 1968-69 replayed itself, you would have more than a 99% chance of surviving the next pandemic.
2. Educate yourself—it's the most valuable thing you can do.
3. Get a flu shot. If you travel to places where H5N1 is currently affecting birds, take a few simple precautions if interacting with birds and poultry.
4. Adopt healthy habits: eat well, exercise regularly, don't smoke, drink in moderation, and don't contract preventable infectious diseases.
5. Stockpile some emergency supplies such as food, regular medications, and other essential supplies to prepare not only for a pandemic but for other surprises, such as a blackout, ice storm, or earthquake.
6. Buy locally produced food.
7. Ride a bicycle.
8. Know your neighbours.
9. Keep a balanced perspective. Be informed and aware and do not panic.

Things to do in Everyday Life to Limit the Spread of Influenza (The Flu Pandemic and You – Dr. Lam & Dr. Lee; Chapter 8)

1. Good hand washing and good cough and sneeze etiquette are always wise habits to reduce the risk of spreading or contracting any infection, and they are crucial to protecting your health during a pandemic, <http://www.coughsafe.com/media.html>
2. 'Social distancing' and trying to stay more than 1 metre away from people will decrease your risk of spreading or contracting influenza during a pandemic.
3. Use a mask if you need to be less than 1 metre from a person who is ill with influenza, or if you must be in a crowd during Phase 6 of a pandemic. If you can, it's even better to avoid crowds at this time.
4. If you are going to be handling the bodily fluids or secretions of someone who is ill with influenza, wash your hands even more and consider wearing gloves.
5. Choosing how to go about your daily life during a pandemic means striking a balance between an activity's risk of exposing you to influenza, and whether that activity is essential for you.
6. Cooperate with any containment measures in your community if they are used. They are well understood to be disruptive and therefore won't be used unless they are felt to be important.

We have the ability to help our families, friends, churches members and others during an influenza pandemic. During Phases 3, 4, and 5, there will be few enough cases of the novel strain that everyone with this illness will receive professional medical attention, and probably hospitalization for treatment and isolation. In Phase 6, however, there will be so many cases of illness that hospital admission will be reserved for those who are significantly ill and need specialized treatments. People with milder illness will need to be cared for at home. Most of what will be needed to care for people with influenza during a pandemic does not require formal health care training. If you care for someone at home, you should know some important things about influenza and understand some basic principles about taking care of people who are ill.

Some anecdotal reports from the 1918-19 pandemic:

- The dying were too exhausted to move from bed, while those around them were too weakened by their own illness or terrified to bring them food and water.
- Some people died because no one was either able or willing to help them survive in very basic ways.
- Children were orphaned, with no one will to adopt them because they came from an influenza-affected household.

These are only a few reports of how the lack of care led to unnecessary deaths and suffering. How can the Christian community play an active role to aid in the care of those who need treatment that can be administered by a trained lay person? People who are well enough to stay at home will be asked to do so and the majority will recover with home treatment, possibly assisted by medications. Here is an opportunity for Christians to deliver high-quality home care to those who can safely stay at home. They will be trained to know when to be concerned that a person may need further professional care.

Churches working together in a community will minimize duplication and increase the effectiveness if they work together on their contingency plans. As each church takes responsibility for a section of their neighbourhood, (like Nehemiah) a plan will be in place for each household to have a church assigned to each home. **Now is the time to start building relationships with those in your area and letting them know that you are working and praying on their behalf.**

Getting To Know Those in Your Area

- Visit the homes and introduce your church. Fill in the attached survey and explain how these records will be kept confidential but this information will be of vital importance when the influenza hits their community.
- Begin to build a level of trust and gather information on each house-hold. Perhaps there will be medical people in the neighbourhood who will volunteer to be available to help when needed.
- When communities see the churches working together for a common purpose it will show unity within the body of Christ. Do not pressure people, however, as if they may be uncertain on whether they want to give out this information. Bless and release but leave contact information for your church so they can call back if help is needed in the future.

Practical Ways Churches Can Assist

- First step is to **PRAY** and seek God's Agenda and His Strength in order to carry out the tasks that will be unique for each church.
- Choose a responsible team leader who will coordinate the volunteers and take the strategy to the church at large. Have total church involvement and Pastoral support for the education and the implementation of the strategy.
- List the resources that the church already has on hand and discuss how these resources can be implemented for a pandemic scenario. See appendix 2
- How can small groups be utilized and what gifts do each group already have in place that can be expanded to a greater degree.
- How can lay people be empowered to minister both spiritually as well as meet the physical needs of others?
- Build a data base of homes which each church will be responsible for in their neighbourhood. Begin to pray for these homes and how best to meet their needs. You don't have to wait for a pandemic to start to know your community. Begin now to get to know those in your area. Appendix 1
- There is a wealth of valuable resource material available that has been put out by the government and health authorities. Take this material around to introduce the topic in a casual manner. Ask questions like...have you been following the reports of a possible Influenza Pandemic? You will be surprised at the number of people who have not been listening to the news and have no idea of this looming threat. Check out www.projectsafetynet.ca (Dr. Tim Foggin) which is a great resource to assist with outreach for the local church.
- Host Flu shot clinics (opportunity to meet many in your community)
- Identify the vulnerable in your community and congregation.
- Explore alternative methods of delivering worship to the homes of members. VHS/DVD/web casting.
- Communicate Health Department information regarding disease and individual preparations.
- Secure supply of protective clothing such as gloves and masks.
- Create small decision making Task Force which can make decisions quickly.
- Create care giver packets that assist those who are providing care to an ill person.
- Develop adult classes and sermons that address the concerns and needs that arise with a pandemic.

Pastoral Care Considerations

Routine pastoral care procedures should adapt to the need to practice measures for effective prevention of disease spread.²

- Take only Bible portions and prayers that can be printed out and left with the patient.
- Use masks and gloves when visiting infected members at home.
- Consider how best to give pastoral care to those who are quarantined.
- Pastors should expect to perform more funerals in the case of a bird flu epidemic. Pastors should also seek support and practice self-care to be emotionally equipped to deal with the personal toll these deaths will have for persons in ministry.
- Outdoor worship may be more viable than indoor.
- This affords a wonderful opportunity for home churches (Mutual Assistance Groups) to grow where smaller gatherings are advisable.

Worship and Community Gathering Considerations

Consider how your community and worship practices can be changed to reduce virus transmission.

- Careful frequent hand washing; no spitting; covered coughing or sneezing
- Choose an alternative loving greeting to shaking hands, hugging and kissing
- Discourage the passing of offering plates, attendance registers, and other items
- Plan an alternative way of sharing Communion that limits physical contact
- Provide ample soap, hand sanitizer, tissues, trash receptacles, and regular trash disposal
- Use gloves and masks when emptying trashcans with used tissues
- Close water fountains
- Avoid worship, community work and school when sick
- When necessary, close the nursery, nursery school, day care and children's Sunday school
- Sanitize toys and nursery equipment regularly

Public places of worship will be one environment that will be targeted as an area of high risk for the spread of infection. Due to the high level of anxiety that will result from a pandemic this is a time that congregations will need the support and love from their fellow members. As an alternative to congregating in our church building may we look at a viable alternative called '**Mutual Assistance Groups**'.

Mutual Assistance Groups

A church response to a pandemic is a shared commitment from the whole church body, being a visible and tangible witness of the gospel, acting as channels of God's Love. Since Pastors and others ministry leaders in the church will be over-extended it will be necessary to have mature individuals who will be ready to fill in the gap. Lay people will have opportunities to minister in the lives of friends, neighbours and fellow church members.

A major flu pandemic would cause a shift in the way we traditionally gather to worship. Public gatherings (including church assemblies) would likely be closed or banned temporarily due to the fear of contracting the virus. In an environment of 'germ avoidance' gathering in large groups would be an unlikely occurrence. Public health officials call this 'social distancing' so church attendance would be one such activity to be avoided. Many would be reluctant to go out in public, for fear of contracting the flu virus. Due to a high anxiety level, however, Christians would greatly benefit by having an opportunity to meet with others to share, pray, and encourage one another.

During times of crisis, 'Mutual Assistance Groups' (house churches) would provide a more casual but very meaningful worship/support experience. This would be a time of reaching out with emotional support to

² United Methodist Committee on Relief (UMCOR) for CHURCHES, 2006
<http://new.gbgm-umc.org/umcor/work/health/birdflu/churches/>

offer encouragement, personal one on one listening, being a real friend, counsellor, offer hope, new meaning for life and concrete symbols of love. A time for putting one's faith into action and demonstrating 'living proof of a loving God' without engaging in religious exploitation. Mutual Assistance Groups would give those grieving a sense of orientation into life...being a true witness for Christ by what is done...as well as by what is said. Strong bonds of friendship resulting in new followers of Christ is often the natural outcome that will extend into eternity...

Mutual Assistance Groups could not only be a place for loving relationships but they could also take on the responsibilities of caring for others in their community. Each group would pray and corporately choose where they could minister in practical ways.

For example: Child Care
Food preparation/delivery
Food Bank
Neighbourhood watch
Spiritual counselling and grief support
Drivers
Communication/Networking
Elementary health care
Prayer
Financial Assistance

These are only a few suggestions but as needs are assessed and reviewed, mutual assistance groups would have a vital role to play in connecting with their sphere of service. Where do you see your church fitting in with other churches in your community?

One-on-one discipleship, when church attendance is unadvisable, is also an excellent means to connect with those who need some spiritual guidance from mature believers.

Discipleship

*"Let us consider how we may spur one another on toward love and good deeds.
Let us not give up meeting together." Hebrews 10:24-25*

In times of crisis, great numbers of individuals often commit their lives to the Lord. Are we ready to 'disciple' new believers and give them a solid foundation to build on?

Not only do we need to impart the scripture but we need to equip new believers for service. Equipping is more than teaching however. It is modeling, training, providing tools, instilling character and attitudes, enhancing vision, providing knowledge and experience, mentoring and discipling. It is broad-scale preparation. Bob Moffit – "If Jesus Were Mayor"

We need current church leaders who are willing to explore this crucial area of training church members in community spiritual leadership and practical pastoral supportive care. The people of the church are to gather and be instructed and encouraged for compassionate service. As they go 'out' to serve and be Christ's Ambassadors, they will be an expression and fullness of God's love.

'Proclamation' and 'demonstration' are both needed to communicate the Gospel in its fullness. Preaching is essential yet the message is hindered if there is not the reality of God demonstrated.

Nothing will mobilize and energize Christians like caring for their neighbour. There is great fulfillment from helping others in a desperate time of need that can not only change the life of the one who is cared for but also the one who helps receives a very special blessing as well.

Restricted Movement³

Once there is evidence (according to the World Health Organization's monitoring system) of actual and increased human-to-human transmission of bird flu, and the WHO moves into Phase 4 of its global risk monitoring, governments and then local government will take containment measures.

- Border control. Be concerned for your Volunteer in Mission teams and missionaries
- Enforcement of quarantines
- Isolation of the sick
- Limitation or suspension of public gatherings, meetings, and public transport in certain areas
- In the worst-case scenario, there would be great pressure on essential services, business and social disruption, significant economic impact and even some breakdown of law and order as basic commodities become difficult to purchase

Employee Absenteeism

An organization should expect absenteeism levels to be between 20% and 60% for two to four weeks at the height of each pandemic wave. There are several reasons for this:

- Employees may be ill themselves. In past pandemics the infection reached 25-35% of the population. Mortality rate depends on the virulence of the virus
- Employees may be healthy but have become care givers
- They may have been away and refused re-entry to the area or not be able to leave their own area due to a quarantine

Demand on Health Care Services

In the event of a major outbreak, health services will be overtaxed at every level. Care may need to move into the community and be done by family, community and church members. Church facilities may become information, admission or treatment centers.

Ideas for Crisis Management

Keep Informed and Communicate

- Locate good sources of information on bird flu (nationally and locally) so that you can tell fact from myth. [These resources will get you started.](#)
- Know the local radio and TV stations that will broadcast updates on the situation
- Follow global, national and local warning systems and be ready to respond
- Network with other local churches and organizations for the care of the community
- Know what resources are available: experts, volunteers, supplies and information
- Hold planning and educational seminars for staff, congregation and community members in cooperation with other networking organizations
- Communicate organizational decisions

³ United Methodist Committee on Relief (UMCOR) for CHURCHES, 2006
<http://new.gbgm-umc.org/umcor/work/health/birdflu/churches/>

Care for Church and Extended Ministry Staff

- Update all Contact Information: Telephone, email, home address, next-of-kin
- Review Leave policies because of the anticipated high levels of absenteeism
- Review Health, Disability and Life Insurance to ensure that contracted providers can assist with care in this event
- Know how much crisis support the church can give to employees

Create a Cross-Functional Church Leadership Team

The church leadership may become ill so the formation of a cross-functional team with decision-making power is important. They should work on the premise that normal church activities and ministerial duties may change for a long period and that even the role of their building may be transformed.

- Train church members so that they can do pastoral work in places the pastor cannot access.
- Investigate the very best telephone plan for the pastor and leadership team and advise everyone about it.
- Decide on the critical tasks that the church can commit to in such a crisis.

Plan for Social Distancing

Social distancing may become necessary to protect people from exposure. Some strategies are the following:

- Telephone calls instead of face-to-face pastoral visits
- Small home group gatherings/meetings on Sundays and midweek
- Avoid public transport at peak hours
- Expect colleagues with symptoms to work from home
- Consider and plan for the church's budget and cash flow if regular ministry is cancelled

Institute Quarantine Policies

The virus may be brought into the church by anyone. They may need to be isolated, require immediate care and or be transported to a quarantine or treatment area. Masks are a consideration especially in crowded areas and also because they may stop people from touching their faces but may not be that effective

Stockpile Emergency Supplies

Ensure that there are long shelf life food stocks at the work place: over the counter medications for fever relief and symptomatic relief of flu.

So Where Do We Go from Here??

As congregations pray and seek God's leading, consider these questions which will help in the planning stage leading to implementation.

1. Is the church grounded in the Biblical Foundation for a church response?
2. How do we deal with the 'fear' that will cripple many for service?
3. Is our church knowledgeable on the ramifications of an influenza pandemic?
4. What resources/man-power do we presently have on hand to start the process? How can we expand and implement this to fit a pandemic scenario?
5. What ministries could we utilize and strengthen to be effective as an outreach tool?
6. Are we willing to partner with other churches in our community to increase effectiveness and avoid duplication?
7. Who can we identify as potential leaders in our church to mobilize the congregation?
8. Do we know our community association, schools, health authorities?
9. Who do we identify as 'special needs persons' in our church and community?
10. Can we fit into the plans of the municipal health authority?
11. Do our small groups have service built into their DNA?
12. Do we have an accurate contact list of ALL persons who attend the church and also those who live in the community surrounding the church?
13. Can we identify individuals who live in the community and attend the church who could be persons to do 'home visits' – Bridge Builders?
14. Would our church be comfortable going door to door to have surveys filled in with pertinent information on the residents around our church?
15. Would our church be willing to do a "Church Resource Assessment" to have on file?
16. Are we willing to take a risk to build God's Kingdom?

Reports from a vast array of medical people who are experts in the field of infectious disease say that a pandemic is inevitable and it is only a matter of time before the virus mutates having the ability to transfer from human-to-human. Do we wait until it is on our door step or do we seize the opportunity now to start preparing God's Church?

We cannot predict the timing but we can be sure that the preparation that we do will not be in vain. Getting to know our communities and showing that we care for them in tangible ways will be a witness to those who do not have a relationship with the Lord. We know from past history, that during times of epidemics, it was the Christians who were not afraid to step out and take a risk to care for those who were sick and dying. Due to those extraordinary acts of love there was a definite rise in Christianity during these times of need.

Our agenda is to follow Christ and walk in His Steps. What would Jesus do if He were walking with us today? We have an unprecedented opportunity to show the Love of Christ to our communities and to partner with others as we serve with God's Love. God is calling each one of His followers to join Him in an adventure. We need to be equipped with His Armour to be ready for battle.

Erwin McManus, Author/Speaker says...***"You know where to begin; take initiative. You know who God is, so embrace life's uncertainty. Remember that the person you are becoming in Jesus Christ is your greatest gift to others. Every great adventure is filled with peril and danger, but the risk is worth it. You have already been authorized to move forward, so advance. Impact your world by fighting the battles that are on God's heart."***⁴

Our responsiveness is always determined by a continuing exploration of the distinctive identity and purpose of the church as the community called to witness to God's mighty work in Jesus Christ.

⁴ Erwin McManus, *Seizing Your Divine Moment*; Thomas Nelson Publishers, 2002

Influenza Pandemic Preparedness – Appendix 1

CHURCHES GETTING ACQUAINTED WITH THEIR NEIGHBOURS

Hi! My name is _____ and I attend _____

Church in this community. For a number of months we have been hearing reports of an Influenza Pandemic being a very real possibility. My church is joining efforts with the health authorities and other churches in our community to be prepared to offer care, if this pandemic becomes a reality.

Communication is going to be critical in order to keep in touch and track those in our neighbourhood who might become ill and need assistance. May I ask you a few questions which would enable us to assist you and your family should a need arise? Thank you.

FAMILY MEMBERS: Number in household _____

Seniors: _____ Adults: _____ Teen-agers: _____ Children: _____ Pets: _____/_____

English Spoken: Yes _____ No _____ English Written: Yes _____ No _____

Other language(s): _____

Special Medical Needs: _____

Contact information for other family members in city:

Name: _____ **Phone Number:** _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX:** _____

EMAIL ADDRESS: _____

HOME CHURCH: _____

PHONE NUMBER: _____ **PASTOR** _____

FAMILY DOCTOR: _____ **PHONE:** _____

Churches Resource Assessment – Appendix 2

Our **Mission** is to prepare the church for a Influenza Pandemic by providing education, resources and the biblical foundation by equipping the 'saints' to be ready to respond in love to members in their community.

Our **Vision** for Pandemic Preparedness is for Christians and churches to identify the needs of the communities in which we live and to be willing to respond in relevant ways which will reconnect us as a vital part of total community care showing Christ's Love in action.

Church: _____

Address: _____ **PC** _____

Email: _____ **Phone Number:** _____

Pastor/s: _____

Facility Manager: _____ **Phone Number:** _____

Programs presently in place:

Small Groups – Number _____ Service Orientated - Yes/No

Contact person: _____

Inn from the Cold

Contact person: _____

Food Bank

Contact person: _____

NeighbourLink Affiliation

Contact Person: _____

Emergency Committee

Contact Person: _____

Child Care

Contact Person: _____

Parish Nurse on Staff

Contact Person: _____

Communication Staff

Contact Person: _____

Other Areas where we could assist: _____

Marg Pollon

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Web Site: www.bridgesoflove.net



www.micahchallenge.ca

www.projectsafetynet.ca

God is the builder of everything - Heb. 3:4

Faith Based Organization Pandemic Flu Planning Guide

By The Joplin/Jasper County Pandemic Planning Committee

Did you know.....

- As many as **40%** of your staff may be unable to work for extended periods of time
- **25-30%** of the population could become infected
- Government entities may be forced to cancel all mass gatherings-
including worship services

All of these scenarios are likely to happen when the next flu pandemic strikes. Use the enclosed information to learn more and prepare your organization.

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In an effort to prepare for the next pandemic, an event considered by many experts to be inevitable, The City of Joplin Health Department, The Jasper County Health Department, in cooperation with various state and local organizations, developed:

“The Joplin-Jasper County Pandemic Influenza Emergency Plan”

This committee is dedicated to increase public awareness and provide educational efforts for pandemic response.

The Pandemic Planning Coordinating Committee:

Dan Pekarek	City of Joplin Health Dept.
Tony Moehr	Jasper County Health Dept.
Ryan Talken	City of Joplin Health Dept.
Mac McKeough	City of Joplin Health Dept.
Keith Stammer	Joplin/Jasper Co. Emergency Mgmt.
Mark Baker	Carthage R-9 Schools
Patti Boman	Freeman Health Systems
Teri Koch	Freeman Health Systems
Donna Stokes	St. John’s Regional Medical Center
Kim Stross	St. John’s Regional Medical Center
Denise Dugan	St. John’s Regional Medical Center
George Thullesen	Empire District Electric
Tina Montez	Empire District Electric
Becky Heffren	Empire District Electric
John Joines	Economic Security Corp.
Debbie Markman	Economic Security Corp.
Jaci McReynolds	Greene County Health Dept.
Lisa Olliges	KOAM TV
Lynn Onstot	City of Joplin
Steve Patterson	Spring River Baptist Assoc.
Anita Singleton	UMKC/MSSU
Wally Kennedy	Joplin Globe
John Hacker	Carthage Press

These materials are provided as an effort to educate the Faith-Based community on pandemic planning.

For up to date information: www.JasCoFlu.com

Pandemic Planning- The Faith Based Role:

PLEASE USE THIS AS THE FRONT COVER OF THE BOOKLET.

**A guide for faith based
organizations**

A Faith Based Response: How People of Faith Can Prepare For a Pandemic

Power Point Presentation

*****ATTACH DVD HERE:**

Pandemic 101:

General Information

What is a Pandemic?

Bird Flu vs. Pandemic Flu

Pandemic Influenza: Not Your Ordinary Flu

Tips for Maintaining a Healthy Faith Community



WHAT IS A PANDEMIC?

A flu influenza pandemic is an outbreak of a new (novel) flu virus that spreads around the world.

The virus will spread easily from person to person, mostly through coughing and sneezing. Because the virus is new to people, everyone will be at risk of getting it.

Historically, the 20th century saw 3 pandemics of influenza:

1918 influenza pandemic caused at least 675,000 U.S. deaths and up to 50 million deaths worldwide;

1957 influenza pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide;

1968 influenza pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide;

If a pandemic of similar severity occurred today, **90 million** Americans could become ill, and approximately **2 million** Americans could die.

BIRD FLU vs. PANDEMIC FLU

AVIAN INFLUENZA-BIRD FLU:

The Centers for Disease Control and Prevention (CDC) and other leading public health experts agree that the threat of a flu pandemic is real—it's not a question of **IF** one will happen, but **WHEN** it will happen. They are concerned now that the H5N1 virus (bird flu) is changing and could evolve into a pandemic flu virus.

Media reports often talk about bird flu and pandemic flu in the same breath, but it's important to know that they are not the same thing.

Pandemic flu is a global outbreak of human disease. It is caused by a new influenza virus that is unlike any previous flu, so people will not have any natural immunity to it. The lack of immunity means that a pandemic flu can pass readily from person to person, creating widespread illness. Currently, there is no pandemic flu circulating.

Bird Flu (or avian influenza) refers to a large group of different influenza viruses that primarily affect birds. Avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them. Occasionally, these bird viruses can infect other species, including pigs and humans, but the vast majority of avian flu viruses do not infect people.

The current bird flu outbreak in many parts of the world is caused by a type of influenza **A** virus called "*H5N1*". H5N1 is already spreading widely in global bird populations. In a very small number of cases, it has passed from birds to humans, generally through direct contact with infected birds—and in a handful of cases; it has passed from human to human. The few instances of avian flu in humans has been deadly, killing nearly half of those infected. However, it has not developed the ability to pass easily from human to human. **If this changes**, H5N1 will become a human influenza virus that could start a pandemic—and that's what worries health experts.

PANDEMIC INFLUENZA: NOT YOUR ORDINARY FLU

10 THINGS YOU SHOULD KNOW ABOUT PANDEMIC FLU

1. ***Pandemic flu is much more serious than seasonal flu:*** It is likely to be more severe, widespread, and deadlier than seasonal influenza.
2. ***A pandemic flu will be global.*** Travel routes will make it easy for the virus to spread quickly across borders. Communities across the U.S. and around the world will be affected at the same time.
3. ***The single best thing you can do to avoid getting any flu virus is to wash your hands.*** Wash frequently with soap and water, or use alcohol-based hand sanitizer.
4. ***A vaccination will not be available at the onset of a pandemic.*** Once a pandemic flu virus is identified, it could take several months to develop and produce a vaccination.
5. ***Pandemic flu and bird flu are not the same thing.*** A pandemic is a worldwide outbreak of human disease. Bird flu mainly affects birds.
6. ***A pandemic may cause widespread social and economic disruption.*** Services provided by government agencies, public utilities, stores, the post office, and other businesses may be limited. Transportation services may be disrupted and schools may be closed.
7. ***It may be difficult or impossible to work during a flu pandemic.*** Plan for a possible reduction in income if you are unable to work or if your workplace closes.
8. ***A pandemic could overwhelm the health care system.*** High numbers of ill people during a severe pandemic will put enormous pressure on our health care system. Prepare to follow instructions from your health care provider and public health officials about how to obtain medical advice and receive care.
9. ***Communities need to pull together during a pandemic.*** Check on neighbors and help those around you. This may be as simple as calling your neighbor from a “phone tree” list, or dropping off supplies on the doorstep of a homebound friend.
10. ***There are simple steps you can take to prepare for a flu pandemic.*** Learn how to protect your health, stock your home with supplies, and make household plans.

TIPS FOR MAINTAINING A HEALTHY FAITH COMMUNITY:

COMMUNION:

Designate one person to distribute communion. *This person should wear gloves during, or wash hands or use hand sanitizer immediately and prior to distributing communion.*

Use single serving bread

Discontinue use of shared wine chalice; consider individual servings

Discourage use of wine

Encourage receiving communion in hand, not in mouth

GOING TO CHURCH:

Reassure congregation that it is okay to stay home; in fact, it is the right thing to do

Consider adding more, but shorter services to avoid crowds

Consider adding boxes of tissue at the end of the pews or in other areas of the church

Consider practicing social distancing guidelines—keeping 3 feet of space between members when possible

For members:

If you are sick, stay home

If you do go to church, avoid close contact with other members

FOOD/FELLOWSHIP:

Make hand sanitizers available to people who are serving food or collecting money

Stay at home if you are sick

Some events could be put on hold (confirmation, baptism; **prioritize** gatherings in some way

If you attend a gathering or other activities where food is served, ***remember to wash your hands frequently before and after eating and after using the restroom***

NURSERIES:

Follow procedures prescribed to other daycare centers.

Information available at the local health department

FUNERAL:

There may be an increased demand for funeral services.

Consider partnering with other churches or organizations in your community to ease this demand;

Funeral services may be limited to immediate families

In lieu of chapel (small, crowded) conduct service outside at burial site

Funeral now (limited, only immediate family), memorial later

DISTRIBUTION:

Follow local health department recommendations for social distancing.

Consider dropping off packages in driveways or in doorsteps; methods that prevent person to person contact.

PLANNING:

The Role of FBO's:

Church related groups will be vital partners in getting ready for an influenza pandemic.

Researchers have shown that people are likely to turn to their religious and community organizations for reliable information during a health emergency.

Disasters are events that cause human suffering and may result in human needs that survivors cannot alleviate without spiritual, monetary, material, or physical assistance.

PREPARATION:

“The only thing tougher than planning for a disaster is explaining why you didn’t,”

Rita Sandmaier, pastoral-care minister

Once a pandemic virus emerges, it is too late to begin planning. Experts cannot predict when the next flu pandemic may occur, or how severe it will be, but everyone agrees that preparation is key.

6 Key Issues in Preparing your Congregation for a Pandemic Flu Outbreak:

- 1. Pandemic flu is very different than the usual seasonal flu.** The first step is to understand the difference. A pandemic illness is expected to disrupt normal activities for up to three months. Your congregation needs to think about how it will deal with a prolonged disruption, both in terms of church administration and in terms of pastoral care of the members during this stressful period. Your church needs to tune into Public Health Announcements and mirror them to the congregation. *****One of the most important things that a FBO can do is get to know and work with its state and local health departments.**
- 2. Small congregations may want** to band together in order to pool their resources in case of a pandemic. Congregations cannot count on the assistance of others from outside the region—each individual church must be ready to mobilize and join the local community effort dealing with this emergency.
- 3. Churches are often** used for gathering the community together in big and small ways. Churches should facilitate discussion on social distancing (isolation) and what that might mean for the church. For example: “How do we minister to people’s spiritual needs if we cannot gather as a community?” Potential solutions could include Cable Access tv or videotaped/DVD services delivered to homes or conference phone calls to small groups each week. Also think about: “Who will outreach to those living alone and other vulnerable people?”
- 4. Do not forget** to “care for your caregivers!” Churches must consider the mental and physical implications for Pastors and pastoral associates whose responsibilities is visiting the sick, counseling the grieving and conducting healing services and funerals.
- 5. Consider the following questions** relating to the proximity of your church’s social network: “How do we communicate with our members who may be living all over the area, not just in near proximity to the church?” and “What will be our interaction with those non-members living near our church facility?”
- 6. Many churches** ask, “How will the church survive financially if we do not gather?” Because people’s income will be disrupted, the church needs to have a “rainy day fund” to cover such a disruption. Most churches do not have such a fund. Some churches may have a building fund or other designated funds, but there are no deep pockets. Churches will have to pull together and share the limited resources, much like the early Christian church did!

This resource is provided by Paula White, BSN, RN, MSA, the Faith Community Nursing Coordinator for Borgess Health in Kalamazoo. Please note that this resource should be considered applicable to places of worship for any religion. <http://kalcounty.com/php/6keyissues.htm>

Steps for Continuity of Operations:

- A. Outline who will fill key positions and who will serve as back-ups to these positions;
- B. Make sure you have multiple ways of communicating in order to limit face-to-face interactions;
- C. Identify your most essential functions and services, include payroll, accounting and administrative functions;
- D. Clearly document your plans, policies and procedures. Include emergency leave and building closure policies;
- E. Keep critical records and databases up to date, backed up in electronic and hard copy formats, and accessible to all key employees;
- F. Stress the importance of staying away from the workplace/church, if ill;
- G. Educate personnel about pandemic plans and cross train back up personnel for essential job duties;

Main strategies for workplace wellness:



Avoid close contact with people who are sick



Stay home when you're sick or have flu symptoms



Cover your mouth and nose with a tissue when coughing or sneezing



Clean your hands



Avoid touching your eyes, nose or mouth



Practice good health habits

The following are areas in which FBOs can make important contributions:

Food and water—FBOs can help with food distribution through local food banks and meals on wheels programs adapted so as to limit face-to-face contact.

Child care—Schools may be dismissed to help contain the spread of disease. Many churches operate child care centers, mother-morning-out programs, and child care drop-off services. These may be closed during a pandemic. Such centers should plan in advance how they will inform parents and staff members of a closing.

Communication—FBOs can play a vital role in maintaining community morale and cohesion, especially if worship services and other community assemblies are canceled.

Facilities—FBOs should work with state and local health departments to determine other ways their facilities might be used in a crisis—as, for example, temporary care facilities or central distribution sites for water, food, supplies, or medicine. Some basic planning considerations for churches: Use of church facilities for shelters and other disaster response needs in cooperation with other care-giving agencies

Develop risk communication plans--Explore methods of risk communication such as telephone hotlines, live web chats, and television and radio broadcasts.

The religious community can build awareness about disaster-related issues among groups such as men's and women's societies, Sunday School classes, Boy and Girl Scouts, and service clubs.

Create a telephone tree or system to check on church members when disaster strikes

Educate and encourage--Churches can encourage their members to take some basic steps in their homes to prevent and lessen the effects of disasters.

Encourage disaster plans for families in the congregation; use the congregation's resources—people and material—to meet disaster needs.

ADDITIONAL PREPARATION

CONSIDERATIONS:

VOLUNTEERS/EDUCATION:

Faith Based Organizations (FBO's) largely depend on a volunteer work force:

A fairly high rate of absenteeism should be anticipated during a pandemic, due to illness among volunteers, responsibilities to family members, etc.

Improve knowledge and capabilities regarding infectious diseases:

The most important tools for the faith based community are education and facts. Because many volunteers may not understand or be educated or trained to deal with infectious diseases, a pandemic may present perceptions of danger and result in behaviors of avoidance.

Although many FBOs have historically provided support to their communities, pandemic influenza provides a unique set of conditions. Most are not equipped to deal with disease outbreaks. Lack of experience in disease-related response may severely hinder the efforts of FBOs.

It is important that the necessary education and training is provided immediately. Including, protective measures such as vaccination and preventative medications, access to and practice in correct use of personal protective equipment.

FBO staffers should get to know which of their neighbors, co-workers, employees, volunteers, members, are likely to need extra assistance due to economic hardships, those who live alone, or have health problems, while sheltering at home during a severe influenza pandemic.

If a pandemic strikes, government health officials will issue information and warnings, and will work with the media to disseminate advice on how to avoid becoming ill. Pay special attention to the guidance provided by U.S. Centers for Disease Control and Prevention (CDC), the Missouri Department of Health and Senior Services, and county health departments; other organizations that provide assistance in public health emergencies such as the American Red Cross and the World Health Organization.

Ready in 3: Three Steps to Prepare for an Emergency



Ready in 3 is an emergency-preparedness program for Missouri. The Missouri Department of Health and Senior Services sponsors the program. *Ready in 3* aims to help residents and communities prepare for many types of emergencies from tornadoes to terrorism. For more information, visit www.dhss.mo.gov.

MESSAGES OF FAITH AND PREPAREDNESS

For many people, talking about emergencies can be difficult because no one wants to create unnecessary fear and no one wants to think that an emergency could happen to them. However, the reality is that emergencies can strike anyone at anytime, and the best defense is preparation. Listed below are some key points to consider about emergency preparedness.

- In times of trouble, Missourians rely on their faith to give them help and advice. Because of the significant role we play in leading our community and helping people in times of trouble, it's important that we understand how to prepare for an emergency ahead of time.
- A great deal of fear in emergency situations comes from uncertainty. By learning how to establish an emergency plan and put together emergency kits, we can help to eliminate much of our anxiety because we'll feel more in control when something does happen.
- We can lead by example and help ease the anxiety of others by teaching them not only what to do before an emergency, but during an emergency as well. Through proactive leadership, we can help assure our community's safety, and lessen the fear and uncertainty in emergency situations.
- Because we serve the community and act as its spiritual sanctuary, we are natural leaders who can help others prepare for emergencies. A basic tenant of our faith is to help others. Preparing for an emergency can save lives, so naturally, if we are able to help others do this, we should.
- Becoming prepared ourselves and helping others to become ready is simple. There are already systems in place to protect us – we just need to learn how to use them and how to become personally prepared. For instance, the Missouri Department of Health and Senior Services created the *Ready in 3* program to give us an easy way to learn how to get ready for an emergency.
- The *Ready in 3* program from the Missouri Department of Health and Senior Services has three steps everyone can and should take to prepare for an emergency.

1. Create a plan to make sure you and your family know what do in the event of an emergency.
2. Prepare a kit so that your family has the supplies they need in the event an emergency.
3. Listen for important information from authorities when an emergency happens so you know where to go and what to do.

- The *Ready in 3* program is an exciting and easy way for us to serve our family, friends and community by telling them about the simple steps they can take to prepare for emergency situations. By working together, we can make sure that we're ready.
- There are many types of people who need this information. For example:
Your family members. Sharing the *Ready in 3* information with those whom we love will help to ease their anxiety as well as our own in emergency situations.

Older neighbors who may have special needs. You can help them create an emergency plan and kit that takes those needs (such as special medicines or help moving around) into account so that in the event of an emergency they will know what to do and have what they need to be safe – the right medicines, someone to call, food, water, a flashlight and a battery-operated radio nearby.

Teenagers on your block who just started driving. Chances are, they may not have an emergency kit for their car or a plan of action when they're away from home. Emergencies can happen *anywhere* at anytime. Making sure they know what to do to prepare themselves could save their lives and help ease the fears of their parents while they're away from home.

The pet owner who may not remember to include items for their pets, such as food and water, in their emergency kits.

- No matter where we live or what we do, all of us can be impacted by an emergency. Working together in a spirit of fellowship, we can make sure we're all ready for emergencies *before* they happen.

PLANNING FOR EMERGENCIES: THREE STEPS TO BE PREPARED

In less than an hour, you can help yourself and others toward safety.

Every day, we strive to set a good example for our children, others in our congregation and our communities. We try to do that in every aspect of our lives, whether it's maintaining high ethical standards at work, showing our children how to be good citizens or helping others in times of trouble. When emergencies happen, we are often called on for help and advice. As members of the community, it is our responsibility to become prepared *before* an emergency strikes and to help others do the same.

Preparing for an emergency is as easy as 1-2-3. The Missouri Department of Health and Senior Services developed a program called *Ready in 3*. This program, which has only three steps – create a plan, prepare an emergency kit, and listen for information – is an easy way to learn how to prepare for an emergency and is simple to teach others.

Finding the information you need is easy, too. All you have to do is call your local public health agency or the Missouri Department of Health and Senior Services' Center for Emergency Response and Terrorism at 573.526.4768. You can also visit the web site at www.dhss.mo.gov, click on the *Ready in 3* logo.

Remember – no matter where we live or what we do, all of us can be impacted by natural disasters or acts of terrorism. Working within our church, community and with friends and family, we can make sure we're all better prepared for emergencies.

A Family Safety Guide

Missouri Department of Health
and Senior Services

www.dhss.mo.gov

Emergencies happen. It can be a tornado, house fire, flood, or terrorist attack. No one wants to think about accidents or disasters. But being prepared for an emergency can help protect your family. The whole point of emergency preparation is to do as much as possible before an emergency happens. That's why we created this booklet. It is a way to educate Missouri residents about being prepared for emergencies and encourage you to lead that process. We want you to share this information with family, friends, and neighbors. Working together, we can be prepared and save lives.

The most important thing to remember in an emergency is to stay calm. If something happens, try to get as much information about the situation as possible. Many of us rely on TV, the radio, or the Internet for news. But some emergencies might knock out the electricity that is why it is important to have a battery-powered radio nearby.

READY IN 3: THREE STEPS TO PREPARE FOR AN EMERGENCY

Local, state, and federal agencies have plans to protect the public. But you are responsible for your own safety, even in an emergency. This booklet focuses on preparing you and your family. At home, school, work, and even in our cars, we need to know what to do in an emergency and where to go. The Missouri Department of Health and Senior Services developed a program called Ready in 3. It is an easy way to learn how to prepare for an emergency.

Ready in 3 includes three steps.

- Create a plan for you, your family, and your business.
- Prepare a kit for home, car, and work.
- Listen for information about what to do and where to go during an actual emergency.

READY IN 3: CREATE A PLAN

Develop an emergency plan for you and your family. Your family might not be together when an emergency happens. That's why it is important to have a plan in place. The entire family should know and understand the plan.

Talk about how you will reach each other in different situations. You might think about a couple of different plans. Planning for a tornado can be different than planning for a terrorist attack that involves poisonous chemicals.

Consider contacting the same friend or family member by phone or e-mail. Think about making an out-of-town family member or friend the contact. It might be easier to make a long-distance phone call instead of a local call during an emergency. It could be easier for an out-of-town person to connect separated family members.

Plan for two situations –staying home or leaving.

You should be prepared to stay in one place (like your house) or to evacuate. Deciding whether it is best to stay or go depends on the type of emergency. Officials may tell you what you need to do. In some cases, limited communication and information may require you to decide what is best for you and your family.

- Watch TV or listen to the radio to get as much information as possible.
- Use common sense.
- Try to stay calm and keep your family calm.

Prepare a shelter at home.

Before an emergency, decide which room in your house will be safest if you have to stay. The room should be in the interior of the house. Pick a room with few windows and doors. There are a few things to keep in mind including:

- There should be enough space in the room for all family members and pets.
- Exterior doors to the house should be locked.

In an emergency where poisons are in the air, you may have to seal the room as best you can. This involves:

- Closing windows, air vents, and fireplace dampers.
- Turning off air conditioning, forced air heating systems, exhaust fans, and clothes dryers.
- If instructed, seal doors and air vents with heavy-duty plastic sheeting and heavy duty tape.
- Keep emergency supplies in this room.
- Listen to the television or a battery-powered radio for information.

Know where to go if you have to leave.

Sometimes it may not be safe to stay in your home. Plan where family members can meet. Know where you will go and how you will get there.

- Plan several different routes in different directions.
- If you are driving, keep windows and vents closed, and air conditioning and heat off.
- Bring an emergency supply kit with you.
- If you can, bring your pets.

However, many public shelters won't allow pets. Have a plan for your pet's care in case you can't bring your pet with you.

READY IN 3: PREPARE A KIT

If an emergency happens, you might not be able to get food or water for days or weeks, and your electricity may not be working. Try to have three days' worth of food and fresh water for each person in your plan. You should have one gallon of water for each person for each day. If you have the room, you should store two weeks' worth of drinking water for each person.

But food and water aren't the only things you need to have on hand. The following items should be a part of your emergency kit. The kit should be kept in a container that can be easily carried in case you have to leave home. You could use a large bag, plastic container, or a trash can with a lid. You can find a more detailed emergency kit checklist at the end of this brochure.

Basic supplies

- Water and canned or dried food
- Battery-powered radio
- Flashlight
- Extra batteries for the radio and flashlight
- Prescription medicine
- First-aid kit

Car Supplies

Keep a small, portable emergency supply kit in your car at all times.

In addition, you should include a small, personal supply kit with:

- A gallon of water
- Several cans of food and a manual can opener
- A sleeping bag or extra blanket
- Extra money
- First-aid supplies

READY IN 3: LISTEN FOR INFORMATION

It is important to stay calm in an emergency. Get as much information about the situation as possible. Many of us rely on TV, the radio, or the Internet for news. But some emergencies might knock out the electricity. Make sure to have a battery-powered radio with extra batteries. City, county, and state officials have developed emergency plans. During an emergency, it is important to follow their instructions and advice. They will provide you with the latest information.

SPECIAL SITUATION PLANNING

Emergency planning if you have a child in school

Many schools have their own emergency plans. Officials at your child's school should have current contact information for you and another family member. Make sure they have up-to-date work, home, and cell phone numbers. Give your e-mail address, if you have one. It's important to ask your child's teacher or principal how they will contact parents in case of an emergency. You should also know what steps will be taken to protect the children.

Some questions you might consider asking include:

- How will you reach me if there's an emergency?
- Do you regularly practice fire, earthquake, tornado, and terrorism drills?
- Is there enough water and food stored at the school for all the children?
- What first-aid supplies are at the school?
- Are the teachers and administrators prepared to "shelter in place"?
- Do you have a plan to separate those students who may have been exposed to chemicals, bacteria, or viruses from others?
- Where will the students be taken if they must evacuate the school?

Emergency planning at work:

Your employer may have a building-evacuation plan. Some companies practice regular emergency-evacuation drills. There should be a meeting place outside your building where everyone can gather. But don't rely on your employer for everything. Keep your own supply of fresh water and canned food at your desk or in your locker. A flashlight and battery powered radio may also be helpful. Everyone should consider keeping a change of clothes at work. A pair of strong, practical shoes or boots should be included.

Emergency preparation for pets:

Make sure your pets have identification tags and up-to-date vaccinations (shots). If you must leave home, bring your pet with you, if possible. You can plan ahead by creating a supply kit for your pet that includes extra food, water, and medicine. A carrier and leash will also be important. For cats, remember to include extra litter.

Emergency planning for people with special needs:

Senior citizens and disabled persons living in special-care facilities should review the building's emergency plans. Know where your medicines and special medical equipment are located in case you need to have someone get it during an evacuation. Equipment such as wheelchairs, canes, or walkers should be labeled with your name.

People living at home who are disabled or have special medical needs should identify people who can help during an emergency. Make sure these people know where you keep your emergency supplies. Give someone a key to your house or apartment.

Medical-alert tags or bracelets will help identify your disability if you need medical attention. If you need dialysis or another life sustaining treatment, know the location of more than one facility.

A supply kit for people with special needs should include the following additional items:

- A list of prescription and nonprescription medicines, including dosages
- A list of allergies
- Extra eyeglasses and hearing aid batteries, if necessary
- Extra wheelchair batteries or other special equipment, if necessary
- A list of the brand/style and serial numbers of medical devices
- Copies of medical insurance and Medicare cards
- A list of doctors
- A list of emergency contacts and family
- Phone numbers of close neighbors who can help

PAT YOURSELF ON THE BACK — AND STAY ALERT

You've talked to your family and friends. Your plan is in place. Your emergency supply kit is stocked and ready. Be proud of the fact that you've taken the right steps to keep yourself and your family as safe as possible. The final step is to remain alert.

Review your plan regularly. Be sure to check your food, water, and medical supplies so that they stay fresh.

Remember – emergencies can affect anyone. But by being Ready in 3, you've made the decision to take an active role in your safety and the safety of the ones you love.

EMERGENCY KIT CHECKLIST

Water

One gallon of water for each person per day, for a minimum of three days. If you have the room, you should store two weeks' worth of drinking water for each person. Remember to change your stored water supply every six months.

Canned or dried food

Include canned or dried foods that will not spoil. Remember to pack a can opener that does not need electricity.

- Ready-to-eat canned meats, fruits, and vegetables
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter
- Dried fruit
- Nuts
- Crackers

- Canned juices
- Nonperishable, pasteurized milk
- Vitamins
- “Comfort” foods like chocolate and candy

Basic supplies

- Clean clothes and sturdy shoes for each person
- Rain gear
- Coats, hats, and gloves
- Sleeping bags or blankets
- An extra credit card and some money
- Extra set of keys for your car and house
- Battery-powered radio
- Flashlight
- Extra batteries for the radio and flashlight
- Eating supplies such as paper plates, plastic forks and spoons, and napkins
- Tent
- Heavy-duty tape (duct tape, electrical tape)
- Scissors
- Heavy-duty trash bags or plastic sheets
- Matches in a waterproof container
- Paper and pencil
- Needles and thread
- Toilet paper, moistened towelettes
- Liquid detergent
- Soap/deodorant/toothpaste
- Plastic garbage bags with ties
- Household chlorine bleach
- Plastic bucket with tight lid
- Disinfectant
- Prepaid, long-distance calling card
- A whistle to signal for help

Special items

- Prescription medicine
- Baby supplies such as diapers, formula, bottles
- Feminine hygiene supplies
- Extra eyeglasses or contact lenses including supplies
- Dental supplies
- Entertainment such as books, playing cards, and board games
- Important family documents stored in a waterproof container including identification, insurance information, bank account numbers, and birth certificates
- Pet supplies such as food, water, and identification

First-aid kit

- Adhesive bandages in different sizes
- Safety pins
- Soap
- Antibiotic ointment
- Latex gloves
- Washcloths
- Sunscreen
- Several 2-inch and 4-inch sterile gauze pads
- Several triangular bandages (3)
- 2-inch sterile roller bandages (3 rolls)
- 3-inch sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Needle
- Moistened towelettes
- Antiseptic
- Thermometer
- Petroleum jelly
- Aspirin or non aspirin pain medicine
- Anti-diarrhea medicine
- Antacid
- Laxative

Car supplies

- Road maps
- Tire repair kit and pump
- Jumper cables
- Flares
- Flashlight
- Battery-powered radio
- Extra batteries for the flashlight and radio
- Fire extinguisher
- A gallon of water
- Several cans of food and a manual can opener
- A sleeping bag or extra blanket
- Extra money
- First-aid supplies

Pandemic Influenza Preparedness & Response Plan—EDEN

Step by Step Planning Template

prepared by Extension Disaster Education Network

In preparation for a potential pandemic influenza, government officials strongly recommend that all individuals, government and business entities, and community organizations and agencies take appropriate measures to minimize the impact of a pandemic outbreak. The purpose of this Pandemic Influenza Plan Template is to recommend a series of action steps that places of worship should take in response to potential pandemic outbreak within their local community. The template format is designed to facilitate the development of such a plan.

Potential Impact of a Pandemic on a Faith-Based Organization

- a. Many members of the faith-based community will become sick and some will die. The demand for spiritual counseling and support is likely to increase significantly at a time when the capacity of the organization to provide such support is compromised (due to a high absentee rate among flu-impacted staff and volunteers, plus prudent social distancing practices to minimize spreading the disease).
- b. Normal functions and activities will be disrupted by the necessity to minimize spreading the disease. The impact could be very significant if social distancing policies are enacted within the community. Worship services and other activities might need to be curtailed for an extended period of time.
- c. Additional demands are likely to be placed on faith-based organizations including the need for:
 - Expanded communication capabilities to maintain contact with members during a pandemic influenza outbreak. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.
 - Expanded health ministry activities to extend timely and factual information on pandemic influenza to staff, organizational members, and persons in the communities. This includes plans to distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family, family preparedness plans, and how to care for ill persons at home.
 - Expanded community-outreach activities to minister to persons with special needs (e.g. elderly, disabled, limited English speakers).
- d. Places of worship are likely to encounter economic consequences during a pandemic influenza outbreak including:
 - Potential budget reductions due to reduced capacity of flu-impacted members to honor pledges and other giving.
 - Potential loss of productivity from flu-impacted staff members and volunteers.
 - Potential increased costs to maintain critical functions during a pandemic, including printing and mailing for enhanced communications with members, expenses for alternative worship delivery systems such as radio or TV ministry, etc.

Steps to Developing a Pandemic Influenza Preparedness and Response Plan for Your Faith-Based Organization¹

- Step 1** Establish a Pandemic Influenza Planning Committee with the responsibility to develop, maintain and put into action an influenza pandemic preparedness and response plan.
- Step 2** Determine the potential impact of a pandemic outbreak on your organization's usual activities and services.
- Step 3** Develop contingency plans for the performance of all critical functions of your faith-based organization during a pandemic flu outbreak.
- Step 4** Develop contingency plans to extend timely and factual information on pandemic influenza to your staff, organizational members, and persons in the communities.
- Step 5** Develop contingency plans for crisis communications during a pandemic influenza outbreak. Develop tools to communicate information about pandemic status and your organization's actions.
- Step 6** Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan.
- Step 7** Develop contingency plans to coordinate your pandemic influenza preparedness and response plans with external organizations and agencies. This includes working with public health agencies, emergency responders, local healthcare facilities and other faith-based and community organizations.
- Step 8** Share information about your pandemic preparedness and response plan with staff, organizational members, and persons in the communities that you serve.

STEP 1

CONTACT INFORMATION

Organization Name

Address

City

State

Zip Code

Telephone Number

Alternative Number

Fax

E-mail

Web Site

The following person is delegated the primary responsibility to develop, maintain, and implement a pandemic preparedness and response plan and will serve as the organization's spokesperson in case of a pandemic influenza outbreak

Name (Primary Pan Flu Manager)

Position

Work Phone

Cell Phone

Home Phone

E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

Name (Secondary Pan Flu Manager)

Position

Work Phone

Cell Phone

Home Phone

E-mail Address

Pandemic Influenza Planning Committee

Team Member

Title

Team Member

Title

Team Member

Title

Team Member

Title

Team Member

Title

Team Member

Title

Key External Contacts (including public health officials, emergency management agencies, key government agencies, local health-care agencies, disaster relief agencies, key social service agencies, others....

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

<hr/> Agency <hr/>	<hr/> Contact Name <hr/>
<hr/> Phone <hr/>	<hr/> E-mail Address <hr/>

STEP 2

Determine the potential impact of a pandemic outbreak on your organization's critical activities and services

In the space provided below, list the primary functions performed by your organization that would be impacted if a severe pandemic outbreak occurred in your community (i.e. worship services, youth education, funerals, weddings, etc.). *Note: Once the primary functions have been listed, identify which ones are critical functions and must be carried out in the event of a pandemic. In Step 3, you will develop a contingency plan for each of the critical functions listed below. Make a copy of the form provided in Step 3 for each function.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

STEP 3

Develop contingency plans for the performance of all critical functions of your place of worship during a pandemic flu outbreak (Duplicate Step 3 as much as needed).

1. Name and description of key function

2. List of personnel (and back-up personnel) for the performance of this function (can be individual(s) typically responsible for this function under normal circumstances)

_____	_____
Name	Position
_____	_____
Name	Position
_____	_____
Name	Position
_____	_____
Name	Position

3. Summarize the likely impact if this function was disrupted by recommended social distancing practices over an extended period of time. If necessary, identify needs and opportunities to cross-train staff and volunteers to perform this critical function.

4. Follow up with an analysis of alternative approaches, if any, to maintain the performance of this function during the pandemic outbreak. If necessary, identify needs and opportunities to alter normal practice of this critical function which would help to reduce transmission of the flu.

STEP 4

Develop contingency plans to extend timely and factual information on pandemic influenza to your staff, organizational members, and persons in the communities.

The following person is delegated the primary responsibility to develop a public information and dissemination plan with the capability to extend timely and factual information on pandemic influenza to your staff, organizational members, and persons in the communities.

_____ Name (Primary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

_____ Name (Secondary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

This plan should incorporate the following tasks:

- Provide 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 via hard copy and/or announcements on your Web site.
- Distribute materials with basic information about pandemic influenza: ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, the difference between seasonal flu and pandemic flu, etc.
 - For educational resources available for download, visit www.EDEN.lsu.edu/LearningOps/FBO/resources
- When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).
- Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.
- Identify your organization's protocol for addressing rumors, misinformation, fear and anxiety.

- 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.

ALSO:

- 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.

Document your plans and strategies to the fullest extent possible and incorporate into your Pandemic Influenza Disaster Plan.

STEP 5

Develop contingency plans for crisis communications during a pandemic influenza outbreak. Develop tools to communicate information about pandemic status and your organization's actions.

The following person is delegated the primary responsibility to develop a crisis communications contingency plan with the capability to maintain continuous communication during a pandemic influenza outbreak with: employees, volunteers, members, local authorities, other faith-based organizations, vendors, and others during and after a disaster.

_____ Name (Primary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

_____ Name (Secondary Crisis)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

This plan should incorporate the following needs and opportunities:

- **Employees/Volunteers:** Be prepared to provide employees with information on when, if and how to report to work during a pandemic influenza outbreak.
 - Set up a telephone call tree, password-protected page on the organization Web site, an e-mail alert, or a call-in voice recording to communicate with employees.
 - Be clear on how their jobs or tasks may be affected.
- **Organization Leaders:** Equip organizational leaders with all relevant information needed for the protection of employees, members, volunteers, and vendors.
- **Organization Members:** Update your members on how regular services have been (or could be) changed in order to adequately accommodate the situation.
 - Set up a list of local media contacts that could help you facilitate the delivery of important messages.
 - If possible, set up a designated Web page that would announce available/changed services, or list ways in which members could help.
- **Public:** It may be important to update the general public, with calm assurance, that all resources are being used to protect staff, organizational members and the community. If applicable to your organization, clearly communicate the plans that are in place for assistance during a pandemic influenza outbreak.

- **Government:** Tell local officials what your organization is prepared to do to help in responding to an outbreak. Also communicate with local, state and federal authorities what emergency assistance is needed for you to continue essential daily activities and services.
- **Vendors:** It may be important to contact any company with which you conduct regular business how common activities may have to be changed. Maintain an up-to-date contact list for all vendors.

Document your plans and strategies to the fullest extent possible and incorporate into your Pandemic Influenza Disaster Plan.

✓ The following page is intended to help you develop an organized call down procedure within your organization.

Sample Telephone Call Tree Procedure

What is a Telephone Call Tree Procedure and Why Is It Useful?

A telephone call tree is a series of telephone calls from one person to the next used to relay specific information. An established and exercised call-down protocol can be used during emergency situations, such as a flu pandemic, to deliver urgent information to and for communication purposes among members and staff.

This sample telephone call tree procedure is intended to be adapted for use by individual places of worship, based on their own organizational structure.

Sample Telephone Call Tree Protocol					
Position/Title	Name	Phone Number	Order of Call Down	Person Initiating Call Down	Person Terminating Call Down
Primary Pan. Flu Manager			1	X	
Secondary Pan. Flu Manager			2		
Staff A			3		
Staff B			4		
Staff C			5		
Staff D...			6		X

The last person on the telephone call tree list calls the first person (in this case, the primary pandemic flu manager) after receiving his/her call in order to confirm that the call down has been successfully completed.

Alternatively, one person can be assigned to call each team member.

STEP 6

Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plans.

The following person is delegated the responsibility to develop a community outreach ministry program that focuses on the needs of persons with special needs (e.g. elderly, disabled, limited English speakers) who may require special assistance during a pandemic influenza outbreak.

_____ Name (Primary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

_____ Name (Secondary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

The program should include:

- A list of persons with special needs that the organization is prepared to assist during a pandemic influenza outbreak
- A list of volunteers who are willing to participate on this outreach ministry initiative
- Procedures and a protocol for volunteers to maintain contact with the special needs population during the outbreak, making sure that these people receive the information and assistance that they need.

Document your plans and strategies to the fullest extent possible and incorporate into your Pandemic Influenza Disaster Plan.

- | |
|--|
| <p>✓ The following page is a form that may be helpful for persons with special needs to fill out and give back to you, so you may have it on file, and later refer back to if a need arises.</p> |
|--|

Special Needs Assessment Form

Member Information		
First Name	Last Name	Middle Initial
Street Address	City	State
Home Phone	Cell Phone	Email Address
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you live alone and are home-bound, is there someone (such as a friend or relative) who checks in on your regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a chronic medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you take prescription drugs regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need help getting around? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you cook for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any other special needs? Please specify.		
Emergency Contact Information		
First Name	Last Name	Middle Initial
Street Address	City	State
Home Phone	Cell Phone	Email Address

STEP 7

Develop contingency plans to coordinate your pandemic influenza preparedness and response plans with external organizations and agencies. This includes working with public health agencies, emergency responders, local healthcare facilities and other faith-based and community organizations.

The following person is delegated the responsibility to contact other local government and/or service organizations to determine what plans they already have in place. This will help to, not only understand others' capabilities, but also coordinate your pandemic influenza preparedness and response plans during the planning process.

For example, there may be a need to use your facilities as a flu vaccination clinic, a food pantry, or perhaps even an over-flow health care or hospital facility. Additionally, there may be needs and opportunities for expanded community outreach involvement using volunteers to serve the communities in a variety of different roles (i.e., the delivery of food and other essential supplies to flu-quarantined families).

_____ Name (Primary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

_____ Name (Secondary)	_____ Position
_____ Work Phone	_____ Cell Phone
_____ Home Phone	_____ E-mail Address

Prior to exploring such needs and opportunities with external organizations and agencies, you should first assess and define the scope and nature of your organization's potential involvement in community outreach activities.

Organization Name

Contact Name

Phone

E-mail Address

You are relying on this organization for the following assistance/guidance:

You are partnering with this organization in the following manner:

Organization Name

Contact Name

Phone

E-mail Address

You are relying on this organization for the following assistance/guidance:

You are partnering with this organization in the following manner:

Organization Name

Contact Name

Phone

E-mail Address

You are relying on this organization for the following assistance/guidance:

You are partnering with this organization in the following manner:

Organization Name

Contact Name

Phone

E-mail Address

You are relying on this organization for the following assistance/guidance:

You are partnering with this organization in the following manner:

Organization Name

Contact Name

Phone

E-mail Address

You are relying on this organization for the following assistance/guidance:

You are partnering with this organization in the following manner:

Organization Name

Contact Name

Phone

E-mail Address

Considering the Impact

What is the make up of your organization?

How would your place of worship be affected if 30% of the worshippers became ill with pan flu?

If 40 percent of your community's school aged children became ill with pan flu, how would your place of worship respond?

How would that response described above affect your organization, given that maybe 20 percent of the volunteers and staff might be ill with pan flu?

How would your place of worship be affected if 20 percent of the staff that work and provide services at your place of worship became ill with pan flu?

General

1. Public gatherings halted
2. Lost public transportation
3. No food delivery
4. 30% or higher could become sick
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Community / Organizational

1. Increased hospitalizations
2. Impact on high-risk groups
3. "30-20-40 Rule"
4. 6 – 8 week pandemic waves
5. 40% absenteeism during peak weeks
6. Many members affected
7. Counseling/Support services needed
8. Disruption of normal activities
9. Budget reductions
10. Loss of productivity
11. Increased costs
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Handout 2.3: STEP 2 - EXAMPLE

Determine the potential impact of pandemic outbreak on your organization's critical activities and services

In the space provided below, list the primary functions performed by your organization that would be impacted if a severe pandemic outbreak occurred in your community (i.e. worship services, youth education, funerals, weddings, etc.). *Note: Once the primary functions have been listed, identify which ones are critical functions and must be carried out in the event of a pandemic. In Step 3, you will develop a contingency plan for each of the critical functions listed below. Make a copy of the form provided in Step 3 for each function.*

1. Worship services**
2. Youth Group Activities
3. Confirmation
4. Christian Education
5. Weddings
6. Funeral Services**
7. Shut-In Visitations**
8. Hospital Visitations
9. Council Meetings
10. Committee Meetings
11. _____
12. _____
13. _____
14. _____

Handout 2.4: STEP 3 - EXAMPLE

Develop contingency plans for the performance of all critical functions of your place of worship during a pandemic flu outbreak (Duplicate Step 3 as much as needed).

1. Name and description of key function – FUNERAL SERVICES

Perform funeral services, including visitation with the family prior to, during and after the service. Typical services allow for open visitation and luncheon following the service.

2. List of personnel (and back-up personnel) for the performance of this function (can be individual(s) typically responsible for this function under normal circumstances)

Tom Smith	Pastor
Name	Position
John Thompson	Associate Pastor
Name	Position
Name	Position

3. Summarize the likely impact if this function was disrupted by recommended social distancing practices over an extended period of time. If necessary, identify needs and opportunities to cross-train staff and volunteers to perform this critical function.

The death of a loved one is a time when people show their sympathy by gathering around and supporting the family. If funeral services were halted due to recommended social distancing practices, a mix of emotions could surface with the impacted family. Anger, frustration, and a need for closure and support from other congregational members can be expected, and should be addressed appropriately.

The congregation will need to be informed, prior to a pandemic hitting the community, on the planned approach to potentially adjusted funeral services, and explain what options and support system they can expect from the church.

Because funeral services may be in higher demand, funeral service functions can and should be extended to the following deacons with appropriate direction and preparation in advance:

- a. Timothy Duncan
- b. James Fuller
- c. Robert Tyne
- d. Michael Johnston

4. Follow up with an analysis of alternative approaches, if any, to maintain the performance of this function during the pandemic outbreak. If necessary, identify needs and opportunities to alter normal practice of this critical function which would help to reduce transmission of the flu.

In order to maintain this function, it is important for XYZ Church to consider the following options if such circumstances were to take place (all, of course, will depend on the severity of the pandemic):

1. Provide barriers – Provide appropriate medical masks to anyone attending, requesting that personal contact be kept to a minimal, and suggest that everyone wash their hands when arriving and leaving.
2. Perform a closed service – Recommend only family members attend
3. Delayed service – Recommend that, if possible, a funeral service be delayed until the wave of the pandemic has passed.
4. Transfer to another critical function – a severe pandemic could lead to XYZ Church to an inability to perform funeral services. If such a case were to occur this function would be turned over to the critical function of Christian Counseling – providing the necessary emphasis of support and counseling services to the survivors.

Handout 2.5: STEP 7 - EXAMPLE

Develop contingency plans to coordinate your pandemic influenza preparedness and response plans with external organizations and agencies. This includes working with public health agencies, emergency responders, local healthcare facilities and other faith-based and community organizations.

The following person is delegated the responsibility to contact other local government and/or service organizations to determine what plans they already have in place. This will help to, not only understand others' capabilities, but also coordinate your pandemic influenza preparedness and response plans during the planning process.

For example, there may be a need to use your facilities as a flu vaccination clinic, a food pantry, or perhaps even an over-flow health care or hospital facility. Additionally, there may be needs and opportunities for expanded community outreach involvement using volunteers to serve the communities in a variety of different roles (i.e., the delivery of food and other essential supplies to flu-quarantined families).

<u>Howard Patterson</u>	<u>Leader – Pan Flu Planning Committee</u>
Name (Primary)	Position
<u>123-456-7890</u>	<u>123-456-7891</u>
Work Phone	Cell Phone
<u>123-456-7892</u>	<u>hpatterson@domain.com</u>
Home Phone	E-mail Address

If the primary person is unable to serve, the person below will assume this responsibility

<u>Bethany Smith</u>	<u>Member – Pan Flu Planning Committee</u>
Name (Secondary)	Position
<u>123-456-7893</u>	<u>123-456-7894</u>
Work Phone	Cell Phone
<u>123-456-7895</u>	<u>bsmith@domain.com</u>
Home Phone	E-mail Address

1. Prior to exploring such needs and opportunities with external organizations and agencies, you should first assess and define the scope and nature of your organization's potential involvement in community outreach activities.

2.

3. County Health Department Dr. Joan White

4. **Organization Name** **Contact Name**

5. 123-456-7896 jwhite@ctyhealth.st.gov

6. Phone E-mail Address

7.

8. **You are relying on this organization for the following assistance/guidance:**

9.

10.

11. To provide XYZ Church with accurate and up-to-date pandemic influenza educational materials so that we may appropriately inform our congregation on what to expect and what to do should a pandemic hit our community.

12.

13.

14.

15. **You are partnering with this organization in the following manner:**

16.

17.

18. To provide a portion of our facilities as a vaccination site, should such a site be needed in our community during a pandemic.

19.

20.

21.

SPIRITUAL RESPONSE:

“God calls us to work towards human wholeness, both individually and collectively as a community. This faithful understanding of wholeness includes a concern for promoting individual and community health, and ensuring care. This flu season please take part in the collective action to prevent influenza by following the simple steps recommended by health professionals.”

---Ann Rasmussen, Policy Director for the Virginia Interfaith Center for Public Policy

Spiritual Care: Bringing God's Peace to Disaster

Disaster recovery is ultimately a spiritual matter—helping people accept their losses and positively begin life anew.

As part of a disaster response, the religious community—concerned about the values of human life, human community, and the environment—will just naturally become involved in disaster planning, prevention, and risk-reduction.

During a severe influenza pandemic, people from communities around the world will be asked to voluntarily avoid gathering together, to limit the virus' spread. People will be asked to stay at home if they are sick and to minimize contact with others. The U.S. government cannot prepare for or respond to a severe pandemic alone. During such a crisis, there may be an insufficient number of doctors, nurses, hospital beds, or other countermeasures to go around. Many—if not most—communities will be affected, and as many as **40 percent** of workers may be unable to work because of illness or a need to care for ill family members.

FBOs will be essential partners in helping to ensure that people in need are provided for and that care is given in a way that minimizes stigma and other negative social responses.

During a pandemic event, FBOs can play a vital role by providing counseling and other means of reducing stress.

Sectors of the population may be displaced or medically isolated from the rest of their family and other loved ones. Ill individuals may be isolated and their contacts quarantined during the first stages of the pandemic to delay spread of the disease in the community. Feelings of isolation and loneliness may cause widespread psychological and mental impacts within a community. Restrictions within communities may lead to disruptions in the ability of FBOs to provide direct, face-to-face social and emotional support to individuals at a time when counseling and support services may be most essential.

Liability protections must be provided. FBOs must understand the liability protections available to them in response to an infectious disease outbreak where unlicensed individuals may be called upon to administer care to potentially infectious individuals. Most states have laws governing charitable immunity, describing the protections available to organizations that provide medical and related services in an emergency.

COMMUNICATION:

Between Faith and Public Health

--through media, health alert network, public information line

Between Faith and their congregation:

How: information lines, existing communication channels, websites, bulletins, newsletters;

What: encourage individual preparedness, deliver prevention messages, deliver accurate information, deliver calming messages during the crisis;

CANCELLATION:

As a means of preventing the spread of illness, local health departments may recommend that individuals avoid large public gatherings for weeks to months.

Individuals may also be afraid to attend.

CARE:

- ➡ Check on members to make sure they have the supplies they need
 - ➡ Stockpile/distribute food and supplies
 - ➡ Provide in-home care to those who are sick
 - ➡ Outreach to congregation members who need assistance (elderly, shut-ins)
 - ➡ Counseling for those who lose loved ones
 - ➡ Assistance to those who have lost their jobs or have loss of income for a period of time.
 - ➡ FBO staff members may be called upon to provide support to emergency responders.
 - ➡ Ensure care for children if schools/daycares are closed or do not open a daycare center
 - ➡ Potential triage sites
-

THE IMPORTANCE OF WORSHIP:

Worship including preaching, liturgy, and prayer just naturally is an important component of sabbathing.

Worship affects the shape, character, and hopes of a community. It embraces an alternative future—world-making done by God through human activity.

Worship affirms that God is still operative, that the world is still open and that we are not failed.

Prayers can promote healing in lifting up feelings and concerns that people may not be able to express directly.

Preaching and liturgy can encourage disaster survivors to express their feelings of anger, fear, doubt, and even hatred of God and move them to rebuild their lives and community with God. They can encourage and allow disaster survivors to lament just as the ancient Jewish people did in Psalms during the Babylonian exile.

Give sorrow words; the grief that does not speak

whispers the o'er-fraught heart, and bids it break.

~ Shakespeare's Macbeth

Understanding & Experiencing Grief and Loss Following the Death of a Loved One

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National Health Ministries ~ PC(USA) ~ 2007.1 ~ www.pcusa.org/nationalhealth

Ecclesiastes 3:1-4

1 For everything there is a season, and a time for every matter under heaven:

2 a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted;

3 a time to kill, and a time to heal; a time to break down, and a time to build up;

4 a time to weep, and a time to laugh; a time to mourn, and a time to dance. . . (NSRV)

Understanding & Experiencing Grief and Loss Following the Death of a Loved One

This resource is designed to answer basic questions about the process of grieving and to provide comfort to those who have lost someone dear to them. It may also be helpful to someone who is supporting someone who is grieving, providing insight into that very unique and human process.

Loss

Experiencing loss and the emotions that accompany loss are an essential part of the normal process of acknowledging the death of a loved one and starting to rebuild a life without that person. Grieving that loss is an individual process. Each person's experience is different, depending on many factors such as age, health, cultural and religious background, and whether or not the survivors have other close family members. The important thing to remember about grief is that it is normal and essential, and that there are as many ways to experience it as there are people.

Grief counselors usually acknowledge that the loss of a spouse/partner, the loss of a child and the loss of a parent are possibly the most difficult to face. However, it is important to realize that no death is insignificant. Losing a dear friend can also be devastating. If a death is sudden or unexpected, it may be more difficult and may require a longer grieving period than a loss that is expected, such as one following a long illness.

It is also important to remember that each person, each member of the family impacted by a death, is likely to grieve differently. There is no one right or appropriate way to grieve. Grief is intensely personal. The family relationships, too, reflect differences. Physicians explain that the emotional stress of dealing with death actually suppresses the body's immune system, increasing your susceptibility to illness and often causing severe physical symptoms such as tension headaches, stomach aches, nausea, and increased blood pressure. To counteract these problems, try to eat balanced meals, to exercise regularly, to get enough sleep or rest, and to find time every day to do something you really enjoy, whether it is working in your garden, reading your favorite author or taking a hot bubble bath.

Everyone copes with death in a unique way. There is no one grieving process that applies to everyone. Try to determine which healthy way works best for you and your situation. If you feel your grief reaching unhealthy levels, consider obtaining help.

This Season Of Grief

*It hits like the first blast of winter.
Icy fingers spreading within, numbing, the mind,
heart and soul.
Shrouding us in a protective haze.
Seeing, but not seeing
Knowing, but not knowing
Here in this season of grief.
The first hint of spring arrives, and the tiny seeds,
well planted, begin to stir.
They take root and begin their journey of growth,
spreading throughout.
So begins the seeing and knowing this season of
grief.
The heat of the summer brings with it the storms.
The raging, the floods, the calm before.
All that was growing is entangled with weeds, slowly
suffocating all that it needs
Here in this season of grief.
The coolness of autumn settles within.
Silently taking all that had lived.
The garden lies empty, barren and cold.
No place to hide.
For now we must know
Now we must see
That we have become this season of grief
The spring bursts upon us
The untended garden no more
For we have come through the winter
We let grow all the seeds
We weathered the storms and let ourselves bleed
For we began a new garden without even knowing
the scars on our soul no longer openly showing
One day we look back and sigh with relief...
For we have survived this season of grief.*

by: Kathie Simensen © 1997

After the Funeral

Immediately after the death and funeral, you will likely feel a sense of numbness and disbelief. Shock is a temporary anesthetic shield — your body's way of helping you through the first stage of grief. At this point you may even doubt the reality of what happened. Or, you may accept it intellectually even though you cannot yet accept it emotionally.

Following the departure of family and friends after the funeral, depression, loneliness and a sense of isolation can occur, especially for those responsible for taking care of the paperwork and details, wills, hospital bills and funeral expenses. One may experience loss of appetite, insomnia, headaches or other physical symptoms. Depression is a normal, healthy byproduct of grief and one of the first signs that you have begun the healing process. It is important not to try to avoid the pain with use of alcohol or even over-the-counter drugs. If you are having trouble sleeping or other physical problems, consult your health care provider for assistance.

If a religious organization to which you belong - or your church or synagogue - has a pastoral care service, care circle or other ministry/service that provides continued support for people who have lost a loved one, take advantage of it. The grieving process continues long after the crisis which often signals friends' assistance, and continued support is very helpful as you heal.

Loss Of A Spouse/Partner

While many of your friends and family will expect you to return to your old self after your spouse/partner dies, you will not be the same, nor should you expect to be. Over the years, you and your spouse/partner grew to complement each other in every aspect of your lives. Now you must learn to function independently.

If you have minor children, you will have to assume the responsibility of two parents and spend more time with your children than you did before. The search for the right child care for your dependents will be critical for you and your children's well-being.

Some of your married friends will drift away from you in time because you have less in common with them than before. This is a normal process, and you should not take it personally when it occurs. You must build new friendships based on your new circumstances.

For all of us, every ending also implies a new beginning. In this case, the process may be slow, but it surely will occur. For some, responsibilities of the new life will fill time quickly. For others, the new beginning will bring anxious moments and fear of the unknown.

Remember that whatever your age or situation, you have skills, knowledge and love that you can use to fill your life and others' lives as well. Respect, love and remember your past but look to the bright days of possibilities ahead.

Responses to Loss

Thinking about the death of someone you love is always difficult. It brings to mind not only the loss of a cherished family member or friend, but it also reminds us of our own mortality. Sooner or later, everyone has to deal with the death of someone close to them. You may experience difficulty in concentrating, forgetfulness and the inability to make decisions once the reality of the death begins to take hold. If you are employed, be sure your supervisors know of your loss, especially if grief begins to interfere with your work. Most employers are understanding because it is likely that they, too, have suffered loss.

Many adult children taking care of ailing parents suffer intense guilt when the parent's death relieves them of the burden of care. Feelings of guilt may include regret over things said or done in the past, or of questioning why your loved one died and you did not. You may also feel guilty because the death removed you from an unhappy or stressful relationship. Recognize guilt as a normal phase of grieving, but try to put it behind you. Focus on the positive side of your relationship with your loved one.

You may feel cheated or abandoned because someone you loved died and left you to resolve their personal or financial problems. You may be angry at friends and family for not understanding what you are experiencing. This misdirected anger is normal and usually signifies the emotional release necessary to begin to adjust to the death and to begin a new life.

Knowing What to Expect

When a death takes place, you may experience a wide range of emotions, even when the death is expected. Many people report feeling an initial stage of numbness after first learning of a death, but there is no real order to the grieving process.

There is no hierarchy of mourning. The death of a spouse/partner, sibling, parent, cousin, grandparent or close friend impacts everyone who knew and loved that person. Each individual's response to death is different and each may express grief in a unique way. It is important to remember that grief is an essential part of the healing process after a loved one dies, but there is no right way to grieve that works for everyone. In addition, death brings with it many legal and financial concerns that survivors must address.

2nd Corinthians 1:7

Our hope for you is unshaken; for we know that as you share in our sufferings, so also you share in our consolation. (NSRV)

Mourning A Loved One

It is not easy to cope after a loved one dies. You will mourn and grieve. Mourning is the natural process you go through to accept a major loss. Mourning may include religious traditions honoring the person who has died, or gathering with friends and family to share your loss. Mourning is personal and may last months or years.

Grieving is the outward expression of your loss. Grief is likely to be expressed both physically and psychologically. For instance, crying is a physical expression, while depression is a psychological expression.

It is very important to allow yourself to express your feelings. In our society, death is a subject that is often avoided, ignored or denied. At first it may seem helpful to separate yourself from the pain or ignore your feelings, but you cannot avoid grieving forever. Someday those buried feelings will need to be resolved or they may cause physical or emotional illness.

Many people report physical symptoms that accompany grief. Stomach pain, loss of appetite, intestinal upsets, sleep disturbances, and loss of energy are all common symptoms of acute grief. Of all life's stresses, mourning can seriously test your natural defense systems. Existing illnesses may worsen or new conditions may develop.

Profound emotional reactions may occur. These reactions include anxiety attacks, chronic fatigue, depression and thoughts of suicide. An obsession with the person who has died is also a common reaction.

Understanding Grief:

Grief is a personal response to the loss of someone or something. The loss may involve a loved one, and/or a way of life. Anyone can experience grief and loss. It can be sudden or expected; however, individuals are unique in how they experience this event. Grief itself is a normal and natural response to loss. There are a variety of ways that individuals respond to loss. Some are healthy coping mechanisms and some may hinder the grieving process. It is important to realize that acknowledging - giving oneself permission to experience, feel and express grief - promotes and assists the healing process. Time and support facilitate the grieving process, allowing an opportunity to appropriately mourn this loss.

Denying the feelings and failing to work through the stages of grief is often more difficult on one's body and mind than going through them. When people suggest looking on the bright side, or other ways of cutting off difficult feelings, the grieving person may feel pressured to hide or deny these emotions. This impedes the healing process.

A Prayer for Strength

I lift my heart and mind to you, living God of never failing love. Give me strength for this day, to weep when I should weep, to accept the comfort that memories bring, to face decisions with courage, to meet people - those love me, those who want to help me, those who want to comfort me but don't know what to say. Thank you for them all. O God, help me so that having your peace, I may be able to comfort others.

Prayer for Warmth

My Creator, you are the giver of all life, I thank you for the love I have known and the joys and sorrows shared. Please bring gentle healing to the hurt that comes with parting and the warmth of your compassion to embrace me in this moment.

Common Reactions to Loss:

Individuals experiencing grief from a loss may choose a variety of ways of expressing it. No two people will respond to the same loss in the same way. It is important to note that phases of grief exist; however, they do not depict a specific way to respond to loss. Rather, stages of grief reflect a variety of reactions that may surface as an individual makes sense of how this loss affects them. Experiencing and accepting all feelings remains an important part of the healing process.

Dr. Elisabeth Kubler-Ross, in her 1969 book, *On Death and Dying*, delineated five stages of the grieving process many people experience following a serious loss. As each person approaches grief in his or her own unique way, the process moves differently for each person. The final stage of the process is acceptance - accepting the death of a loved one and letting go of pain.

It is worth understanding the stages of grief. This should not mean that we treat grief lightly as if it were just a phase that somebody was going through. Progress is not automatic and somebody may still be grieving deeply after 20 years if they have not been helped through the process of bereavement. One never recovers from bereavement, and yet there should come a time when we are able to live with our loss.

Stage 1: Denial and Shock

The bereaved person is in a state of shock and unable to accept what has happened - everything seems so unreal. This is a necessary defense mechanism. Bereaved people often refer to somebody who has died in the present tense as though they are still alive. A common remark may be: It's not really sunk in. I can't believe it. I keep thinking that he is going to walk in the door as usual. Maybe after the funeral it will seem as though it has really happened. We may feel tightness in the throat or emptiness in the stomach. There may be tiredness or inability to breathe. When we are with people in this stage of grief there is no need to say something clever, it is enough simply to be there. The bereaved person may simply want to talk about the one who has died, to reminisce. They need to know that it is alright to be upset and express their grief. Some other faiths and culture are much better at this than Christian England. One day reality hits home and, despite the pain which it brings, this is progress.

Stage 2: Bargaining

Sometimes people will try to look for a way out of the situation. I cried all last night and prayed that God would take me too. There can be a movement between fantasy and guilt; I think that he may come back. Some people are sure that they have seen their loved one on a bus or in a crowd, even that they have seen a ghost. Others never touch a room or refuse to throw anything out, in the hope that somehow they may be able to preserve things the way that they once were. During this stage, people sometimes engage in magical thinking - trying to reframe events in order to affect a different ending.

Stage 3: Anger

The question which may overshadow everything is, Why me? Many expressions come out such as, it makes you wonder sometimes, and she was so young and never did anybody any harm. Then you see all those rapists and murderers and nothing happens to them. I can never believe in God when he lets that sort of thing happen. There may be anger at God for having allowed this to happen. There may be anger at the doctors or the hospital, indeed anybody who can act as a scapegoat. This is natural outrage - there is no need for anybody to try to make excuses or give rational explanations or theological argument. Neither is there any reason for those who are upset to feel guilty about their anger! This is a natural part of the grief process. All that is required is assurance and the understanding that grief brings a genuine burden, which can be very painful. It may be that the person with whom we are most angry is

ourselves as we think of things in the past, missed opportunities or things we wished had never happened.

Stage 4: Depression

There can be a deep sense of regret over lost opportunities in life, or there could also be a sense of guilt: Perhaps if we had tried a different doctor. Guilt, in its many different varieties, is a normal part of grief and it can cause depression. It may be that it makes us feel that we do not want to go on. It is important to realize that this is something we all feel, sometimes for a considerable length of time. It is important to find people to talk to. Grief needs an outlet and we must be able to cry and express our emotion. Of course we also need to be reminded that we can talk to God.

Stage 5: Acceptance/Learning to Live Again

The time comes when we are able to 'let go' of our loved one, leave them in peace and to experience new life again. It is the time when memories can be treasured without a terrible sense of pain. Of course, this may be a long time away. Learning to live again means adjusting, in a sense, to being a different person. Losing somebody is like having a part of oneself cut off. It takes time to reaffirm life and invest in new relationships and responsibilities. It is like learning to live all over again. We are all different and can experience different things at different times. Nevertheless, one thing that the bereaved nearly always have in common is that it takes time to recover. We need to be able to give time to express ourselves and understand a little of how we feel, as this will help us not to get stuck in the bereavement journey. Acceptance is not disrespect for or devaluing of the person who has died. Acceptance is gaining closure and incorporating the importance of the life and death of a significant individual into the whole of one's life.

If you have felt the pain of bereavement, then eventually you may be able to help somebody who is going through the same pain. Often what we need most is simply somebody to listen and love. These feelings that are part of the grieving process are normal and common reactions to loss. You may not be prepared for the intensity and duration of your emotions or how swiftly your moods may change. You may even begin to doubt the stability of your mental health. But, be assured that these feelings are healthy and appropriate and will help you come to terms with your loss.

Remember, it takes time to fully absorb the impact of a major loss. You never stop missing your loved one, but the pain eases after time and allows you to go on with your life.

Suggestions for Coping With Grief

- *Take it one hour at a time, one day at a time.
- *Maintain a normal routine. Keep doing your regular activities. Get enough sleep or at least enough rest.
- *Regular exercise, even walking, helps relieve stress, tension and will improve your mood.
- *Eat a healthy balanced diet. Limit high calorie food especially junk food and comfort food binges.
- *Drink plenty of water.
- *Avoid using alcohol, medications or other drugs to mask the pain.
- *Talk to others, especially those who have lived through and survived similar experiences. They may provide valuable insights for coping.
- *Talk about feelings, even painful feelings. Talking will help the pain go away.
- *Feeling guilty or angry is a normal part of the process and you need not deny these feelings.
- *Give yourself permission to enjoy other people and life's experiences - to laugh. This does not mean the person who died is loved or missed any less.
- *Be with those who comfort, sustain and recharge.
- *Remember other past losses and the coping strategies you used to survive them. Draw on these inner

strengths again.

- *Be a name dropper! Mentioning your loved one's name during conversation gives others permission to talk about your loved one, too.
- *Be honest. Don't say that you're okay when you're not.
- *Ask for help and be specific. Ask a friend to hold your hand while you go through a loved one's closet, or make a dreaded phone call. Grief shared is grief diminished. Remember that most people want to help, but do not know what to do or what you need, and some are not even certain how to ask.
- *If possible, postpone making difficult or life-changing decisions until after the first year.
- *Start a grief journal and write out your feelings.
- *Write a letter to the person who has died if you did not have time to say goodbye. Take the time now and write them a letter telling them everything you feel you need and SEND it symbolically, or particularly if you have unfinished business, and read it aloud by the graveside.
- *Do not hide your true feelings for fear of being judged. Support groups, counseling, and workshops are all aimed at discovering and completing the unfinished emotional business that fuels the isolation. If it's been six months or longer, consider joining a grief support group.
- *Spend time each day outside. The sun and fresh air will lift your spirits and cause your body to produce melatonin.
- *Breathe deeply. The shallow breathing that comes with grief can cause chest pains, headaches or other health problems.
- *Pray for God's strength and comfort.

The Death of A Child

No death is more agonizing or more misunderstood than the death of an infant or child. Even if the child is an adult, the parent somehow feels cheated because parents expect to die before their children. A child's death can put a terrible strain on your family and may even result in divorce or separation.

Friends and family frequently fail to understand the intensity of parents' grief when a very young infant dies, or the couple suffers a miscarriage or stillbirth. Because the child never lived or lived such a short time, they think the parents should recover quickly. But most parents begin bonding with the unborn child early in pregnancy. For them, the child was alive, and their loss was very real. The death of a child is especially troubling because children represent your hopes and dreams for the future. Loss of the child represents a lost future which can never be replaced, even by another child. The death may leave you feeling empty, lifeless and hopeless, and very vulnerable to other tragedies. Feelings of intense guilt are common following the death of a child because most parents feel they should have died instead.

It is common for parents, especially the mother, to wonder if she did or did not do something that caused the death. Most parents feel a great need to understand why the child died, although sometimes there is no answer, especially in the case of miscarriage or stillbirth. Seeking answers and talking openly with your physician about possible causes for the death may help in the healing process.

Because grief is a very personal emotion, individual parents frequently experience the death of a child differently. Their grieving processes may differ significantly. One parent may try to express emotions, while the other will not communicate. One may need to seek counseling, while the other wants to grieve alone. It is critical for couples to share with each other what they are feeling, so they

can move through grief and avoid misunderstandings. A child's death will add stress to a marriage; spouse/partners should try to support each other during difficulties.

Most parents will continue to experience grief on special days, such as the child's birthday, on holidays or when another child is born. This is natural, and others should encourage the family to include memories of the child in special family events.

Coming to grips with the death of a child is not easy, and it involves all the normal stages of grief and recovery. Because it is such a traumatic loss, families may need professional help as well as support from family and friends. Parents need to talk about the baby and their grief, and need to know they are not alone.

Culture and Response to Grief and Mourning

Grief felt for the loss of a loved one, the loss of a treasured possession, or a loss associated with an important life change, occurs across all ages and cultures. However, the role that cultural heritage plays in an individual's experience of grief and mourning is not well understood. Attitudes, beliefs, and practices regarding death must be described according to traditions and mysteries surrounding death within different cultures.

Individual personal experiences of grief are similar in different cultures. This is true even though different cultures have different mourning ceremonies, traditions, and behaviors to express grief. Helping families cope with the death of a loved one includes showing respect for the family's cultural heritage and encouraging them to decide how to honor the death. Important questions that should be asked of people who are dealing with the loss of a loved one include:

- a. What are the cultural rituals for coping with dying, the deceased person's body, the final arrangements for the body, and honoring the death?
- b. What are the family's beliefs about what happens after death?
- c. What does the family feel is a normal expression of grief and the acceptance of the loss?
- d. What does the family consider to be the roles of each family member in handling the death?
- e. Are certain types of death less acceptable (for example, suicide), or are certain types of death especially hard to handle for that culture (for example, the death of a child)?

Death, grief, and mourning spare no one and are normal life events. All cultures have developed ways to cope with death. Interfering with these practices may interfere with the necessary grieving processes. Understanding different cultures' response to death can help physicians recognize the grieving process in patients of other cultures.

Grief and the Grieving Process are Unique

While there are certain stages common to the grieving process most people experience, there are also many variables and individual differences that account for the dissimilarities in the individual experience and expression of that process. The following very personal prose story describes one person's journey and contains suggestions for coping and healing.

Factors that Influence Coping after of the death of a loved one

Age

Age makes a difference in our perspective as we understand death, dying, and the future. Age can affect our mobility and ability to get out to seek support and to take care of the details of living; i.e., go to the store, meetings, church, etc.

Gender

Men may grieve quite differently from women due to old stereotypical roles/rules: men don't cry; men/women may not know how to shop for food, do the laundry, etc; women/men may not know how to pay the bills, do the taxes, fix the car or sink, etc.

Life Experiences

People dealing with their first major loss do not have the same experience and perspective as those who have lost other significant people in their lives.

Individual Personality, Coping Style

Some people are very comfortable expressing their feelings and emotions, others are not. Some people seek help others prefer to work through their grieving process on their own.

Family Communications, Attitudes About Loss Or Death

In some families, death and dying are discussed openly, while other families prefer not to verbalize end of life. Families may articulate differing beliefs in life after death.

Family Cultural Background

The grieving style of your family and significant adults around you will make a difference as to how you allow/expect yourself to grieve now.

Health Status

Poor health can deplete one's emotional energy and make your grieving process more difficult. Grieving can also affect one's health and compound existing conditions and issues.

Resources Available

Does your library or church library have tapes and books for those who are grieving? Does your community have trained grief counselors who offer individual, family and/or group therapy? Are your funeral directors supportive and informed to assist you with the many details?

Financial Resources

The struggle to cover medical and funeral bills can compound the process of grieving.

Relationship With The Person who has Died

The degree of closeness to the person who has died will affect the grieving process. If there is unfinished business, resolution and closure must also be reached.

Nature of the Death

The time place and suddenness of the death will impact the grieving process. The shock of a sudden death can delay the process of healing. Death following a prolonged period of caregiving could also include feelings of guilt on the part of the caregiver.

Questions on Grief Recovery

Does time really heal all wounds?

It is important for a person to grieve and complete their relationship to the pain and unfinished business caused by a death, divorce or any other significant emotional loss.

When is it time to do my grief work?

This is the most difficult question facing grievers. Part of the problem stems from the biggest single inaccurate idea that we were all socialized to believe: that time heals all wounds. Time does not heal. Actions can help discover and complete unfinished emotional business.

What are some indications that unresolved grief is the cause of my discomfort?

Unresolved grief tends to take people out of the moment, that is, to cause you to be off in conversations with people who are no longer physically there with you. Assuming that your physical health is okay, unresolved grief tends to drain you of energy. Unresolved grief tends to close our hearts down. Since we're incomplete with a prior loss, we almost automatically protect ourselves by not loving again. More accurately, we limit our loving exposure and thereby doom the new relationship to fail.

Going On

Within this benevolent universe there are diseases, earthquakes, the birthing of children, and Christmases. Shouts of laughter as well as pain, and both grief and joy, happen every day. Our theology says that grace happens - the grace that brought Jesus into this world, the grace that brought the exiles home from Babylon, the grace that gives us breath and sight and memory, and that brings us through today and into tomorrow.

Death Is Nothing At All

I have only slipped away into the next room. I am I, and you are you. Whatever we were to each other, that we still are. Call me by my old familiar name, speak to me in the easy way which you always used. Put no difference in your tone, wear no forced air of solemnity or sorrow. Laugh as we always laughed, at the little jokes we enjoyed together. Pray, smile, think of me, pray for me. Let my name be ever the household word it always was, let it be spoken without effect, without the trace of a shadow on it. Life means all that it ever meant. It is the same as it ever was; there is unbroken continuity. Why should I be out of mind because I am out of sight? I am waiting for you, for an interval, somewhere very near, just round the corner. All is well.

Henry Scott Holland 1847-1918 Canon of St. Paul's Cathedral.

Common Myths about Grief & Grieving

Here are eight of the most common myths and realities about grief. Knowledge of these issues is extremely helpful for both the person who is bereaved and those who want to help him/her. The person grieving can gain assurance that his/her responses to the death of a loved one are quite normal and natural. Simultaneously, family, friends, religious leaders and other caregivers have the correct information about grief, thus enabling them to respond more patiently, compassionately and wisely.

Myth #1: It's been a year since your spouse/partner died. Don't you think you should be dating by now?

Reality: It is impossible to simply replace a loved one. Susan Arlen, M.D., a New Jersey physician, offers this insight: Human beings are not goldfish. We do not flush them down the toilet and go out and look for replacements. Each relationship is unique, and it takes a very long time to build a relationship of love. It also takes a very long time to say good-bye, and until good-bye really has been said, it is impossible to move on to a new relationship that will be complete and satisfying.

Myth #2: You look so well!

Reality: People who are grieving do look like people who are not grieving - on the outside. However, at the interior, they experience a wide range of chaotic emotions—shock, numbness, anger, disbelief, betrayal, rage, regret, remorse, guilt. These feelings are intense and confusing.

One example comes from British author C. S. Lewis, who wrote these words shortly after his wife died: In grief, nothing stays put. One keeps emerging from a phase, but it always recurs. Round and round. Everything repeats. Am I going in circles, or dare I hope I m on a spiral? But if a spiral, am I going up or down it?

Thus, when people comment in astonishment You look so well, people who are grieving feel misunderstood and further isolated. There much more helpful responses. Simply and quietly acknowledge their pain and suffering through statements such as: This must be very difficult for you. How can I help? What can I do?

Myth #3: The best we can do (for the griever) is to avoid discussing the loss.

Reality: People who are grieving need and want to talk about their loss, including the most minute details connected to it. Grief shared is grief diminished. Each time a griever talks about the loss, a layer of pain is shed.

When Lois Duncan's 18 year-old daughter, Kaitlyn, died as a result of what police called a random shooting, she and her husband were devastated by the death. Yet, the people most helpful to the Duncans were those who allowed them to talk about Kaitlyn.

The people we found most comforting made no attempt to distract us from our grief, she recalls. Instead, they encouraged Don and me to describe each excruciating detail of our nightmare experience over and over. That repetition diffused the intensity of our agony and made it possible for us to start the healing.

Myth #4: It's been six (or nine or 12) months now. Don't you think you should be over it?

Reality: There is no quick fix for the pain of bereavement. Of course, grievers wish they could be over it in six months. Grief is a deep wound that takes a long time to heal. That time-frame differs from person to person according to each person's unique circumstances.

Glen Davidson, Ph.D., professor of psychiatry and thanatology at Southern Illinois University School of

Medicine tracked 1,200 mourners. His research show an average recovery time from 18 to 24 months.

Myth #5: You need be more active and get out more!

Reality: Encouraging a person who is grieving to maintain their social, civic and religious ties is healthy. Grievers should not withdraw completely and isolate themselves from others. However, it is not helpful to pressure them into excessive activity. Erroneously, some caregivers try to help people who are grieving escape from their grief through trips or excessive activity. This was the pressure felt by Phyllis seven months after her husband died.

Several of my sympathetic friends who happen to have not yet experienced grief first hand have suggested that I interrupt my period of mourning by getting out more, she recalls. They say, solemnly, 'What you must do is get out among people, go on a cruise, and take a bus trip. Then you won't feel so lonely.'

I have a stock answer for their stock advice: I am not lonely for the presence of people, I am lonely for the presence of my husband. But how can I expect these innocents to understand that I feel as though my body has been torn asunder and that my soul has been mutilated? How could they understand that for the time being, life is simply a matter of survival?

Myth #6: It was the will of God.

Reality: The Bible makes this important distinction: life provides minimal support, but God provides maximum love and comfort. Calling a tragic loss the will of God can have a devastating impact on the faith of others.

Consider Dorothy's experience: I was 9 years old when my mother died and I was very, very sad. I did not join in the saying of prayers at my parochial school. Noticing that I was not participating in the exercise, the teacher called me aside and asked what was wrong. I told her my mother died and I missed her, to which she replied: 'It was the will of God. God needs your mother in heaven.' But I felt I needed my mother far more than God needed her. I was angry at God for years because I felt God took her from me. When statements of faith are to be made, they should focus upon God's love and support through grief. Rather than telling people it was the will of God, a better response is to gently suggest: God is with you in your pain. God will help you day by day. God will guide you through this difficult time.

Rather than talking about God taking a loved one it is more theologically accurate to place the focus upon God receiving and welcoming a loved one.

Myth #7: You're young, you can get married again. Or, Your loved one is no longer in pain now. Be thankful for that.

Reality: The myth is that believing such statements will help those who are grieving. The truth is that clichés are seldom useful for the grieving and usually create more frustration for them. Avoid making any statements which minimize the loss such as: He's in a better place now. You can have other children. You'll find someone else to share your life with. It is more therapeutic to simply listen compassionately, say little, and do whatever you can to help ease burdens.

Myth #8: She cries a lot. I'm concerned she is going to have a nervous breakdown.

Reality: Tears are nature's safety valves. Crying washes away toxins from the body which are produced during trauma. That may be the reason so many people feel better after a good cry.

Crying discharges tension, the accumulation of feeling associated with whatever problem is causing the crying, said Frederic Flach, M.D., associate clinical professor of psychiatry at Cornell University Medical College in New York City.

Stress causes imbalance and crying restores balance. It relieves the central nervous system of tension. If we don't cry, that tension does not go away.

Caregivers should get comfortable at seeing tears from those who are grieving and be supportive of crying.

**Adapted from Victor Parachin, a grief educator and minister in Claremont, CA.*

Psalm 16: 1 - 2

1 Protect me, O God, for in you I take refuge. 2 I say to the Lord, You are my Lord; I have no good apart from you.

Psalm 139: 1 - 18

1 O Lord, you have searched me and known me. 2 You know when I sit down and when I rise up; you discern my thoughts from far away. 3 You search out my path and my lying down, and are acquainted with all my ways. 4 Even before a word is on my tongue, O Lord, you know it completely. 5 You hem me in, behind and before, and lay your hand upon me. 6 Such knowledge is too wonderful for me; it is so high that I cannot attain it. 7 Where can I go from your spirit? Or where can I flee from your presence? 8 If I ascend to heaven, you are there; if I make my bed in Sheol, you are there. 9 If I take the wings of the morning and settle at the farthest limits of the sea, 10 even there your hand shall lead me, and your right hand shall hold me fast. 11 If I say, Surely the darkness shall cover me, and the light around me become night, 12 even the darkness is not dark to you; the night is as bright as the day, for darkness is as light to you. 13 For it was you who formed my inward parts; you knit me together in my mother's womb. 14 I praise you, for I am fearfully and wonderfully made. Wonderful are your works; that I know very well. 15 My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. 16 Your eyes beheld my unformed substance. In your book were written all the days that were formed for me, when none of them as yet existed. 17 How weighty to me are your thoughts, O God! How vast is the sum of them! 18 I try to count them—they are more than the sand; I come to the end —I am still with you. (NSRV)

Checklist - Things TO DO During the First Month

Contact a funeral provider to plan the funeral.

Contact the Funeral Consumers Alliance (FCA) for information on choosing a dignified, affordable funeral. FCA, 33 Patchen Road, South Burlington, VT 05403-5705, Phone: 800-765-0107

You will need information about your spouse/partner including:

Social Security number · Driver's license number · Passport number · VA claim number · Member numbers in major organizations · Name, address and phone numbers of selected mortuary and cemetery · Location of burial plot and deed

Provide information for the death certificate and the newspaper obituary.

Your funeral director will gather information and file the death certificate with the proper authorities.

You will need:

Date and place of birth · Date and hour of death · Place of death · Gender · Race Social Security number · Occupation · Employer · Marital status · Name of surviving spouse/partner and other survivors · Name of father and mother · Immediate and underlying cause of death and whether an autopsy or biopsy was performed.

Locate a copy of your spouse/partner's will or living trust.

Make or locate a complete list of bank accounts, stock, bonds and other investment records.

Contact a qualified attorney to explain your spouse/partner's will, file it with probate court and outline tax implications.

Look for your spouse/partner's letter of instructions indicating funeral wishes, contacts and location of documents.

Order 10 certified copies of the death certificate from your county clerk's office, Health

Department or funeral director. Companies and financial institutions will generally require certified copies of the death certificate and letters testamentary to settle accounts.

Contact your spouse/partner's employer and all former employers for potential group life insurance, pension or other benefits.

Change medical, dental and other benefits, if appropriate.

Contact your spouse/partner's fraternal organizations for possible life insurance benefits.

Contact creditors about your spouse/partner's death for possible credit life insurance, accidental death insurance. Cancel individual credit cards.

Contact mortgage companies or real estate companies for possible benefits.

Contact the Social Security Administration (SSA) for survivor benefits. Phone: 800-772-1213.

You will need: a certified copy of the death certificate · Social Security numbers for your spouse, yourself and your minor children · Copies of your spouse's most recent W-2 forms or self-employment tax return · Name of your spouse's employer · Birth certificates for you and your minor children · Marriage certificate · Divorce papers, if applying as a divorced spouse.

Open a checking account in your name if you do not already have one.

Find all documents needed to itemize your estate's assets (real estate deeds, stock and bond certificates, checking and savings accounts and investment accounts).

Contact your auto and home insurance companies for possible benefits.

You will need:

Policy numbers · Your spouse/partner's Social Security number · Full name of your spouse/partner · Date and cause of death · Certified copy of the death certificate

Contact your life and health insurance companies for benefits.

If large sums of money are involved consider getting investment advice from a fee-only financial planner who does not sell investments on commission.

You will need:

Policy numbers · Your spouse/partner's Social Security number · Full name of your spouse/partner · date and cause of death · Certified copy of the death certificate.

Change documents and accounts that had your spouse/partner as a beneficiary. Send your spouse/partner's medical claims to insurance carriers. Assess your need for life and health coverage especially if you have minor children.

Check with your insurance agent about your auto and home coverage.

Review your taxes with a Certified Public Accountant.

Discuss transferring assets into your name or trust account.

Helping Children Grieve : Children who experience a major loss may grieve differently than adults. A parent's death can be particularly difficult for small children, affecting their sense of security or survival. Often, they are confused about the changes they see taking place around them, particularly if well-meaning adults try to protect them from the truth or from their surviving parent's display of grief.

Limited understanding and an inability to express feelings puts very young children at a special disadvantage. Young children may revert to earlier behaviors (such as bed-wetting), ask questions about the person who has died that seem insensitive, invent games about dying or pretend that the death never happened.

Coping with a child's grief puts added strain on a bereaved parent. However, angry outbursts or criticism only deepen a child's anxiety and delays recovery. Instead, talk honestly with children, in terms they can understand. Take extra time to talk with them about death and the person who has died. Help them work through their feelings and remember that they are looking to adults for suitable behavior.

Loss Of A Parent: Although most people expect their parents to die before them, few are really prepared for the loss. Unfortunately, others may criticize the adult who grieves the loss of a parent and feel they should get on with their lives. The rationalization, especially if the parent is elderly, is usually that the individual lived a long, full life or was released from pain and suffering. Such rationalization does not make grief any easier to bear.

Losing a parent means losing your history — losing someone who has known you longer than anyone else. The parent-child relationship is a bond you cannot replace that forms the basis for all your other relationships. A parent's death is also a not-so-subtle reminder of your own mortality. Most adults are in midlife when they lose their parents. The death reminds them of changes in their own lives and health problems due to age.

Family relationships are complex and unpredictable. The death of a parent often serves to bring unresolved issues among family members to a crisis, resulting in either continued estrangement or reaffirmed solidarity as a family. Coping with these issues, along with the normal processes of grief, puts the survivors under stress.

Grief in Same- Gender Partnerships: When a same-gender partner dies, his/her trauma is often exacerbated by the lack of mainstream cultures' recognition of the relationship, his/her loss, and societal acknowledgement of the status of widow/widower. All surviving partners, regardless of sexual orientation, experience certain psychosocial reactions. In addition, same-gender partners face unique stressors that complicate bereavement.

Institutions of our culture offer little opportunity for the overt expression of grief and bereavement in general, and even less opportunity for same-gender partners. Sexual orientation has nothing to do with the dynamics of grief, though the ramifications of homophobia can greatly complicate the grieving process of a same-gender surviving partner.

One dynamic unique to the surviving partner of a same-gender relationship is that his or her relationship is often not universally recognized, validated and valued. The heterosexual widow or widower who loses a mate receives a level of social support and condolence. Same-gender surviving partners may be more apt to encounter family alienation, scorn, ostracism, fear or blame. This has been described as disenfranchised grief, explained as grief that occurs when 1) the relationship is not

recognized, 2) the loss is not recognized, and 3) the griever is not recognized.

Lack of legal status may further complicate the grief process of a same-gender surviving partner.

We Need A Sign Of Our Grief, So Others Know We Are Not Crazy*

by Molly Sower Sugarman

Widow's weeds were a good idea. I wish they'd come back into fashion.

Or at least a black arm band for those mourning the loss of someone close; it wouldn't have to be limited to widows. And it wouldn't have to be worn every day. Just those days when you are feeling particularly insane, depressed and lost.

To those who have not experienced the death of a loved one, the armband would be a warning: Beware, this person may not act rationally. It might prepare them for the distracted huh? following clear instructions, the befuddled look when trying to do a common task, like filling out a check, or the irrational irritability over a dropped dime or simple human error.

To those who have been bereaved and bereft, the black armband would let them know that here is a person in distress whom they might comfort with a sympathetic look or word of understanding. It would let everyone know that the person standing in the produce department with tears running down her face, is not insane, merely realizing that she doesn't have to buy figs anymore because the man who ate them is no longer there. Or she's at a loss as to how much to buy for one person.

Widows with whom I've spoken lately recount times when they have sat in tears on the living room floor, overcome by the simple tasks that used to be joint efforts. It's not that the task is beyond the ken of the woman, just that it is no longer a shared, enjoyable task.

Sometimes the task is beyond our ability. For years, I was a single mother, in charge of doing everything on my own, from rewiring lighting fixtures to chopping kindling, from managing my money to getting the car fixed.

But that was in different houses, with different standards of operation. Now I am trying to do as he would have done and I am at a loss; I lived in this house only a few years, years in which our focus was not on maintenance of the house, but maintenance of health.

I don't know how to use some of the tools because I never saw them used and the instruction books are hidden in some well-organized drawer. The right tool for each job exists but the garage is a mystery, having been efficiently and happily presided over by my husband.

Others I have talked to never had to fend for themselves. Married all their adult lives, they and their husbands each had their own tasks. As a widow - or widower - the whole bundle drops on the back of the one left behind, who may not have any idea how to chop kindling or maintain the deck or cook dinner.

We are lost in our own homes.

We may also be lost outside of them.

What used to be enjoyable events have become opportunities for old memories to rub salt in a still open wound. Some restaurants, shops, trails, holidays are too dangerous still. Let the black armband warn our friends that old haunts may be haunted.

The person wearing the warning armband could be volatile because she has, for the first time, opened mail addressed to her husband or signed papers taking his name off official documents. Maybe she just did the first load of laundry that needed no sorting because it was all hers. Maybe she is remembering last Christmas, wearing silk and eating Italian pastries together.

A poem by W. S. Merwin, as quoted on a New York subway sign, said it well: Your absence has gone through me like thread through a needle. Everything I do is stitched with its color.

We mourners are a hodge-podge of contradictions. Sometimes we don't want to leave the house, sometimes we can't bear to come home. We want to be with people but cannot carry on a conversation.

As C.S. Lewis wrote in his book, *A Grief Observed*, There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so

uninteresting.

Things that once brought laughter, pleasure, repartee now seem vapid, empty, tasteless. We are numb. When the black armband goes on, friends and relatives would know that nothing seems as important as the fact that our loved one is gone and we are befuddled by the fact that the sun continues to rise and set.

Or maybe we are just sleep deprived. I've met my daughter in the hall at 3 a.m. as we both roam the house, unable to sleep, walking off our grief.

The best efforts at getting on with life do not obviate the need for the armband. Going back to work, doing volunteer work, or joining a bereavement group may fill the time, but not the hole in one's heart. That repair job seems to take longer and may occasionally crack even years later. Ten years after her husband died, one woman I know - happily remarried - still wears her dead husband's shirt once in awhile, just for the comfort it brings her.

Some of us can't clean out the clothes in the closet; it's too much like getting rid of the one we loved, too much like deliberately shattering the mosaic of sights, sounds, smells, habits that made up our life.

Yet others who were also wounded by the loss may move on with their lives and become impatient with our erratic grief. Our fear is that they will leave us behind, slowed as we by a tangle of emotions that trips us up as we stumble along seeking another life-design.

As I talk to people struggling to repair their hearts, I find our common wish is to be allowed to patch the heart-hole in whatever fashion we wish, at whatever speed we can. The stitches may be uneven and weak, the patch askew, not quite centered. It may all come apart when tugged just a bit. We with the black armbands are not yet adept at this ancient art.

Most of us voice a second wish, that friends and relatives will not give up on us -- irritable, morose, unpredictable and illogical as we may be.

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Who Am I Now?

by Darcie D. Sims

Why am I a thousand-piece puzzle when everyone else is already put together? Why is the rest of the world a size 10? Why do their kites fly so high? Why does the grass grow greener next door? Because I am a thousand-piece puzzle.

Who am I now? Who am I, now that my loved one has died? Who am I, now that I have survived the holiday season and find myself deep into the gloom of winter? Why do I feel so scattered? Why am I a thousand-piece puzzle when everyone else is so put together?

Why does January seem so empty? Why do the seasons reflect my moods and why do I take on the cast of the weather outside? Just as the world is stiff and frozen outside my window, I feel dead and cold and scattered inside myself. Who am I now?

I managed to make it through the holiday season, though the hows of that feat are truly beyond my recollection. I can't even remember eating the holiday meals. In those glittering days I managed to smile and even to find a few moments of peace and joy; but here in the gloom of January, all I seem to see are the scattered pieces of my life...cast before me on the card table, waiting for me to pick them up and make the picture.

But what picture do all these pieces form? I used to think I knew. I used to know who I was and where I was going and how I was going to get there. But now, now in the chill of January, I can't even remember where the puzzle begins and I end.

I think I'm still grieving, and that surprises me. It's been...(too long regardless of the time frame you insert), and I should be getting better. Why do I still ache from a sunburn I got years ago when we were together on the beach? Why is there still sand in my shoes and why does your name still stick in my throat?

Who am I now that the memories grow cold in January's chill?

Am I still a mother if there is no child to tuck in at night? Am I still a dad if there is no one to loan the car keys to? Am I still a wife if there is no one to snuggle up to in my bed? Am I still a husband if there is no one waiting at home for me at the end of the day? Am I still a sister or a brother if there is no one to tease? Am I still a child if my parent has died? Am I still a human being, capable of loving and being loved, if the one person I loved more than anything has become frozen in time? Who am I now that my loved one has died?

The gloom has permeated even my toes, and my whole body seems icy. Why can't January be warm and gentle--especially after the struggle of the holidays? I need some sunshine, some warmth, some help in turning over the puzzle pieces and putting them back together. I need some spring.

But spring is a way off and I must (somehow) get through these days. If you're feeling like I am, perhaps these few suggestions will help you find the pieces to your new puzzle. Identify specific feelings. Do not generalize. Try to figure out exactly what's bothering you. Look for the tiny grains of sand that are still hiding in the bottom of your shoes. Acknowledge them. Be honest with those feelings, whatever they are. If you're angry, be angry. If you're sad, be sad. Be specific in your sadness!

Pick your worries. Focus on only one worry at a time. Give up being worried about being worried.

Prioritize your worries. This helps combat feelings of being overwhelmed and you can decide which worries to keep and which to send to your: 1) mother; 2) children; 3) family; 4) neighbor; 5) enemy. Keep a picture or two of the sand castle where you can enjoy it every day. You may decide not to make a shrine out of your memories, but don't lose the joy that you had in making that marvelous moat! Keep the sand you found in the shoe--you just don't have to keep it there! That's what memories are for--a place to stash the important stuff that we need.

Become as informed and as knowledgeable as possible about this new world in which you live. We fear what we don't know, what we can't see, what we can't touch. Read, listen, learn all you can about grief. It's not where you planned on being this winter, but it is where you are. Look around. Listen to everyone. You will receive enough advice about how to do it (grief) to sink a fleet of battleships.

Be grateful...at least someone is talking with you! But, FOLLOW YOUR OWN MUSIC.

Be kind to yourself. You survived the holiday season, and now it is the beginning of another season, another way of living. Learn to forgive yourself for living.

Set small goals first. Accomplish them. Then, set bigger goals. Try starting with getting the garbage out on the RIGHT day. Then, open the closet...the drawers...the heart. Try going out. The next time you might be able to get farther than the driveway. TAKE YOUR TIME. It's a long way to the beach. You'll get there again...someday.

Remember that life requires effort on your part. Make friends with the vacuum, the checkbook and the car. Become determined to learn to remove the box before micro-waving the dinner.

Don't wait for happiness to find you again. Make it happen. Build another sand castle, maybe on a different beach this time. Don't lose the memories just because they hurt. Look at the pictures, listen to the song, remember the love...you haven't lost that. How could you possibly lose the love you shared? Keep turning the puzzle pieces over. But don't keep trying to put them back into the same picture. That picture is gone. There is a new picture to be made of those scattered pieces. Search for that scene. Search for the new you...search for the new person you are becoming.

Don't forget how to dream, how to laugh, how to dance. The music is different but so is the season. The room may be empty, but the heart is not. The spirit may be filled with sand, but the shoes remember the steps. One day at a time is OK if you can manage it, but know that some days all you can manage is one minute at a time. But minutes add up to years, eventually, and each grain of sand adds to the strength of the castle. Build the sand castle again...if only in your memory. Just because it's January doesn't mean the beach is closed forever. Build your new castle in the middle of the winter. Find the new occupant...the new you.

Be gentle this winter season. Turn the pieces over slowly, experiencing each piece as a newly found treasure. We can fill our days with bitterness and anger that the picture will never be the same. Or, we can hope for the spring that will surely come if we let it.

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AARP Coping with Grief / <http://www.aarp.org/life/griefandloss/>
Armed Forces TAPS: Tragedy Assistance Program for Survivors /<http://www.taps.org/>
A Time to Grieve... Bereavement Support / <http://atimetogrieve.net/>
National Hospice & Palliative Care Organization / <http://www.nhpco.org/>
Beliefnet: Grief & Loss / http://www.beliefnet.com/index/index_607.asp
Grief Loss Recovery / <http://www.grieflossrecovery.com/index.html>
The Bright Side - Wings of Support / <http://www.the-bright-side.org/>
The Bruderhof Grief Companion / <http://www.griefcompanion.org/>
Good Grief Resources / <http://www.goodgriefresources.com/>
Welcome to GriefNet / <http://www.griefnet.org/>
The Grief Recovery Institute / <http://www.grief-recovery.com/>
The Centre for Grief Education / <http://www.grief.org.au/>
Grief Support Services / <http://www.griefsupportservices.org/>

*These sites are presented for information only. The content is not endorsed by NHM.
Understanding & Experiencing Grief and Loss Following the Death of A Loved One
National Health Ministries ~ PC(USA) ~ 2007.1 ~ www.pcusa.org/nationalhealth

National Health Ministries Presbyterian Church (USA)
January, 2007 1.888.728.7228 e-mail – health@ctr.pcusa.org www.pcusa.org/nationalhealth

Coping with Trauma and Loss

A Special help for Congregations

Coping with Loss

All those who experience and survive a disaster suffer loss. They suffer loss of safety and security, loss of property, loss of community, loss of status, loss of beauty, loss of health, or loss of a loved one. Following a disaster, all individuals begin a natural and normal recovery process through mourning and grief.

At times loss involves a person, however, it can also be a pet, an object to which we are very attached, or a value we have held dear. In the grieving process, the connection with what we have lost is more important than the lost object, itself.

The experiencing of loss is emotional, however, often physical and observable symptoms or actions result. Some of the typical ways our bodies cope with trauma and stress follow. While these responses are typical, if they linger, they may be a signal that professional help is needed.

- ❖ Disbelief and shock
- ❖ Fear and anxiety about the future
- ❖ Disorientation; difficulty making decisions or concentrating
- ❖ Feeling emotionally "numb," withdrawn, disconnected or different from others.
- ❖ Nightmares and reoccurring thoughts about the event
- ❖ Sadness and depression
- ❖ Feeling powerless and unable to make decisions
- ❖ Experiencing memory problems including difficulty in remembering aspects of the trauma.
- ❖ Feeling irritable, easily agitated, or angry and resentful.
- ❖ Changes in eating patterns; loss of appetite or overeating
- ❖ Spontaneously crying, feeling a sense of despair and hopelessness
- ❖ Feeling extremely protective of, or fearful for, the safety of loved ones.
- ❖ Feeling guilt—unrealistically—that you were not able to prevent the disaster or that you survived or were less harmed than others.
- ❖ Headaches, back pains and stomach problems
- ❖ Increased use of alcohol and drugs

Grieving a Loss

Grief is the process of working through all the thoughts, memories and emotions associated with that loss, until an acceptance is reached—allowing the person to place the event in proper perspective. Theories of stages of grief

resolution provide general guidelines about possible sequential steps a person may go through as he or she accepts the event. These theories provide general guidelines, each person must grieve according to his or her own values and time line.

It is important to remember that not all people move through the stages with the same intensity of emotions, or at the same rate. These differences in how and when individuals experience each stage can add stress to relationships. For example, a husband who is in the anger stage may be very impatient with a wife who is still in denial: "I can't understand why she's still got her head in the sand." She, on the other hand, may be wondering: "Why is he so angry when there's nothing to be angry about?"

The Five Stages Of Grieving

Shock/Denial: "No, not me, it can't be true." This is a typical reaction when a person faces a loss. This stage functions as a buffer after the unexpected happens. It allows you to collect yourself and, in time, to find a way to cope.

Denying a loss helps us protect ourselves when something painful happens. But getting stuck in denial can be dangerous. Pretending the crisis hasn't happened or won't happen encourages you to delay finding a solution to urgent problems. To deal with denial, individuals and families must talk about their situation realistically and openly. This may mean sharing fears and tears. Dealing with loss is easier on everyone when you can talk about it.

Anger: "Why me?" When the first stage of denial passes, it is likely to be replaced by anger, rage, envy, and resentment. God is often a target for anger, especially in natural disasters. You may also resent people around you who didn't suffer as much loss as you did.

Bargaining: "Yes, me, but" Once you have gotten the anger under control, you may enter the bargaining stage. You may promise God that you'll be good or that you'll do something in exchange for what you need. Bargaining can be a positive way to deal with stress. Whether you bargain with God, with yourself, or with your family, it provides comfort for things you cannot control. It allows you to "frame" the crisis so you can manage it. Bargaining may help you cope with feelings of sadness without experiencing deep depression. Good bargaining skills allow people to see the bright side of even the most difficult situation.

Depression: "There is no hope." A crisis entails loss, which is followed by sadness. If you are absorbed by the sadness, you can become depressed. Signs of depression include: changes in usual eating or sleeping patterns, constant moodiness or irritability, lack of energy, feelings of helplessness and hopelessness.

Acceptance: "It's all right now." Once the preceding stages have been completely worked through, you will finally be able to accept what has happened, and you may even be stronger than you were before the disaster occurred.

Tips for Coping

It is "normal" to have difficulty managing your feelings after major traumatic events. However, if you don't deal with the stress, it can be harmful to your mental and physical health. Here are some tips for coping in these difficult times:

Talk about it. By talking with others about the disaster event, you can relieve stress and realize that others share your feelings.

Spend time with friends and family. They can help you through this tough time. If your family lives outside the area, stay in touch by phone or email, if that is possible. If you have any children, encourage them to share their concerns and feelings about the disaster with you.

Take care of yourself. Get rest and exercise, and eat properly as far as possible. If you smoke or drink coffee, try to limit your intake, since nicotine and caffeine can also add to your stress. Be careful about your alcohol intake as well.

Limit exposure to images of the disaster. Watching or reading news about the event over and over again will only increase your stress.

Find time for activities you enjoy. Read a book, go for a walk, catch a movie or do something else you find enjoyable. These healthy activities can help you get your mind off the disaster and keep the stress in check. Take one thing at a time. For people under stress, an ordinary workload can sometimes seem unbearable. Pick one urgent task and work on it. Once you accomplish that task, choose the next one. "Checking off" tasks will give you a sense of accomplishment and make things feel less overwhelming.

Do something positive for others. Give blood, prepare "care packages" for people who have lost relatives or their homes or jobs, or volunteer in a rebuilding effort. Helping other people can give you a sense of purpose in a situation that feels "out of your control."

Avoid drugs and excessive drinking. Drugs and alcohol may temporarily seem to remove stress, but in the long run they generally create additional problems that compound the stress you were already feeling.

Ask for help when you need it. If your feelings do not go away or are so intense that they interfere with your ability to function in daily life, talk with a trusted relative, friend, doctor or spiritual advisor about getting help. Make an appointment with a mental health professional to discuss how well you are coping with the recent events. You could also join a support group. Don't try to cope alone. Asking for help is not a sign of weakness.

The emotional impact and feelings connected to a disaster may remain beneath the surface until another crisis brings the emotions out into the open. Many individuals may be surprised by an increase in emotionality around the third month, sixth month, and one-year anniversaries of the event. Crisis intervention can assist victims and facilitate their progress in proceeding through the predictable phases of loss and grief, thus avoiding surprise reactions or emotional paralysis later.

Suggested Scripture

Romans 8:3 4-35, 37-39

What will separate us from the love of Christ? Trouble? Calamity? Persecution? Hunger? Nakedness? Danger? Violence? . . . Yet, in all of this we are more than conquerors because of the God who has loved us. For I'm certain that neither death nor life, neither angels nor demons, neither the present nor the future, neither heights nor depths – nor anything else in all creation – will be able to separate us from the love of God that comes to us in Christ Jesus, our Savior.

From The Inclusive New Testament, Priests for Equality

Matthew 28 28:20

... And remember, I am with you always, to the end of the age. NSRV

Congregations Facing Community Trauma

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A community disaster strains all of the resources -the human, spiritual and the economic - of a community. Church leaders find themselves coping with a traumatic event while struggling with its impact on their church and church members, their lives, their families and their friends. This is a time when the church must be the refuge - the safety net for the congregational community of believers, and a beacon to the wider community, for often the it is the spiritual losses that people first feel and express. In the immediate aftermath of a disaster, when the day is most bleak, questions about hope and meaning are the most immediate questions, and the loss of hope and faith elicits some of the deepest pain. This article briefly explains some of the tangible, spiritual and emotional issues that surface during a traumatic event, and gives practical coping strategies useful to congregations as they help one another through the aftermath. It also suggests ways church leaders can help identify individuals who might be at risk for long term traumatic response.

Immediate Responses

Depending on the magnitude of the traumatic event, the initial response may necessarily emphasize physical safety and basic requirements for survival. Functioning without electricity, drinkable water and safe structures, church leaders may find themselves pressed into very different leadership roles under conditions very different than those to which they are accustomed.

Church leaders should begin planning their response by establishing communication with emergency response and disaster relief agencies, noting that the community's ordinary emergency response systems may be either insufficient or severely disrupted due to the nature of the event. In a time of scarce relief resources, duplicating relief services already in place is ill advised, however, for church members, contact and support from their congregation may be viewed as important evidence of their "belonging" to the church community. Leaders can quickly mobilize a committee who can check on members, determine whether the church building is needed and can function as a temporary community shelter, or community kitchen carry vital supplies and help communicate with family and friends who are not in the disaster area. The most vulnerable members - those with chronic health conditions, those living alone, frail elderly, home caregivers, etc, should be contacted first.

Trauma Related Stress Responses

After the immediate response to a community trauma, longer-range assistance from church leaders is needed. Communities and individuals sometimes experience long lasting difficulties in social and family functioning. At the individual level, these events can potentially lead to acute stress disorder, post traumatic stress disorder, addictions, domestic problems, and problems in relationships and in functioning at work or in the community. Immediately after a disaster people may function in "crisis mode," that is, adrenaline keeps them working at a furious pace. While this high level of activity may be very helpful—there is much to do— it is also an effective way of delaying the emotional effect of the reality of the disaster.

Community traumatic events are outside the range of usual human experience, and can change the basic assumptions most people hold about the world. Feelings of security - that it is a safe world, things that happen make sense, and that we have control over what happens to us are shattered. A traumatic event has a profound effect upon these fundamental assumptions - destroying our sense of safety and confronting us with the reality of our own vulnerability. Faith and religious beliefs can be challenged, but can also provide the strength to help individuals overcome the crisis of the traumatic event.

Spiritual/emotional support is very important and must be provided, as well. Spirituality helps congregational members rebuild their lives and relationships. Spiritual guidance and comfort help members move through the process of grieving the loss they have suffered, see that while things cannot be put back exactly as they were, they have a foundation from which they can move on and a community - the congregation - to support them.

Words of comfort should not minimize the traumatic event or its impact, nor should they attempt to “fix” the immediate pain. Traumatic events affect each person in a different way, and an opportunity for expression - voicing the feelings, fears and losses - it perhaps most helpful. Pastors may simply be a constant presence - at a time when constancy seems lacking.

Rosemary Chinnici, Ph.D., professor of pastoral theology at Starr King School for the Ministry calls the congregational community an aspect of important aspect of spirituality in a crisis situation, “We become the voice of God for each other . . . So we speak for the hidden God through our willingness to be with each other... We wait with each other. We wait with each other all the time. Remembering is not an isolated act, but calls on us to acknowledge the existence of friends and strangers and reminds us of each other and our connections.” It is also not uncommon for people whose lives have been spared by the disaster to feel what is commonly known as “survivor guilt.” Survivor guilt is the term used to describe the feelings of those who, fortunately, emerge from a disaster that has engulfed others. Instead of expressing rage outwardly, the survivor turns it upon himself/herself. “Guilt is the embodiment of anger directed toward the self.” [Hass, A. (1995). Survivor guilt in Holocaust survivors and their children. In J. Lemberger (Ed.), *A global perspective on working with Holocaust survivors and the 2nd generation* (pp. 163-183).]

Longer-Term Church Leader Responses

1. Take care of yourself. A pastor or other church leaders who are living through a traumatic event are also impacted by the event. Working with church members who have experienced traumatic events can take a toll on a church leader’s emotional resources and some may become overwhelmed, cynical, and emotionally numb. Be certain that the people who are “helping” others get through a traumatic event have opportunities to share their own stories and feelings.

2. In observing and interacting with church members, be aware that stress, anxiety and depression are all normal feelings—reactions to a disaster. However, if symptoms connected with these feelings do not subside within a month, something more serious. An individual who has been exposed to a severe traumatic experience, may begin to demonstrate symptoms of:

Acute Stress Disorder. Symptoms of ASD include: numbness, difficulty responding to normal life events, difficulty with anger and suspiciousness. These symptoms will be present close to the experience of the traumatic event.

Post Traumatic Stress Disorder: PTSD symptoms may present later and include repeatedly re-experiencing the ordeal in the form of flashback episodes, memories, hypervigilance, nightmares or frightening thoughts, especially when exposed to events or objects reminiscent of the trauma. Emotional numbness and sleep disturbances are also common symptoms, as are depression, substance abuse, heightened anxiety and irritability. Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain or discomfort in other parts of the body is potential signs.

Substance Abuse and Addictions: People may start or overuse substances such as alcohol, food and drugs, and increase gambling and other addictive behaviors to manage their anxieties and other symptoms. The most important clue to watch for is whether the person's usual consumption or behavior has changed.

Depression and Anxiety: These disorders may develop or increase because of the trauma. People who have been previously diagnosed are at greatest risk. Depression and grief are separate issues, but grief can cause concern when it lasts for an extended period of time.

Domestic Abuse: Research has shown that domestic abuse cases rise after traumatic events. Be alert for bruises and other signs of violence on adults and children.

3. Organize a group from the congregation to assist leaders. The emotional, spiritual and psychological impact of a traumatic event is not immediate and can leave a lasting mark.

Suggestions for Congregations

Gather Together as a Community

Depending upon the magnitude of the event, getting congregational groups together may be more or less difficult. If there is opportunity, holding customary services—as well as a special service that allows congregation members to share their response to the disaster—are very important. A congregation is an important community. Congregation members who have suffered disaster will look to the church for support. Use whatever resources are accessible to check on members who are isolated or alone. Encourage them to come together and experience the sense of safety emanating from the group.

If the congregation has someone trained in counseling, utilizing these skills to meet with small groups, perhaps co-facilitating with the pastor, is an effective way to convey and provide both a spiritual and emotional response. It is important to address the “righteous anger” that may be expressed as people in the congregation grieve the losses that accompany disaster.

There is no better place than a church for the difficult question of “Why?” to be discussed and addressed.

Encourage members of the congregation to take care of themselves by:

- ?? Getting a good night's sleep
- ?? Eating healthy foods, avoiding alcohol, caffeine, and junk foods
- ?? Exercising, even if it is just taking a short walk every day
- ?? Finding something enjoyable to do with family (particularly if there are small children)
- ?? Taking a moment and do something by himself/herself that he/she finds relaxing each day
- ?? Sharing time with friends

?? Staying connected with the church community

Provide opportunities for children to be children.

Children depend on daily routines. Children are most afraid that the event will happen again, that someone will be injured or killed, that they will be separated from the family and be left alone. Provide experiences that help children release tension and to simply “play.”

Stay Alert

Be aware of community services for addressing long term responses to traumatic events. Become a “people watcher” and be certain to note and appropriately communicate your observations of other’s capacity to live independently, suicide and danger risks. Always give reassurance, and build hope, however, follow protocols for immediate response, procedures for consultation, referral, and follow-up. .

Remember the caregivers

If you have family caregivers in your congregation, their tasks will be increased exponentially during a disaster. Caring for their loved one while attempting to cope with the inconveniences and emergencies of a disaster can be devastating.

Pray and Meditate

Offer prayer as a means for people to connect and share the pain of the disaster with God and one another. Congregation members may need or request guidance from church leaders in the appropriate way to pray at this emotionally sensitive time.

Listen actively

Use nonverbal cues to convey empathy - paraphrasing and reflecting feelings. Say things that encourage the person to keep talking: "Tell me more about that." "How do you feel about that?" "I can see this bothers you." "How can I help you resolve this?"

Provide support and encouragement

Think about what you personally can do, what your congregation can do, what your congregational volunteers and other caregivers can do. Encourage people to do what they can, to care in ways they have been trained or gifted to help.

Make asking for help acceptable

People who have a hard time working through a loss may brush off offers of assistance and persist in the fantasy that everything is fine. Offer help frequently, mentioning that others have received help, also.

Plan special services

Gather for special worship services of healing and remembrance. Let people come in touch with their suffering and offer it to God. Invite people to look to God for help and hope—in the worshipping community, in word and sacrament, and in symbol and music.

In the face of a traumatic event that impacts the community it is very helpful to remember -
“We are not our own: let not our reason or our will, therefore, sway our plans and deeds.”

[John Calvin - Institutes]

SECTION FIVE

EMOTIONAL AND SPIRITUAL CARE FOR

the Care Giver

Summary

Providing Spiritual Care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to Compassion Fatigue. Understanding important strategies for self-care is essential for Spiritual Care Providers. Disaster Response Agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.

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Section Five: *“Light Our Way”* A Guide For Spiritual Care In Times of Disaster

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www.NVOAD.org

Emotional and Spiritual Care for the Care Giver

THE ROLE OF DISASTER SPIRITUAL CARE PROVIDER is challenging even to well-trained and seasoned professionals. All the more so, persons unaccustomed to trauma can be overwhelmed when thrust into a role of caring for large numbers of people facing sudden loss, upheaval and chaos. This can take a great toll on the care givers' own emotional, psychological and spiritual health.

Dr. Charles Figley, in the book, *Compassion Fatigue: Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*, introduces this threat this way:

There is a cost to caring. Professionals who listen to clients' stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care. Sometimes we feel we

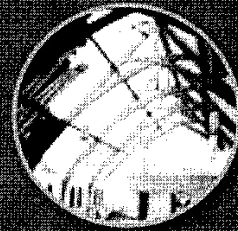
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PASTOR BETH DROVE THE DUSTY ROAD BACK TO TOWN from Alan and Helen's farm. She'd worked such long hours these last weeks. Many of her parishioners had suffered in one way or another. The funerals she had conducted now seemed distant and surreal, but the pain was still fresh. Nothing in her training or experience had prepared her for what had happened.

She was compelled to stop when she passed the warehouse Rev. Adams was using for a church office. Jim hadn't shown up at the ministerial alliance yesterday. Responding to the disaster had brought many of the religious leaders much closer, and it wasn't like Jim to miss a meeting.

She found him screaming at the copy machine and for a moment she mistook him for someone else. His eyes were red and puffy and his hands were shaking as he tried to dislodge a paper jam. "This *&*\$ machine is no good!" he spat.



are losing our sense of self to the clients we serve... Ironically, as will be noted later, the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.⁷

Care Givers, by virtue of being empathic, will naturally absorb the strength of the feelings that the traumatized are experiencing. Their own hearts will race when confronted with extreme anger and pain. Their own fight-or-flight reactions will be triggered as they attend to the needs of those victimized by sudden loss. The effect of this exposure is cumulative. Repeated and extended episodes of care giving in these contexts aggravate the effect.

In many disaster contexts, the majority of Spiritual Care Providers will be the local clergy and faith leaders tending to the needs of the community.

"Jim, come sit down for a minute. Let me fix that. I missed you at the meeting yesterday. Is everything alright?"

They sat at a desk littered with empty paper cups obtained from multiple disaster response agencies. "I haven't slept well for weeks," admitted Jim, adding that he was running on adrenaline and caffeine. "Every time I nod off I relive the night of the storm. The roof of my house was torn off, and I was so afraid for my family. And now I've spent so much time listening to other people's stories of loss that I don't know where they end and I begin."

Pastor Beth nodded, having had some of the same dreams. "Jim, I think you need to take some time off! I know that you feel incredible demands from your church and the community, but it would be good for your church and the community if you took some time to take care of YOU. I'm wondering if it wouldn't also be a good idea to stop in and see the Disaster Mental Health counselors at the Community Center. I've encouraged a number of my parishioners to see them."

Many religious leaders *already* have (unhealthy!) routines of being engrossed in work, without a clearly distinguished boundary between self and profession. When disaster strikes, these boundaries can disappear altogether. Long hours of work combined with physical deprivation lead to a state of acute vulnerability.

A number of Self-Scoring Tests have been devised to monitor levels of stress associated with care giving. An excellent example is the Professional Quality of Life Scale (ProQOL). The test measures Compassion Satisfaction and Compassion Fatigue. Care Givers should be encouraged to take time periodically to assess their levels of stress associated with their work.⁸

There is early anecdotal evidence that suggests that clergy affected by a disaster leave their ministry in higher than normal rates. Dr. Anne Burkholder, the Director for Connectional Ministries of the Florida Conference of the United Methodist Church shares the following reflections on this issue.

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"I'm not crazy!" Jim exclaimed. "There's nothing wrong with me... I just need to get some sleep!"

"Of course you're not crazy, Jim," said Pastor Beth. "What you're going through is normal. I've been to see the counselors myself, and found it really helpful to share with a trained professional the feelings and stresses I've been having."

"What kind of example is that," Jim sighed. "A minister that can't handle his own feelings?"

"Actually, Jim," Beth said, "I think it sets a wonderful example. It shows we recognize that everyone must take good care of him- or herself the midst of this difficult time. We're all affected by disaster, and we all need help from one another."

"I'll think about it. Thanks, Beth, for your concern. And for fixing that copier!"

“I believe that clergy are particularly vulnerable to a variety of problems following a period of intense responsibility for a congregation that has had to face a disaster. Of the 13 clergy serving the 12 churches most directly affected by Hurricane Andrew in 1992, only two remain in active, pastoral ministry. Three retired early, four have suffered with a serious illness, one of whom has passed away, three had serious emotional struggles, two have gone through divorces and one left the ministry and two left the pastoral ministry—several living through combinations of these. These figures do not include the effects upon those who were involved in the response as neighboring pastors, long-term response staff, and long-term volunteers. During the Andrew response we were simply unaware of the ways in which clergy need to be encouraged and at some times, required to care for their own emotional and spiritual health. I believe today that emotional and spiritual care for clergy and other staff who take on major care giving and response roles is an essential part of disaster response. We now consider it to be a regular part of our response plan, to provide retreats, get-a-way opportunities, fill-in and support pastors, and counseling for clergy and staff that are struggling with the long-term effects of this special kind of care-giving.”



All along the Disaster Management Continuum, care givers will be tempted to pour themselves into this work in ultimately unhealthy ways. Yet maintaining a strong sustained response requires persons to remain vigilant to their own needs for self-care. Organizations concerned for the well-being and retention of experienced persons will make Emotional, Mental and Spiritual Care for the Care Giver a top priority.

Care Givers themselves cannot be expected to self-police themselves on these important issues because many will not. Disaster Response

Organizations' Leadership and Management must take responsibility in attending to the emotional, mental health and spiritual needs of staff and volunteers. Further, organizations must not send mixed signals on this important point: that is, speaking about the importance of self-care but making no provision in scheduling for it. Leadership and Management must personally model healthy work habits to encourage staff to do the same.

Many organizations have learned from past experiences and have designed channels to provide for the long-term needs of care givers. The Resources Section of this guide includes links to programs and strategies for care giver self care.

Some tips and guidelines to mitigate Compassion Fatigue on the organizational level include:



Before Disaster Strikes:

- Training on issues of Self-Care, Burn-Out and Compassion Fatigue.
- Self-Scoring Tests such as the ProQOL to assess pre-disaster stress levels.

During Emergency Response:

- Team Alertness to needs for self-care.
- Careful management of work loads of staff and volunteers.
- Scheduling end-of-shift and end-of-job debriefing opportunities.
- Periodic re-assessment of stress levels.

After Emergency Response:

- Provision of special off-time for response workers.
- Times of group observance and reflection on anniversaries of key events.
- Demonstration of a commitment to provide professional mental health support.

Some tips to mitigate Compassion Fatigue on the personal level include:

- Pamper yourself, you deserve it!
- Listen to some music
- Keep a journal
- Eat regular well-balanced meals (even if you don't feel like it)
- Exercise; get fresh air
- Meditate or pray
- Reach out to other people
- Get plenty of rest
- It's OK not to feel OK.
Let others know how you feel
- Be aware that overuse of alcohol only numbs feelings, it doesn't take them away.



SECTION FIVE

A Disaster Response Worker must communicate openly with her/his own loved ones about how it feels to be deeply affected by the work. You might suggest to your loved ones that they:

- Spend time with you
- Listen carefully
- Reassure you that you are safe
- Give you some private time
- Help you with everyday tasks such as cleaning, cooking or taking care of children
- Don't minimize your experience
- Don't take your anger or other feelings personally



Fortunately, many important lessons have been learned about Emotional, Mental Health and Spiritual Care for the Care Giver. Applying these lessons along the Disaster Management Continuum on personal and organizational levels promises to mitigate the threats inherent to those who reach out to provide care in times of disaster.

ADDITIONAL RESOURCES:

www.Jascoflu.com

Ready In 3: Three Steps to Prepare for an Emergency
www.dhss.mo.gov/Ready_in_3/messages.pdf

DHSS Emergency supply list at www.ready.gov

U.S. Department of Health & Human Services
www.pandemicflu.gov/plan/faithcomchecklist.html

Church World Service Emergency Response Program
www.cwserp.org/training/

www.healthministries.info/flu.html

It's Not Flu as Usual-Brochure
<http://healthyamericans.org/reports/flu/brochures/>

The Great Pandemic: The U.S. in 1918-1919
<http://1918pandemicflu.gov/>

Your Health is in your Clean Hands—provided by Champaign Urbana Public Health District
www.cuphd.org

Current Situation:
www.cdc.gov/flu/avian/outbreaks/current.htm
www.who.int/csr/disease/avian_influenza/phase/en/index.html

H5N1 avian influenza: Timeline of major events
World Health Organization
www.who.int/csr/disease/avian_influenza/timeline2008_01_02.pdf

REFERENCES:

Health Ministry Network of Minnesota

www.healthministries.info

Hamilton County General Health

www.hamiltoncountyhealth.org

U.S. Pandemic Influenza website

www.pandemicflu.gov

Centers for Disease Control & Prevention

www.cdc.gov

Tacoma-Pierce County Health Department

www.tpchd.org/pandemicflu

World Health Organization

www.who.int

Trust for America's Health

www.healthyamericans.org

U.S. Department of Health & Human Services

www.pandemicflu.gov/plan/community/faithcomchecklist.html

U.S. Department of Homeland Security

www.ready.gov

Church World Service

www.cwserp.org

Michigan Department of Community Health

www.michigan.gov/mdch

Kalamazoo County Health & Community Services

www.kalcounty.com/hcs

Extension Disaster Education Network

www.eden.lsu.edu/

Virginia Department of Health

www.vdh.virginia.gov

National Health Ministries-Presbyterian Church USA

www.pcusa.org/nationalhealth

Consumer Federation of America

www.consumerfed.org

U.S. Department of Agriculture

www.usda.gov/birdflu

National Chicken Council

www.avianinfluenzainfo.com

Campaign Urbana Public Health District www.cuphd.org

www.stock2forflu.com

Pew Charitable Trusts

www.pewtrusts.org/

Washington State Health Dept.

www.doh.wa.gov/panflu

Catholic Online

www.catholic.org

1. Get a Kit of emergency supplies.

Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

Recommended Supplies to Include in a Basic Kit:

- ✓ **Water** one gallon per person per day, for drinking and sanitation
- ✓ **Non-perishable Food** at least a three-day supply
- ✓ Battery-powered or hand crank **radio** and a **NOAA Weather Radio** with tone alert and **extra batteries** for both
- ✓ **Flashlight** and **extra batteries**
- ✓ **First Aid kit**
- ✓ **Whistle** to signal for help
- ✓ **Filter mask** or cotton t-shirt, to help filter the air
- ✓ **Moist towelettes, garbage bags** and **plastic ties** for personal sanitation
- ✓ **Wrench** or **pliers** to turn off utilities
- ✓ **Manual can opener** if kit contains canned food
- ✓ **Plastic sheeting** and **duct tape** to shelter-in-place
- ✓ **Important Family Documents**
- ✓ **Items for unique family needs**, such as daily prescription medications, infant formula or diapers



Consider two kits. In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

2. Make a Plan for what you will do in an emergency.

Plan in advance what you will do in an emergency. Be prepared to assess the situation. Use common sense and whatever you have on hand to take care of yourself and your loved ones.

Develop a Family Emergency Plan. Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. **Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.** It may be easier to make a long-distance phone call than to call across town, so an **out-of-town contact** may be in a better position to communicate among separated family members. Be sure each person knows the phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the phone system may be down altogether, but be patient. Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. Use common sense and the information you are learning here to determine if there is immediate danger. **Watch television and listen to the radio for official instructions as they become available.**



Preparing Makes Sense. Get Ready Now.

Create a Plan to Shelter-in-Place. There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits. Use all available information to assess the situation. Quickly bring your family and pets inside, lock doors, and close windows, air vents and replace dampers. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. Watch TV, listen to the radio or check the Internet for instructions from local emergency management officials.

Create a Plan to Get Away. Plan in advance how you will assemble your family and anticipate where you will go. **Choose several destinations in different directions** so you have options in an emergency. If you have a car, keep at least a half tank of gas in it at all times. **Become familiar with alternate routes as well as other means of transportation** out of your area. If you do not have a car, plan how you will leave if you have to. **Take your emergency supply kit**, unless you have reason to believe it is contaminated and lock the door behind you. Take pets with you if you are told to evacuate, however, if you are going to a public shelter, keep in mind they may not be allowed inside. If you believe the air may be contaminated, drive with your windows and vents closed and keep the air conditioning and heater turned off. Listen to the radio for instructions. Know Emergency Plans at school and work. **Talk to your children's schools and your employer about emergency plans.** Find out how they will communicate with families during an emergency. If you are an employer, be sure you have an emergency preparedness plan. Review and practice it with your employees. A community working together during an emergency also makes sense. **Talk to your neighbors about how you can work together.**

3. Be Informed about what might happen.

Some of the things you can do to prepare for the unexpected, such as assembling a supply kit and developing a family emergency plan, are the same for both a natural or manmade emergency. However there are significant differences among potential terrorist threats, such as biological, chemical, explosive, nuclear and radiological, which will impact the decisions you make and the actions you take. By beginning a process of learning about these specific threats, you are **preparing yourself** to react in an emergency. Go to **ready.gov** to learn more about potential terrorist threats and other emergencies or call **1-800-BE-READY** (1-800-237-3239) for a free brochure. Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. Also learn about your community's local emergency plan. With these simple preparations, you can be ready for the unexpected.

4. Get Involved in preparing your community.

After preparing yourself and your family for possible emergencies, take the next step and get involved in preparing your community. Learn more about **Citizen Corps**, which actively involves citizens in making our communities and our nation safer, stronger and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train and volunteer in their communities. Go to **www.citizencorps.gov** for more information and to get involved.

1. Get a Kit of pet emergency supplies.

Just as you do with your family's emergency supply kit, think first about the basics for survival, particularly food and water.

- ✓ **Food:** Keep at least three days of food in an airtight, waterproof container.
- ✓ **Water:** Store at least three days of water specifically for your pets, in addition to water you need for yourself and your family.
- ✓ **Medicines and medical records:** Keep an extra supply of medicines your pet takes on a regular basis in a waterproof container.
- ✓ **First aid kit:** Talk to your veterinarian about what is most appropriate for your pet's emergency medical needs. Most kits should include cotton bandage rolls, bandage tape and scissors; antibiotic ointment; flea and tick prevention; latex gloves, isopropyl alcohol and saline solution. Include a pet first aid reference book.
- ✓ **Collar with ID tag, harness or leash:** Your pet should wear a collar with its rabies tag and identification at all times. Include a backup leash, collar and ID tag in your pet's emergency supply kit.
- ✓ **Important documents:** Place copies of your pet's registration information, adoption papers, vaccination documents and medical records in a clean plastic bag or waterproof container and also add them to your kit.
- ✓ **Crate or other pet carrier:** If you need to evacuate in an emergency situation take your pets and animals with you, provided that it is practical to do so.
- ✓ **Sanitation:** Include pet litter and litter box if appropriate, newspapers, paper towels, plastic trash bags and household chlorine bleach to provide for your pet's sanitation needs. You can use bleach as a disinfectant (dilute nine parts water to one part bleach), or in an emergency you can also use it to purify water. Use 8 drops of regular household liquid bleach per gallon of water, stir well and let it stand for 30 minutes before use. Do not use scented or color safe bleaches or those with added cleaners.
- ✓ **A picture of you and your pet together:** If you become separated from your pet during an emergency, a picture of you and your pet together will help you document ownership and allow others to assist you in identifying your pet. Include detailed information about species, breed, age, sex, color and distinguishing characteristics.
- ✓ **Familiar items:** Put favorite toys, treats or bedding in your kit. Familiar items can help reduce stress for your pet.

Consider two kits. In one, put everything your pets will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you and your pets have to get away.

2. Make a Plan for what you will do in an emergency.

Plan in advance what you will do in an emergency. Be prepared to assess the situation. Use common sense and whatever you have on hand to take care of yourself and ensure your pet's safety during an emergency.



Preparing Your Pets for Emergencies Makes Sense. Get Ready Now.

Evacuate. Plan how you will assemble your pets and anticipate where you will go. If you must evacuate, take your pets with you, if practical. If you go to a public shelter, keep in mind your pets may not be allowed inside. Secure appropriate lodging in advance depending on the number and type of animals in your care. Consider family or friends outside your immediate area who would be willing to take in you and your pets in an emergency. Other options may include: a hotel or motel that takes pets or some sort of boarding facility, such as a kennel or veterinary hospital that is near an evacuation facility or your family's meeting place. Find out before an emergency happens if any of these facilities in your area might be viable options for you and your pets.

Develop a buddy system. Plan with neighbors, friends or relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so. Talk with your pet care buddy about your evacuation plans and show them where you keep your pet's emergency supply kit. Also designate specific locations, one in your immediate neighborhood and other farther away, where you will meet in an emergency.

Talk to your pet's veterinarian about emergency planning. Discuss the types of things you should include in your pet's emergency first aid kit. Get the names of vets or veterinary hospitals in other cities where you might need to seek temporary shelter. Also talk with your veterinarian about microchipping. If you and your pet are separated, this permanent implant for your pet and corresponding enrollment in a recovery database can help a veterinarian or shelter identify your animal. If your pet is microchipped, keeping your emergency contact information up to date and listed with a reliable recovery database is essential to you and your pet being reunited.

Gather contact information for emergency animal treatment. Make a list of contact information and addresses of area animal control agencies including the Humane Society or ASPCA and emergency veterinary hospitals. Keep one copy of these phone numbers with you, and one in your pet's emergency supply kit. Obtain "Pets Inside" stickers and place them on your doors or windows, including information on the number and types of pets in your home to alert firefighters and rescue workers. Consider putting a phone number on the sticker where you could be reached in an emergency. And, if time permits, remember to write the words "Evacuated with Pets" across the stickers, should you evacuate your home with your pets.

3. Be Prepared for what might happen.

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit for yourself, your family and your pets, is the same regardless of the type of emergency. However, it's important to say informed about what might happen and know what types of emergencies are likely to affect your region.

Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. With these simple preparations, you can be ready for the unexpected. Those who take the time to prepare themselves and their pets will likely encounter less difficulty, stress and worry. Take the time now to get yourself and your pet ready.

Developed in partnership with:



AMERICAN
KENNEL CLUBSM



For more information, visit ready.gov or call 1-800-BE-READY

1. Get a Kit of emergency supplies.

Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

Recommended Supplies to Include in a Basic Kit:

- ✓ **Water:** one gallon per person per day, for drinking and sanitation
- ✓ **Non-perishable food:** at least a three-day supply
- ✓ **Flashlight and extra batteries**
- ✓ **First Aid kit**
- ✓ **Whistle** to signal for help
- ✓ **Filter mask** or cotton t-shirt, to help filter the air
- ✓ **Moist towelettes, garbage bags and plastic ties** for personal sanitation
- ✓ **Wrench or pliers** to turn off utilities
- ✓ **Battery-powered or hand crank radio** and a NOAA Weather Radio with tone alert and **extra batteries**
- ✓ **Manual can opener** if kit contains canned food
- ✓ **Plastic sheeting and duct tape**, to shelter -in-place
- ✓ **Important family documents**
- ✓ **Items for unique family needs**, such as daily prescription medication or pet food



Include Medications and Medical Supplies: If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week and keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare. If you undergo routine treatments administered by a clinic or hospital or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and other areas you might evacuate to.

Include Emergency Documents: Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well. If you have a communication disability, make sure your emergency information list notes the best way to communicate with you. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

Additional Items: If you use eyeglass, hearing aids and hearing aid batteries, wheelchair batteries or oxygen, be sure you always have extras in your kit. Also have copies of your medical insurance, Medicare and Medicaid cards readily available. If you have a service animal, be sure to include food, water, collar with ID tag, medical records and other emergency pet supplies.

Consider two kits: In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

2. Make a Plan for what you will do in an emergency.

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life.

Develop a Family Emergency Plan: Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. **Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.** It may be easier to make a long-distance phone call than to call across town, so an **out-of-town contact** may be in a better position to communicate among separated family members. Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. **Watch television and listen to the radio for official instructions as they become available.**

Create a Personal Support Network: If you anticipate needing assistance during a disaster, **ask family, friends and others to be part of your plan.** Share each aspect of your emergency plan with everyone in your group, including a friend or relative in another area who would not be impacted by the same emergency who can help if necessary. Include the names and numbers of everyone in your personal support network, as well as your medical providers in your emergency supply kit. Make sure that someone in your personal support network has an extra key to your home and knows where you keep your emergency supplies. If you use a wheelchair or other medical equipment, show friends how to use these devices so they can move you if necessary and teach them how to use any lifesaving equipment or administer medicine in case of an emergency. Practice your plan with those who have agreed to be part of your personal support network.

Create a Plan to Shelter-in-Place: There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. **Listen to the radio** for instructions from local emergency management officials.

Create a Plan to Get Away: Plan in advance how you will assemble your family and anticipate where you will go. **Choose several destinations in different directions** so you have options in an emergency. **Become familiar with alternate routes as well as other means of transportation** out of your area. If you do not have a car, plan how you will leave if you have to. If you typically rely on elevators, have a back-up plan in case they are not working. **Talk to your neighbors about how you can work together.**

Consider Your Pets: Whether you decide to stay put or evacuate, you will need to make plans in advance for your service animal and pets. Keep in mind that what's best for you is typically what's best for your animals. If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, make sure that they allow pets. Some only allow service animals.

Fire Safety: Plan two ways out of every room in case of fire.

Contact Your Local Emergency Information Management Office: Some local emergency management offices maintain registers of older people so they can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live or visit ready.gov to find links to government offices in your area.

3. Be Informed about what might happen.

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Developed in partnership with:



**Homeland
Security**



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Inform your employer and co-workers about your disability and let them know specifically what assistance you will need in an emergency. Talk about communication difficulties, physical limitations, equipment instructions and medication procedures. Always participate in trainings and emergency drills offered by your employer.

Create a Plan to Shelter-in-Place: There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. **Listen to the radio** for instructions from local emergency management officials.

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Fire Safety: Plan two ways out of every room in case of fire. Check for items such as bookcases, hanging pictures or overhead lights that could fall and block an escape path.

Contact Your Local Emergency Information Management Office: Some local emergency management offices maintain registers of people with disabilities and other special needs so you can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live. In addition, wearing medical alert tags or bracelets that identify your special needs can be a crucial aid in an emergency situation.

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Family Emergency Plan

This version of the Family Emergency Plan was created using MS Excel software.

All cells are active - so be careful not to delete captions. It is recommended that you make a copy of the Blank file prior to doing data entry, so that you can restore any parts that may have been inadvertently deleted.

Virtually all of the caption text uses a smaller font size than the data you will enter. Font face, size and style can be modified to suit your taste using Excel's Format > Cell function.

Please do not change any of the language if you plan to distribute this to others. If the Homeland Security logo remains on this document, the content must remain as is.

If you find that you need to enter more data than each cell allows, the cells have been formatted to wrap text to fit within the boundaries of a single cell (like the one you are reading now). However, note that each page of the document is intended to be a stand-alone page. Wrapping text will almost always cause a page break.

If you are used to working with Excel and have trouble entering your data the way you would like it to appear, find someone who is familiar with Excel or any other good spreadsheet program that can import and manipulate Excel files.

You can restore the single page format by either setting the print output to fit to 1 page - or by selecting Page Setup in the File Menu and entering a % page size under the Page Tab that shrinks the print output sufficiently to fit on a single page. You may also experiment with font face, style and size to keep the data you entered from wrapping to more than one line.

Also **remember that you are recording sensitive personal information**, including if you desire, social security and other financially and medically sensitive information. **This information should be guarded and used carefully**. For this reason, you may wish to "encode" some information in a manner known only to you and not easily decipherable by others who do not know you.

The information you enter is intended to be used only in an emergency when you or people you trust may not have access to it.

Good plans save lives and hassles. So, prepare, plan and stay informed.



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name:	Telephone Number:
Email:	Telephone Number:
Neighborhood Meeting Place:	Telephone Number:
Regional Meeting Place:	Telephone Number:
Evacuation Location:	Telephone Number:

Fill out the following information for each family member and keep it up to date.

Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One	School Location One
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Work Location Two	School Location Two
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Work Location Three	School Location Three
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Other place you frequent	Other place you frequent
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
GP:			
Other:			
Other:			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian / Kennel(for pets):			



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT INFORMATION

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION

ADDITIONAL IMPORTANT INFORMATION

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< FOLD HERE >

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
 TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

DIAL 911 FOR EMERGENCIES

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
 TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

DIAL 911 FOR EMERGENCIES

ADDITIONAL IMPORTANT INFORMATION

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< FOLD HERE >

Family Emergency Plan

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 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

Family Emergency Plan

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 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

HOME EMERGENCY KIT

Do NOT call **911** for information, use **911** only if needing emergency assistance.
Listen to your radio for hotline numbers to call for information, and/or assistance, or call **2-1-1**.

Keep items in airtight plastic bags, and put your entire disaster supplies kit in one or two easy to carry containers, such as an unused trash can, camping backpack or duffle bag. Update your kit as your family's needs change.

Check off supplies as added to your home kit:

- Food and Water
- Manual can opener
- Utensils
- First-aid kit
- Flashlight
- Battery operated radio
- Battery charger for cell phone
- Batteries for radio and charger
- Cash in small denominations and coins
- Unscented liquid household bleach for water purification and cleaning
- Personal hygiene items, including toilet paper, feminine supplies, lotion and soap
- Sturdy shoes
- Heavy gloves
- Warm clothes, a hat, and rain gear (poncho)
- A local and state map
- Extra prescription eyeglasses, hearing aid or other vital personal items
- Plastic sheeting, duct tape and utility knife for covering broken windows, or sheltering in place
- Tools including pliers and a shut-off wrench to turn off utilities if necessary (also include instructions on how to turn off gas and water)
- Blanket or sleeping bag
- Extra keys to your house and vehicle(s)
- A copy of important documents and phone numbers
- Paper towels, aluminum foil
- Fire Extinguisher
- Paper, pencils
- Large plastic bags for waste and sanitation
- Tent
- Matches in sealed waterproof container
- Pet supplies
- Plastic storage containers and zip-lock bags of various sizes
- Signal flare
- Needle, thread and various sizes of safety pins
- Eye dropper

First Aid Kit



- Two pairs of disposable gloves
- Sterile dressings
- Gauze bandages
- Cleansing agent/soap, antibiotic towelettes
- Antibiotic ointment
- Burn ointment
- Thermometer
- Adhesive bandages in a variety of sizes
- Adhesive tape, 2-inch width
- Eye-wash
- Cold pack
- Scissors
- Cotton swabs
- Tweezers

- Over-the-counter medicines such as aspirin or other pain reliever laxative, anti-diarrhea medication, antacid

- Daily prescription medications such as insulin, heart medicine or asthma inhaler

- Prescribed medical supplies such as glucose monitoring equipment or blood-pressure monitors

FOOD

Store a two weeks supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies also, such as power outages, floods, tornadoes and other disasters.....

- ▶ Ready to eat canned meats (chicken, tuna, spam), fruits and vegetables
- ▶ Canned juices, milk and soup (low sodium)
- ▶ High energy foods, such as peanut butter and jelly, crackers, granola bars, and trail mix
- ▶ Comfort foods, such as hard candy, sweetened cereals, candy bars and cookies
- ▶ Dried foods (Low sodium)
- ▶ Instant meals that do not require cooking or water
- ▶ Vitamins
- ▶ Protein or fruit bars
- ▶ Nuts
- ▶ Special needs food items (Ensure, Pedialyte, Protein drinks, etc)
- ▶ Powdered milk

WATER

- ▶ Store 1 gallon of water per person and pet per day.
- ▶ Seal water container tightly in a clean food-grade plastic container, label them with the date, and store in a cool dark place
- ▶ Rotate water supplies every six months. (Water can develop bacteria or algae from microscopic cracks in the container.)
- ▶ Keep a small bottle of unscented liquid bleach to purify water (Add eight drops of bleach to each gallon of water. Shake or stir, let stand 30 minutes.)



OSHKOSH
ON THE WATER

FOOD SHELF LIFE

General guidelines for rotating common emergency foods. Write the date you store food and water on all items and containers.

- **Use within six months:** Powered milk (boxed); dried fruit; dry, crisp crackers
- **Use with one year:** Canned condensed meat and vegetables; ready to eat cereals; peanut butter and jelly; hard candy and canned nuts; vitamin C
- **May be stored indefinitely** (in proper containers and conditions): Wheat, vegetable oils, dried corn, baking powder, soybeans, instant coffee, tea, and cocoa, salt, non-carbonated soft drinks, white rice, bouillon products, dry pasta, powdered milk (in nitrogen-packed cans)
- **Check your stocks when you check your clocks** two times a year, at daylight savings time. Check the expiration dates and for broken seals on packages or dented containers-use/discard.


IMPORTANT DOCUMENTS:


Keep originals of legal documents in an off-site safe-deposit box:


- Birth certificates, adoption paper
- Marriage certificate
- Social Security cards
- Military discharge
- Health insurance ID cards
- Life insurance policies
- Property insurance policies
- Auto registration/ownership papers
- Naturalization documents
- Power of attorney
- Will
- Passport
- Real estate deeds of trust
- Previous year tax returns
- Contact info of attorney and insurance agents
- Inventory of valuables with photographs

MAINTAINING CONTACT

 Determine the best two escape routes from your home

 Plan where to meet if your home becomes unsafe. Choose two places, one just outside your home, and one outside your neighborhood.

 Designate a contact person far enough away to not be affected by the same emergency. Each family member should have this number entered into their cell phone, and it should be posted by the home phone. Instruct family members to call this person and tell them where they are, and their status.

 If you have a cell-phone, include an emergency contact in your phone book. Put the letters **ICE** for “in case of emergency” before a person’s name to let rescuers know whom to contact.

EVACUATION BAG:

An easy to carry bag with an ID for use for an evacuation. Include the following:

- Some water, food and manual can opener
- Personal medications and prescriptions
- Warm clothes, hat and rain gear (poncho)
- Dust Mask
- Paper, pens and tape (for leaving messages)
- Copies of insurance and ID cards
- Recent picture of family including pets
- For children include favorite game, cards coloring books, etc.
- Flashlight and batteries
- Whistle
- Extra keys to your house and vehicle
- Extra Rx glasses, or hearing aid
- Pocket knife, compass
- Cash in small denominations
- Change of clothes for each family member

SHELTERING IN PLACE:

1. Go inside as quickly as possible. Bring any outdoor pets indoors. **2.** If there is time, shut and lock all outside doors and windows. Locking them may pull the door or window tighter and make a better seal against the chemical. Turn off the air conditioner or heater. Turn off all fans, too. Close the fireplace damper and any other place that air can come in from outside. **3.** Go in the shelter-in-place room and shut the door. **4.** Tape plastic over any windows in the room. Use duct tape around the windows and doors and make an unbroken seal. Use the tape over any vents into the room and seal any electrical outlets or other openings. **5.** Listen to the radio for an announcement indicating that it is safe to leave the shelter.