PANDEMIC

PREPAREDNESS TOOLKIT FOR NYC FAITH COMMUNITIES

PLANNING GUIDE

NYDIS
NEW YORK DISASTER
INTERFAITH SERVICES

HOW
HOUSE OF WORSHIP
ready™

This page intentionally left blank.

INTRODUCTION

At the request of NYC Department of Health and Mental Hygiene (DOHMH), and with support from the Fund for Public Health in New York City, New York Disaster Interfaith Services (NYDIS) adapted this toolkit for congregation leaders to utilize during respiratory pandemics, such as COVID-19. This Pandemic Preparedness Toolkit for NYC Faith Communities is adapted from the "Pandemic Community Preparedness Toolkit" published by the NYC DOHMH with the City University of New York School of Professional Studies as a tool for nonprofit community leaders.

This work was made possible by NYDIS' Faith Sector Community Preparedness Program (FSCPP), a program whose purpose is to build resilience in New York City congregations and faith-based nonprofits through all phases of the disaster life cycle. The FSCPP was formed in 2017 in response to a needs assessment conducted jointly by NYDIS and the NYC DOHMH, and the program's implementation is guided by an Advisory Committee made up of nineteen religious leaders and twelve key stakeholders.

The FSCPP is a model for city-wide engagement of faith communities in disaster and public health readiness. We hope that the tools and resources developed by the FSCPP build resilience in New York City, and that the best practices formed here can be adapted to your local context.

The 2020-2021 FSCPP Advisory Committee:

Hanadi Doleh, Interfaith Center of New York (Co-Chair)
Zack Hodgson, The Salvation Army, Greater NY Division (Co-Chair)
Br. Raja Abdulhaq, Majlis-Ashura (Islamic Leadership Council) of New York
Capt. Brenda-Berkman (Ret.), Fifth Avenue Presbyterian Church
Imam Gareth Bryant, Northwell Lenox Hill Hospital
Apostle David T. Cockfield, Battalion Pentecostal Assembly Church, Inc.
David Duffy, The Church of Jesus Christ Later-Day Saints
Richard Espinal, Catholic Charities of the Archdiocese of New York
Denean Ferguson, Queens Recovery and Resiliency/FRANC Arverne Church of God
Christopher George, The Church of Jesus Christ Later-Day Saints
Peter B. Gudaitis, New York Disaster Interfaith Services
Satjeet Kaur, The Sikh Coalition
Rev. James Lynch, Buddhist Council of New York
Jonathan Marx, UJA Federation of New York
Ramaswamy Mohan, The Hindu Temple Society in Flushing
Pastor Gilford Monrose, Brooklyn Borough President's Office; Mt. Zion Church of God
James Park, Church and Location Metropolitan District; United Methodist Church
Rabbi Dr. Janise Poticha, Temple Sinai of Massapepqua; NY Board of Rabbis
Sahej Preet, The Sikh Coalition
Richard Slizeski, Catholic Charities – Brooklyn and Queens; Diocese of Brooklyn
Linda Sussman, United Synagogue of Conservative Judaism (USCJ)
Araif Yusuff, Islamic Relief USA

WHAT IS A RESPIRATORY PANDEMIC?

"A global outbreak of respiratory disease that occurs when a new virus appears or "emerges" in the human population, spreading from person to person world-wide causing serious illness. Respiratory pandemics may cause a severe impact to an organization's ability to perform its essential functions."[1]

Respiratory pandemics can vary in severity from mild to especially severe respiratory infections like COVID-19 causing high levels of illness, death, social disruption, and economic loss. It is impossible to predict when the next pandemic will occur or how severe it may be."[2]

How is this different from seasonal flu:

- "Seasonal influenza occurs annually, generally during the fall and winter months.

- People might not have natural immunity to a new or 'novel' strain of a respiratory virus, so it would spread rapidly.

- A vaccine may not be available until many months after a pandemic begins.

WHY PREPARE FOR PANDEMICS?

There are people in your community that depend on your congregation or faith-based organization and the services and support you provide. During a pandemic, you'll likely experience staff and supply shortages, have to identify additional needs in your congregation and surrounding community, and you'll need to provide information to people in your faith community who may be confused about what to do. It's a lot easier to address issues beforehand than to try and do it once the pandemic is happening. You may not be able to address every issue that arises, but by planning ahead of time you can minimize the impact these challenges will have on your congregation or faith-based organization and your faith community.

What do I call it?

There are a variety of different viruses that can cause respiratory pandemics, such as COVID-19, and even more ways they may be referred to by the medical community, news media, political leaders and the general public. This can all be very confusing for your community. Consider the following when communicating:

Informal Terms (Coronavirus, Flu): Use this when the communication is informal, like you're speaking conversationally with people who have some familiarity with the situation.

The Specific Virus Name (COVID-19, SARS, H1N1): Use this when you need to be specific and scientifically accurate. This term may be unfamiliar or even sound "scary" so try not to use it when giving general information to people.

Pandemic: Use this when talking about the spread of the virus. This term can be used to refer to the spread of many different viruses. This can be a useful term if you're referring to things like hand washing, which can be used to deter the spread of many diseases.

[1] Continuity Planning for Pandemic Influenza, U.S. Dept. of Homeland Security, Federal Emergency Management Agency.
[2] Guidance on Preparing Workplaces for an Influenza Pandemic, U.S. Dept. of Labor, Occupational Safety and Health Administration, U.S. Dept. of Health and Human Services, 2007.

HOW TO USE THIS PLANNING TOOLKIT

TOOLS

Checklists
Checklists describe a series of steps which should be taken to complete a task.

Guidelines
Simple planning tools and exercises will sometimes be employed to help you plan for specific needs.

Tear-Outs
Tear-outs are pages or sections which may be removed from the toolkit in order to have them as a quick reference for yourself or to share them with others.

Templates
Templates are form documents which have some standard content already in place but leave information specific to your needs blank so that you may fill them out for your faith community. Samples of existing documents and materials, created by other organizations for use in specific scenarios, are provided to help develop materials for your own congregation or faith-based organization.

TOOLKIT COMPONENTS

1. The Quick Guide

The Quick Guide, appearing just after this introductory section, covers the major actions you'll need to take at the onset of a pandemic.

2. The Planning Guide

The Planning Guide includes detailed guidance, references, resources, and other materials. You should use this to prepare yourself and your faith community before an emergency happens.

TABLE OF CONTENTS

This page intentionally left blank.

1 QUICK GUIDE

This quick guide is a tear-out you can separate from the rest of the planning guide. It is a series of checklists to help you quickly get started by giving you the most critical steps in preparing for and responding to a pandemic scenario, such as COVID-19. This quick guide corresponds to the larger planning guide. Both the Quick Guide and the Planning Guide are structured around the concepts of the 3 C's of pandemic planning.

THE 3 C'S OF PANDEMIC PLANNING

Use the 3 C's to help you plan for a pandemic. The 3 C's are community, communication, and continuity.

COMMUNITY

This toolkit will help you identify all those people that make up your faith community, both leadership/staff and congregants/clients and how you may best work with them during a pandemic event.

COMMUNICATION

This toolkit will help you identify the important factors in developing a communication plan for your faith community.

CONTINUITY

This toolkit will help you identify ways to assist both your congregation's or faith-based organization's abilities and your congregants' or clients' abilities to maintain continuity by identifying considerations such as organizational structure, costs and operations planning.

1.1

DESCRIBE YOUR COMMUNITY

The first step in preparing for and responding to a pandemic scenario is understanding the community your congregation or faith-based organization supports and those that support your congregation or faith-based organization.

For more detailed information about your faith community, see Section **2.1** on page **27** in the Planning Guide.

1.1.1 DEFINE YOUR LEADERSHIP AND STAFF

Your leadership and staff are your ordained and lay leadership, other leadership, management, general staff, and your volunteers.

Use the following checklist to determine if a group is part of your leadership/staff. If any one of these is true, they should be considered part of your leadership/staff:
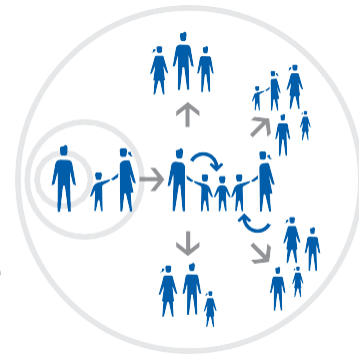
☐ Provide an essential function at one or more of your houses of worship or facilities

☐ Provide an essential function by going directly out into the community

☐ Make leadership decisions for your staff and/or volunteers

☐ Direct other staff in their day-to-day activities

☐ Work directly with staff to accomplish congregational or organizational tasks

Keep track of the people in your leadership/staff by creating an organizational chart. For instructions on how to make one, please turn to Supplemental Documents, page **90**.

For more detailed information about what groups and individuals make up your leadership/staff, see Section **2.1.1** on page **28** in the Planning Guide.

Once you have identified the people in your leadership/staff, make a list of them and think about the following important things:

• Do you have contact information for **all people** (key contacts) who are involved in your congregation or faith-based organization?

• How many points of contact do you have for each person or group (home phone, cell phone, work email, personal email)? Consider having at least three.

• How current is the contact information, and when is the last time you checked it?

• Is there someone who can take over their duties if they aren't available?

• Do you have the resources and authority to assign someone to take over their duties before or during an emergency?

1.1.2 DEFINE YOUR CONGREGANTS, CLIENTS, AND CONTACTS

Your congregants, clients, and contacts may include your congregants, clients, vendors, and contractors, as well as judicatories, religious networks, partner agencies and groups.
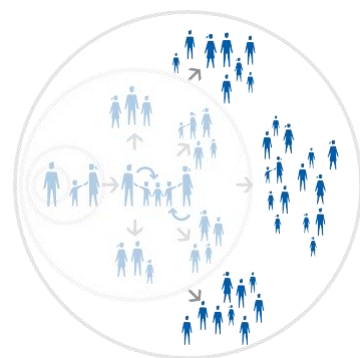
Use the following checklist to determine if an individual or group is a congregant, client, or contact. If any one of these is true, then they are part of your congregant/client community:

☐ Your congregation or faith-based organization provides services directly that affect their quality of life

☐ Provide essential supplies to your clergy, leadership, staff, volunteers, congregants, or clients

☐ Provide essential services to your clergy, leadership, staff, volunteers, congregants, or clients

For more detailed information to help you determine what type of individuals and groups make up your congregants, clients, and contacts, see Section **2.1.2** on page **29** in the Planning Guide.

Use the following checklist to determine how critical the individuals or groups you've just identified are to the ongoing function of your congregation or faith-based organization, and also how critical your congregation or faith-based organization is to their quality of life.

☐ The services we provide are essential to their quality of life.

☐ The services they provide are essential to maintain our congregant's or client's quality of life.

☐ Our congregation or faith-based organization cannot function without the services they provide.

☐ Our congregation or faith-based organization cannot function without the supplies they provide.

✔ Identify the things that the people you help and people who help you may need to get through a pandemic. Use this checklist for all the people you've identified to help determine their individual needs.

☐ Additional supplies to maintain their functions or quality of life

☐ Additional staff or support

☐ Access to vaccinations as they become available[3]

☐ Additional preparedness training

1.2

PLAN YOUR COMMUNICATIONS

Now that you have identified your leadership/staff and your congregants/clients, think about how you can most effectively communicate with them and what information you need to share.
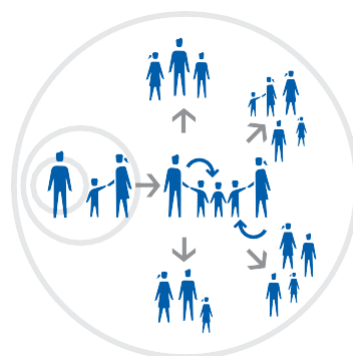
1.2.1 PLAN COMMUNICATIONS FOR YOUR LEADERSHIP AND STAFF

Identify what and how to communicate most effectively with your leadership/staff.

For more detailed information on the different communication types and needs of your faith community, see Section **2.2** on page **31** in the Planning Guide.

---

[3] Vaccinations may not always be available at the start of a pandemic, especially with a new strain of a virus. They may take months or longer to be developed.

✔ Determine which types of communication are most appropriate for each group. For example, your ordained leadership/management may require information about delegation of authority, while your general staff and volunteers may not. Select all that may apply.

☐ Continuity of operations information (who covers which positions if people are unavailable?)

☐ Delegation of authority (who is most qualified in an emergency if key leadership staff are not available?)

☐ Human resource policies around sick leave and working from home

☐ Information regarding vaccinations when available

☐ Training information (where, when, what)

☐ Personal and family preparedness information (have a go bag, evacuation plan, meeting points)

☐ General hygiene information (wash your hands, cover your cough)

For more detailed information to help you plan communications for your leadership/staff see, Section **2.2.1** on page **35** in the Planning Guide.

✔ Now that you've identified what you need to communicate to the different groups in your congregation or organization, determine the best way to share this information including translations if needed.

☐ Social media*

☐ Email

☐ Robocalling

☐ Memos

☐ Direct conversations

☐ Presentations or lectures

☐ In-house posters and signs

☐ External website

☐ Internal website (Intranet)

* Types of Social Media:

- Blog (like WordPress)
- Microblog (like Twitter)
- Podcast (like iTunes)
- Social Networking Site (like Facebook)
- Messaging Apps (Like WhatsApp and non-English apps like WeChat or KakaoTalk)
- Wiki (like Wikipedia)
- Widget (many social media services have widgets you can place on your computer desktop)
- Social Bookmarking (like StumbleUpon)
- Really Simple Syndication (RSS)
- Image/Video Sharing (like YouTube or TikTok)
- Internet Forum or Message Board (like Reddit)
- Mobile Website

Source: *Risk Communication and Social Media*, Dr Tim L Tinker, Grant McLaughlin, and Michael Dumlao, 2009.

Use the following chart to help you determine the best method of communication for each type of information. Match information type to the communication methods that you feel would be most effective for your leadership/staff.

TYPE OF INFORMATION

Continuity of operations information

Delegation of authority

Employment information

Information about vaccinations

Training information

Personal preparedness information

General hygiene information

Family preparedness information

COMMUNICATION METHOD

Social media

Email or Text

Robocalling and Phone Trees

Memos

Direct Conversations

Presentations or Lectures

In house posters and signs

External Website

Internal website (intranet)

1.2.2 PLAN COMMUNICATIONS FOR YOUR CONGREGANTS, CLIENTS, AND CONTACTS

Identify what to communicate and how to communicate most effectively with your congregants, clients, and contacts. Remember, the needs of your congregants/clients/contacts may differ greatly from those of your leadership/staff community.
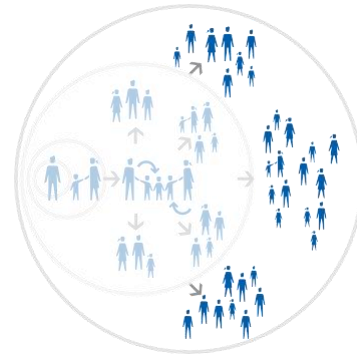
Use the following checklist to determine which types of communications you would share with either your congregants, clients, or contacts. Remember who you identified as a part of your congregants/clients/contacts earlier and think about how each of these groups may want different information.

☐ Changes to services, programs, rituals, and religious worship

☐ Special hours of operation or special methods of delivering services, for example, use of Personal Protective Equipment (PPE)

☐ General hygiene information (wash your hands, cover your cough)

☐ Information about vaccinations when available

☐ Personal and household preparedness information

☐ Government Service locations (Points of Dispensing)

☐ Partner organization information

☐ Government assistance information

> For more detailed information to help you plan communications for your congregants/clients/contacts, see Section **2.2.2** on page **38** in the Planning Guide.

✓ Now that you've identified what you need to communicate to the different groups in your congregation or organization, use the following checklist to determine the best way to share the information you've identified.

☐ Social media

☐ Websites

☐ Mass emails

> *Some in-person activities may not be advisable during certain pandemics. Consider doing web conferences or conference calls in place of these activities.

☐ Mass mailings

☐ Flyers and handouts

☐ Door to door canvassing[*]

☐ Presentations, lectures, or meetings[*]

☐ Posters, signs, or billboards

☐ Conference call

Here are two key considerations to determine the best type of communications for each category of information. The two columns list a number of information categories and a number of communication methods. When developing a communication plan, match the type of information with the most appropriate communication method.

TYPE OF INFORMATION

Special hours of operation

Changes to programs and worship

General hygiene information

Information about vaccinations

Family preparedness information

Service locations

Partner organization information

Government assistance information

Personal preparedness information

COMMUNICATION METHOD

Social media posts

Mass Texts

Mass emails

Mass mailings

Flyers and handouts

Door to door canvassing

Presentations or lectures

Communnity meetings

Posters, signs, or billboards

Your website

Partner organization websites

Web advertising

Radio

Television

This toolkit provides template letters you can adapt to meet the needs of your congregation or faith-based organization. Please turn to Template Letters, pages **71-88**.

For help customizing your pandemic communication plan for your congregation or faith-based organization, please use the guide in the Supplemental Documents section, page **91**.

For help writing a communication letter, please use the guide in the Supplemental Documents section, page **92**.

☑ Use the following checklist to determine any barriers to effective communication with different groups in your faith community.

☐ **Cultural barriers**: Does your communication use colors, symbols, gestures or words that may have a different meaning to cultures in your community? Are there restrictions on who may receive information such as male or female, or head of household only?

☐ **Language barriers**: Does your communication use all of the languages used throughout your faith and surrounding community?

☐ **Structural barriers:** Does your faith community face inequities due to race, ethnicity, immigration status, income or other characteristics? Ensure that these inequities are openly discussed and addressed in planning, as these experiences can strongly inform the plan.

☐ **Sensory barriers**: Are members of your faith community visually or hearing impaired or have other sensory disabilities which may affect their ability to receive the message?

☐ **Access barriers**: Can your audience gain access to where you are delivering your message? Is it available or located in specific areas, facilities, or other places (on the web/internet) that they may not have access to?

☐ **Comprehension barriers**: Is the information you're sharing with people presented in a clear and simple manner?

☑ Use the following checklist to identify potential solutions to each of the barriers you've identified.

☐ Work with judicatories, religious networks, partner congregations or organizations.

☐ Seek out government assistance.

☐ Work with community members.

☐ Find volunteers who can help.

1.3
PLAN FOR CONTINUITY

Now that you have a plan on how to communicate important information inside and outside your congregation or faith-based organization, your next step will be to prepare your congregation or faith-based organization to continue to function during a pandemic scenario. Identify the potential impacts a pandemic may have on your congregation or organization and the populations you serve — severe staff shortages, transportation problems, as well as shortages and gaps in your supply chain. Look for additional information from organizations like the New York City Department of Health and Mental Hygiene (NYC Health Department) and the Center for Disease Control (CDC) who will issue additional guidance during an actual pandemic.

> For more detailed information on planning for continuity, see Section **2.3** on page **46** in the Planning Guide.

1.3.1 BUILD RESILIENCE

Leadership/Staff

It's critical to begin planning now. Think about what plans you'll need in place should some, most or even all of your leadership, clergy, management and staff be unavailable. Determine what groups are critical to your operations and what they need to continue functioning.

Use the following checklist to determine which functions or services are critical to the continued work of your congregation or organization during a pandemic outbreak. Check all that apply.

☐ Senior leadership (ordained, lay, or other)

☐ Worship services

☐ Ritual programs

☐ Spiritual and pastoral care

> For more detailed information on building resilience, see Section **2.3.1** on page **47** in the Planning Guide.

> Create Orders of Succession (who takes over when one leader or manager is unavailable) and Delegations of Authority (define who has the power to put someone in charge of something they aren't usually in charge of). "Ensure orders of succession are three-deep and account for expected rate of absenteeism."
>
> *Guidance on Preparing Workplaces for an Influenza Pandemic*, U.S. Dept. of Labor, Occupational Safety and Health Administration, U.S. Dept. of Health and Human Services, 2007.

☐ Information technology

☐ Administration

☐ Human resources

☐ Finance, accounting, or payroll

☐ Marketing, communications, or external affairs

☐ Medical or mental health care in your facilities

☐ Medical or mental health care outside of your facilities

☐ Facilities maintenance and support

☐ Public safety or security

☐ Delivery services

☐ Food service

> For help determining your congregation's or faith-based organization's essential functions, please fill out the Identifying Organizational Functions worksheet on page **93** of the supplemental document section.

✓ Use the following checklist to determine staff members who are essential to the ongoing functions of your congregation or faith-based organization.

☐ Provide services for congregants or clients

☐ Provide information to congregants or clients

☐ Provide services for staff

☐ Provide information to staff

☐ Provide information to ordained leadership or management

✓ Use the preparedness and resource checklist below to determine what type of general support is required for essential staff to remain functional during a pandemic.

☐ Vaccination information when available

☐ Personal preparedness training

☐ Personal preparedness documents

☐ Telecommuting/working from home

☐ Personnel support

☐ Material support

From the specific staff functions you identified, determine what staff needs are required to continue to function.

Staffing and Pay	Working Environment and Leave	Support Services and Supplies
☐ Replacement staff ☐ Temporary staff ☐ Overtime pay	☐ Additional workspace ☐ Additional leave ☐ Permission to work from home	☐ Additional administrative supplies ☐ Day care (for adults and children) ☐ Emotional and spiritual care ☐ Personal Protective Equipment (masks, gloves) ☐ Transportation support

Congregants, Clients, and Contacts

You may need to provide additional services (or provide existing services in a new way) in order to help those you serve maintain continuity in their lives during a pandemic. In order to do this, you will need to determine what you can provide and how you can provide it.

What additional resources or services can you provide your congregants/clients/contacts to help them continue to function during a pandemic?

☐ Explanations related to changes in worship and rituals

☐ Religious resources and education guides

☐ Providing spiritual care for the sick, dying, and bereaved

☐ Pastoral or spiritual care for your congregation or faith community

☐ Conducting rituals related to death and dying

☐ Access to additional food sources

☐ Extra supplies

☐ Infant and toddler supplies

☐ Additional communication

☐ Business services

☐ Day care (for adults and children)

☐ Mental health support

☐ Transportation support

☐ Increased care or service delivery for your clients

1.3.2 ACCOUNT FOR ADDITIONAL COSTS

You must understand the costs to your congregation or faith-based organization before you can take the actions identified in the previous steps. You will need to figure out the estimated costs for additional supplies, communications, overtime or any other additional items or services now and prepare a budget accordingly.

For more detailed information on costs for continuity planning, see Section **2.3.2** on page **60** in the Planning Guide.

Here are areas to consider as potential additional costs for continuing your operations:

Use the following checklist to determine any potential costs associated with staff needs. Consider using a factor of 40% for absenteeism for a 1.5 to 2 month period.[4]

☐ Replacement or temporary clergy, leadership, or staff needs at the management and general staff levels

☐ Additional leave

☐ Permission to work from home

☐ Overtime pay (if applicable)

☐ Cross training staff and volunteers

Account for any costs associated with staff material, service and logistical support:

☐ Additional administrative supplies

☐ Personal Protective Equipment (PPE)

☐ Potential day care costs (adults and children)

☐ Mental health support and spiritual care

[4] *Continuity Planning for Pandemic Influenza,* U.S. Dept. of Homeland Security, Federal Emergency Management Agency

- ☐ Additional workspace

- ☐ Transportation assistance

- ☐ Access to additional food

- ☐ Access to additional household supplies

✓ In addition to leadership/staff and their material costs, account for costs outside of your normal operations providing resources and services to your congregant or client population:

- ☐ Additional administrative supplies

- ☐ Personal Protective Equipment (PPE)

- ☐ Providing ritual objects and prayer books for congregants at home

- ☐ Potential day care costs (adults and children)

- ☐ Mental health support

- ☐ Spiritual and pastoral care

- ☐ Additional workspace

- ☐ Transportation support

- ☐ Access to additional food

- ☐ Access to additional household supplies

✓ Develop contingencies for critical service providers and suppliers. Use this checklist to identify some of the things you can do, or have done to develop contingencies:

- ☐ Consult with existing suppliers on their pandemic emergency planning and capability to continue to serve your congregation or faith-based organization.

- ☐ Consider negotiating with additional vendors for critical supplies and services.

- ☐ Develop mutual aid agreements or arrangements with judicatories, religious networks, partner congregations or organizations.

✓ Identify any additional supplies or services that might be needed outside of your normal operations:

- ☐ Medicine

- ☐ Medical supplies

☐ Mental health and spiritual care support

☐ Hygiene items (tissues, hand sanitizer, cleaning supplies, etc.)

☐ Additional tech support and equipment such as laptops, high-speed telecommunications, networks and mobile devices that may enable employees to perform essential functions or for your congregation to provide worship services and programming by working remotely.

Identify any costs for training staff and congregants or clients as part of your pandemic planning and response. These costs may include:

☐ Print materials

☐ Additional training staff

☐ Outreach to your communities

In addition to considering the costs from the actions you might take in preparing for or responding to a pandemic scenario, you must also think of the cost NOT taking additional action may have to your congregation or faith-based organization and the faith communities you serve.

Consider income that your congregation or faith-based organization might lose during a pandemic. For example, loss of rent, reduced donations, and other factors may cause your congregation or faith-based organization to lose revenue during a pandemic.

If you hold a contract, ensure that you speak with your contract manager in advance, or early on, about what contract deliverables and budget can be adjusted to sustain critical services. Ideally, your congregation or faith-based organization has completed a Continuity of Operations plan to sustain your services, but, if not you may need to run through those with your contract manager and request modifications.
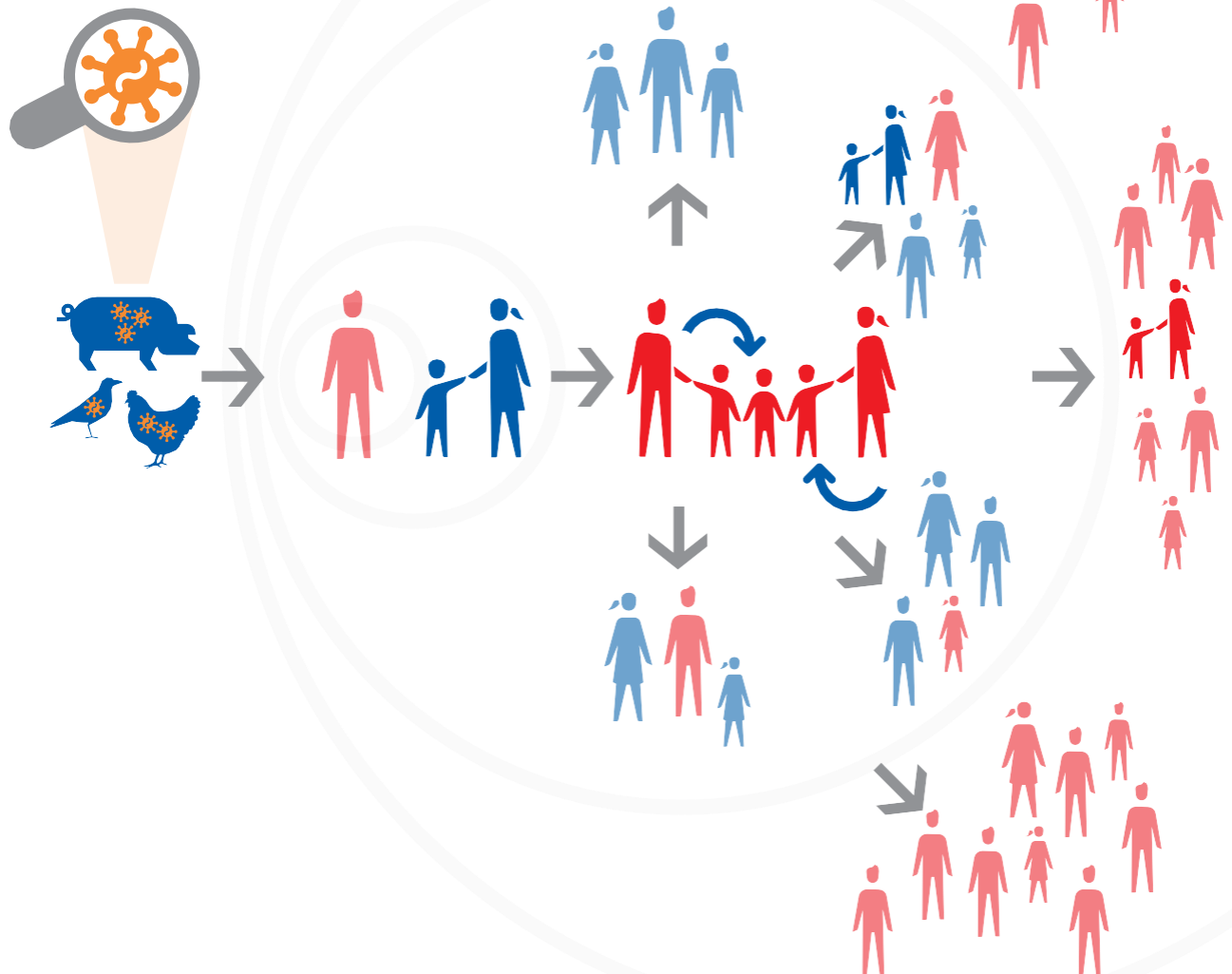
1 PLANNING GUIDE

This Planning Guide portion of the toolkit is a resource to help you and your faith community prepare for and respond to a pandemic. It includes concepts based on the 3 C's of Pandemic Planning as described in the Quick Guide — community, communications, and continuity. The Planning Guide is a preparedness tool, to be reviewed and utilized before a pandemic outbreak hits when there is time to plan and prepare.

Preparedness and stopping the progression of a pandemic starts with the individual. The image below shows how a pandemic progresses, starting with the individual and spreading through the community. The circles illustrate how individual preparedness can affect your household, your congregation or local faith-based organization, and your entire community. Gathering places, such as houses of worship, are vectors for pandemic transmission.

VIRUS

Throughout this Planning Guide, we'll use these circles to help show how the guidance being given affects a portion of the circle—individual, family and broader community—both for leadership/staff and the congregants and clients of your congregation or faith-based organization.

For detailed information about the specific pandemic being addressed, see *What is a Pandemic?* on page **4** of the Introduction.

2.1

DESCRIBE YOUR COMMUNITY
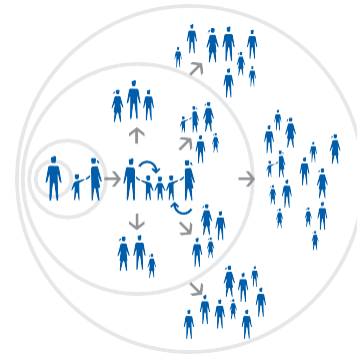
In order to prepare for a pandemic scenario so that your congregation or faith-based organization can continue its services, you need to consider two communities: the community that your congregation or faith-based organization serves (or "Congregants/Clients/Contacts") and the community that supports your congregation or faith-based organization (or "Leadership/Staff").

Leadership/Staff

Your leadership/staff is comprised of those under your congregation's or faith-based organization's direct authority, like your leadership (ordained and lay), managers, general staff, and your organization's volunteers. Your leadership/staff community can be large and is **NOT** limited to only those people "inside" a building.

Congregants/Clients/Contacts

Your congregants/clients/contacts include two groups. The first group consists of contractors, vendors, suppliers, judicatories, religious networks, and partners that your congregation or faith-based organization does not have direct authority over, but whose supplies and services are vital for your congregation or faith-based organization to function. The second group comprises your congregants, clients, or those people that you serve. These may be community members, patients, members of your congregation or anyone whose quality of life is directly or indirectly affected by the services your congregation or organization provides. Your goal is to make sure your congregation or faith-based organization does all it can now to prepare your entire "community" before a pandemic.

The more prepared a community is for a public health emergency, the more likely it will be to adhere to public health directives. Therefore, the stakeholder organization, the community and each household should prepare themselves prior to an emergency. Such preparation should focus on addressing the barriers to adherence with the guidance and recommended actions that are identified in this guide. Another important focus area of the preparatory process is the individual community member. Throughout this guide, specific community populations have been identified that lack the resources needed to adhere to the stated public health directives. For example, they may have physical and cognitive disabilities limiting their access or understanding of the communication or have an inherent fear and distrust of the government and other authority figures. Contingency plans for aiding these populations should be part of the overall planning process.

Adherence to Public Health Directives: St. Louis Community Key Stakeholders' Meeting Findings and Conclusions, Saint Louis University, St. Louis, Missouri, December 3, 2008, The Oak Ridge Institute for Science and Education (ORISE), Centers for Disease Control and Prevention, Saint Louis University, June 2009.

In preparedness planning, you'll need a plan for people in your faith community who may have access and functional needs that may affect how you plan for a pandemic. They may include people with mobility disabilities, like people who use walkers or wheelchairs. They can also include people who have low vision, dietary restrictions, limited English proficiency (LEP) and other types of challenges. There are people with access and functional needs both on your staff and within your congregation and clients. So, bear in mind whether your preparations require changing the way you offer services or your methods of communication.

It may be challenging to identify the many different people with access or functional needs in your community. The Federal Emergency Management Agency (FEMA) offers an online course on Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations *(http://emilms.fema.gov/ IS0368/index.htm)*. FEMA also provides guidance on providing additional services for access and functional needs in emergency facilities in its Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters *(www.fema.gov/pdf/about/odic/fnss_guidance.pdf)*.

2.1.1 LEADERSHIP AND STAFF

We can break down leadership/staff into three main groups:

- Leadership (ordained, lay, or other)/management
- Staff
- Volunteers (if applicable)

These groups may vary depending on your organization.
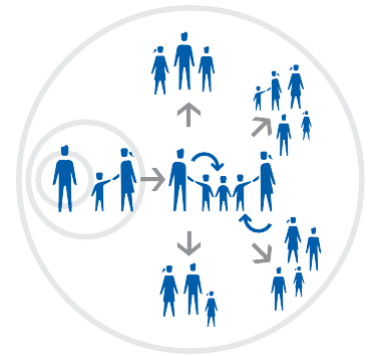
Management/Leadership

For a congregation or faith-based organization, management or leadership may mean an Imam, Priest, Rabbi, Reverend, or other clergy member. It might also refer to an executive director, a group of board members, or lay leadership. Still other faith-based organizations may have managers, supervisors, chiefs, doctors, nurses, or many other types of leadership. Leadership may be a single individual, a committee or an entire structure of managers, administrators, and subordinates.

Establish a structure for your leadership to continue during a major emergency like a pandemic. In some cases, succession is prescribed by statute, order, or directive. Creating Delegations of Authority or Orders of Succession for your leadership can help you be prepared to continue to function during an emergency when some or all of your leadership may not be available.

> For procedural checklists on defining your leadership/staff, see Section **1.1.1** on page **11** in the Quick Guide.

> For more information on Delegations of Authority, Orders of Succession and other methods to keep your organization functioning during a pandemic, see Section **2.3.1** Build Resilience on page **47.**

Staff

Different types congregations or faith-based organizations have different types of staff. A congregation may have ordained staff whereas a faith-based organization operating out of a congregation may be staffed by mostly lay people.

Some congregations or faith-based organizations have only a handful of staff or the leadership may perform all of the staff functions. Other congregations or faith-based organizations may have tens of thousands of highly structured staff with multiple facilities spread over a wide geographic area. Just as with leadership, there are critical staff functions you will need to identify backups for.

Keep track of your leadership/staff by creating an organizational chart. For instructions on how to make one, please turn to Supplemental Documents, page **90**.

Volunteers

Congregations or faith-based organizations may depend on volunteers to help perform their services, and in some cases may be entirely volunteer-based. Some faith-based organizations have a large volunteer base, while others may be small. Some congregations or faith-based organizations may even have leadership that functions in a voluntary capacity. For example, if a faith-based organization has entrusted their IT support to a volunteer and this person became unavailable during an emergency, the organization may be unable to function. Despite the fact these staff are not paid, the services they provide may be indispensable. Volunteers may also be certified professionals, such as nurses or mental health professionals, who have voluntarily taken on responsibilities.
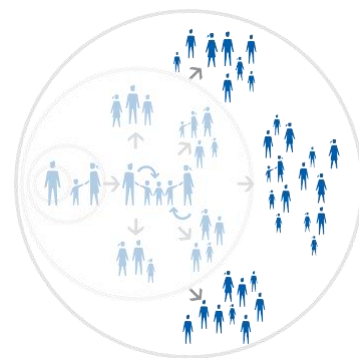
2.1.2 Congregants, Clients, and Contacts

What we define as your congregants, clients and contacts comprises three distinct groups:

- Congregants/Clients
- Partners
- Vendors

Congregants/Clients

The first group is the people you serve, your congregants or clients. They may be congregation members, neighbors, patients or simply people in your neighborhood. Your congregation or faith-based organization exists to serve or support them.

For procedural checklists on defining your congregants/clients/contacts, see Section **1.1.2** on page **12** in the Quick Guide.

It is important to take into account all the people your work affects, not just your congregants or clients. This may include far more people than you think, more than the people your congregation or organization directly provides service and support to. Your congregation or faith-based organization may only directly help a handful of people, but it may indirectly support hundreds or thousands of people.

Partners

The second group is your partners. Partners may be other community, faith-based or large service organizations that support your mission with services and sup- plies, or they may provide services that are complementary to yours or have a mission that is similar to yours. Partners can include religious bodies such as judicatories or religious networks. Partners may also include local, state, or federal government agencies, private business, academic institutions or other types of public, private and nonprofit organizations, large and small. Perhaps the local community center or public school provides you with a gymnasium or auditorium space to conduct classes, worship services, or outreach. Whoever works with you to arrange this space is a partner. Take stock of your partners prior to an emergency event to determine the critical functions they support and how you can help support them during an emergency.

Vendors

The final group is your vendors. They may be known to you as contractors or suppliers, but they provide things your congregation or faith-based organization needs: buses, food, medicine, printing, tech support, etc. Any of these services may be necessary to the continued functioning of your congregation or faith-based organization and the quality of life of your community. Even the local bodega that serves a neighborhood may be critical for that community to continue to function.

It may not be possible to ensure the vendors you rely on continue to function, but you can ensure that your congregation or faith-based organization continues to function by talking with your current vendors about what their plans are to continue services during an emergency like a pandemic. You can also identify ways to support your vendors, if possible, and identify alternate sources for supplies. This may be challenging as sometimes vendors will say that an emergency won't affect them. They don't want you to think they are unreliable. Identifying alternate sources for the supplies and services you need can be tricky. You will need to ask tough questions of both your current vendors and any backup vendors you identify. You should start planning now for continuity of operations if your vendors aren't available.

2.2

PLAN YOUR COMMUNICATION

"Effective communication is the essential element for facilitating community adherence to public health directives. The timeliness, accuracy, consistency, and redundancy of the communication have to be considered." [5] You must consider what to communicate with each group and how to communicate it to them effectively. When planning your communications, you'll need to plan for people who may have access or functional needs. For example, you may need audio or large print versions of the communication you are providing to accommodate people with visual impairments. For those with hearing impairments, make certain that communications can be read and not just heard. You'll also need to plan for members of your community who speak languages other than English or have limited English proficiency, who may need translation or interpretation services.

How to Communicate

There are many ways to communicate with your different audiences such as staff/leadership and congregants/clients/contacts. Some may be more effective than others depending on your situation. You may find email communications very effective in communicating internally with staff but not as effective for your congregants or clients, which may be made up of people who don't have access to computers or prefer not to use them.

> There are many communication resources including templates, samples of existing communication and links to communications training available at the end of Sections **2.2.2** on pages **43** to **45** and **2.3.2** on pages **68** to **70** of the Planning Guide.

Communications should also fit the topic. You don't need to create a 20-page memo on proper hygiene when a poster, flyer or short memo would be more effective. If the audience you are trying to reach does not have reliable access to communications sources, it may be difficult to relay your message. For example, if your congregation or faith-based organization serves a large population of homeless individuals, it may be possible to indirectly get information to them by engaging a group that interacts with them regularly and has better access to communications. Your priority audience may not be directly able to use social media, but people who interact with them may.

This type of indirect communication may be effective in getting your message out to hard-to-reach populations.

[5] *Adherence to Public Health Directives*, Centers for Disease Control and Prevention, June 2009.

Following is a list of possible communications channels that may be used with staff/leadership and with congregants/clients/contacts with associated advantages and disadvantages:

Consider the advantages and disadvantages of each type of communication outlined here when deciding how to communicate with each group in your faith community.

Staff = Staff/Leadership   Public = Congregants/Clients/Clients

	Communication Type	Staff/ Public	Advantages	Disadvantages
Electronic Communications	Email	Both	• Can reach a large audience quickly • Can be used to send detailed messages • Easy to use • Affordable	• Not accessible directly to those without internet-ready computers • Mass messages can be blocked as "spam"
	Website	Public	• Can have a variety of information that is as simple or detailed as necessary • Easy to track data	• Not accessible directly to those without internet-ready computers • May be expensive to develop
	Internal website (Intranet)	Staff	• Can have a variety of information that is as simple or detailed as necessary • Easy to track data	• Not accessible directly to those without internet-ready computers • May be expensive to develop • Only accessible to people with internal access (staff)
	Partner organization websites	Public	• Can deliver your message to a larger audience	• Not accessible directly to those without internet-ready computers • May be limited by partner website capabilities
	Social media	Both	• Can reach a large audience quickly • Fast • Easy to use	• Not accessible directly to those without internet-ready computers • Messages can become "noise" and lose meaning
	Web advertising	Public	• Can reach a large audience quickly • Easy to track	• Not accessible directly to those without internet-ready computers • May be expensive

	Communication Type	Staff/ Public	Advantages	Disadvantages
Print Communications	**Flyers and handouts**	Public	• Can have a variety of information that is as simple or detailed as necessary • Can reach a large audience relatively quickly • Can be produced relatively cheaply	• Limited by ability to distribute • Difficult to track results • Information may become outdated quickly
	Memos	Staff	• Can reach a large internal audience quickly • Can be used to send detailed messages • Affordable	• Message can become diluted with unrelated messages • Limited by ability to distribute
	Outdoor posters, signs, or billboards	Public	• Can be used to deliver a detailed message in a graphic way • Can target a specific geographic area	• May be expensive to design and post • Information may become outdated quickly

|	Communication Type	Staff/Public	Advantages	Disadvantages
Broadcast/Publications	**Radio**	Public	• Can reach a large audience quickly	• Can be expensive
	Television	Public	• Can reach a large audience quickly	• Can be expensive • Many do not have access to television
	Newspapers, Magazines	Public	• Can reach a large audience	• Can be expensive • Difficult to target audience

	Communication Type	Staff/Public	Advantages	Disadvantages
Face to Face Communications*	**Community meetings**	Public	• Can be used to share detailed messages in a very personal way • Can be used to address a large audience	• Can only target a set audience • Can be times consuming • Difficult to track results
	Direct conversations	Staff	• Can be used to share detailed messages in a very personal way	• Can only target a det audience • Can be time consuming • Difficult to track results
	Door to door canvassing	Public	• Can be used to share details in a very personal way	• Can only target a set audience • Can be time consuming • Difficult to track results
	Presentations or lectures	Both	• Can be used to deliver a detailed message	• Can only target a set audience • Can be time consuming

*Remember that depending on the type of pandemic, in-person communication methods may be inadvisable. Consider substituting community meetings or lectures with webinars or web conferences.

Now that we have covered the how and what of communication with your faith community, let's look at specific considerations for communicating with either your staff/leadership or congregants/clients/staff.

2.2.1 COMMUNICATION WITH LEADERSHIP AND STAFF

It's important to communicate with your leadership and staff. Develop specific communications to use for your leaders, staff and volunteers and to communicate at three important time periods — prior to, during and after a pandemic. Each of these time periods will require different information to be communicated, and some communication will need to flow in both directions. When applicable, your congregation should also maintain regular contact with your corresponding judicatory or religious network. Look for additional information from organizations like the NYC Health Department and the CDC who will issue additional guidance during an actual pandemic.
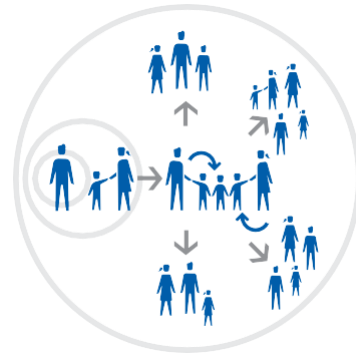
> For procedural checklists to help you plan for your communication with staff/leadership, see Section **1.2.1** on page **13** in the Quick Guide.

Prior to a pandemic communications should include:

Workplace issues such as:
* Additional work expectations
* Orders of Succession (who covers for whom when someone is unavailable?)
* Delegation of Authority (who's in charge in an emergency?)
* Overtime
* Sick leave
* Family leave
* Working from home/telecommuting
* Training information (where, when, what)
* Emergency procedures
* Government announcements
* Additional services being offered (BOTH for staff and congregants)
* Changes to services or worship services
* Alternate partners or vendors

• Health and safety topics such as:
  * Information about vaccinations (if available)
  * General hygiene information (wash your hands, cover your cough)
  * Social distancing
  * Staying home if you or a loved one are ill

• Requests for input from your community

During a pandemic, communications should include:

You can also include any of the items from the Prior to a Pandemic section here, as long as they are still relevant during the pandemic being addressed.

- Workplace issues such as:
  * Who is out and who is replacing them
  * Emergency/alternate contact information
  * Just-in-time training information (where, when, what)
  * Additional services being offered (BOTH for staff and congregants)

- Health and safety topics such as:
  * Service and vaccination locations

- Requests for current information from your community

Periodic Pandemic Review

Action Review – An Action Review is a process that organizations commonly engage in throughout or after an emergency or disaster. They will bring together management, staff, partners, volunteers and anyone else involved in the response to discuss and review how their response has been so far or what happened. Throughout a pandemic you can do the same thing. You should engage your faith community in a review process. Ask them to communicate what has gone well so far and what could have been more effective. You can use this information to change or alter your response to be more effective.

Improvement Planning – Information gathered in the Action Review is used for Improvement Planning. Organizations figure out how to make things that may not have gone well more effective.

Training – Personal Preparedness for Staff

In addition to training your staff in pandemic preparedness to help ensure continuity, it's also good practice to cross-train your staff to cover critical functions for times when key staff may not be available, such as during a pandemic. If you have the resources, it may be feasible to develop an entire cross-training curriculum to ensure

In addition to communication about training, training is also an important part of continuity. See Section **2.3.2** on page **60** for more information.

sufficient staff are trained to cover other duties. If your congregation or faith-based organization does not have sufficient resources to take on such a large approach to cross-training, it may be effective to have staff take some time, whatever your

congregation or organization can afford, to train other staff in how to perform their essential duties. This may be in the form of a class where they teach several other staff or simply one-to-one, where a couple of staff members sit and go over each other's duties.

"Test, train and exercise your capability to maintain essential functions and services for extended periods of time, including telework capability."[6]

Human Resources and Administrative Management

- "Work with your [*staff/personnel*] so that they understand the office leave policies, policies for getting paid, transportation issues and day care concerns.

- Ensure adequate supply of soap and cleaning supplies, as per routine and as appropriate for the specific respiratory pathogen [such as COVID-19].

- Work with your [*staff/personnel*] to designate a person(s), website, bulletin board or other means of communicating important pandemic information.

- Use signs to keep [*congregants/clients*] informed about symptoms and ask
- sick [*congregants/clients*] to minimize contact with your [*staff/personnel*] until they are well.

- Your workplace may consider limiting access to [*congregants/clients*] and the general public or ensuring that they can only enter certain areas of your workplace.

Some basic hygiene (see https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm) and social distancing precautions that can be implemented in every workplace include the following:

- Encourage sick [*staff/personnel*] to stay at home and provide them with necessary work from home policies and restrictions as applicable. i.e. - are they required to use sick/vacation time or not?

- Encourage your [*staff/personnel*] to wash their hands frequently with soap and water for at least 20 seconds or with hand sanitizer if there is no soap or water available. Also, encourage your [*staff/personnel*] to avoid touching their noses, mouths and eyes.

- Encourage your [*staff/personnel*] to cover their coughs and sneezes with a tissue or to cough and sneeze into their upper sleeves if tissues are not available. All [*staff/personnel*] should wash their hands or use a hand sanitizer after they cough, sneeze or blow their noses.

- Keep work surfaces, telephones, computer equipment, and other frequently touched surfaces and office equipment clean. Be sure that any cleaner used is safe and will not harm your [*staff/personnel*] or your office equipment. Use only disinfectants registered by the U.S. Environmental Protection Agency (EPA), and follow all directions and safety precautions indicated on the label.

[6] *Messaging is a matter of trust*, The Risk Communicator, Centers for Disease Control, 2008

• Promote healthy lifestyles, including good nutrition, exercise and smoking cessation. A person's overall health impacts their body's immune system and can affect their ability to fight off or recover from an infectious disease."[7]

• Keep prayer and worship spaces clean. Disinfect frequently used religious or ritual objects, where possible. Be sure that any cleaner used is safe and will not harm your congregants or religious objects. Use only disinfectants registered by the U.S. Environmental Protection Agency (EPA), and follow all directions and safety precautions indicated on the label.

"The New Normal"

When information is shared regularly and consistently it will become what may   be referred to as "the new normal." When the message is clear, concise and repeated as much as necessary, it should become matter-of-fact over time, with little or no reinforcement required to have your audience act in the proper manner or take appropriate actions. For example, a consistent, simple, long-term campaign to encourage proper hand washing to prevent the spread of germs, if done correctly over time, should make it so your audience washes their hands correctly as a matter of course in their daily lives without needing to be reminded.

> For help customizing your pandemic communication plan for your congregants/clients/contacts, please use the guide on page **91** of the Supplemental Document section.
>
> For help writing a communication letter, please use the guide on page **92** of the Supplemental Document section.

2.2.2 COMMUNICATION WITH CONGREGANTS, CLIENTS, AND CONTACTS

In addition to those elements discussed in communication with staff/leadership, there are additional factors we will discuss for communication with congregants, clients, and contacts. Where appropriate, your congregation may also consider communicating with your judicatories and religious networks. Communication with congregants/clients/contacts may be far more challenging than communicating internally with staff. During a pandemic, your faith community will turn to you for information and guidance.

---
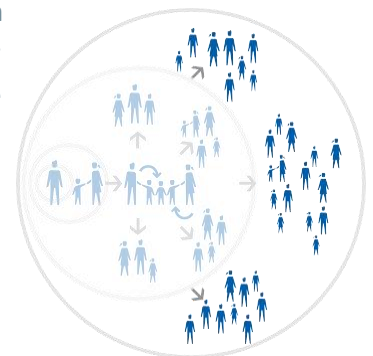
[7] *Guidance on Preparing Workplaces for an Influenza Pandemic*, U.S. Department of Labor, Occupational Safety and Health Administration, U.S. Dept. of Health and Human Services, 2007.

Without direct authority over people however, your communications to congregants are essentially recommendations. The challenge is to make your communications compelling so that your audience, in this case your congregants, clients and contacts, wants to follow your guidance. We will break down factors that affect your communications with congregants and clients into several categories: trust, cultural and religious competency, comprehension and controlling rumors.

Trust

Much of the effectiveness of communication with congregants and clients comes from an element of trust. Congregations or faith-based organizations have an advantage because they have closer, more intimate relationship with their faith community, and their communities trust them. However, trust alone is not enough to ensure that your message is being heard and followed.

When developing your communications, remember that your community may be looking to other sources beyond your congregation or organization. "…when looking for trusted, reliable information, citizens look not only at the official agencies, but also to online sources or communities they have learned to trust overtime. Social media provides very powerful tools for building trusted communities."[8] This demonstrates two points when developing communications — work with partners to get a consistent message out including what you know and what you don't know and be sure to consider all methods of communication when developing your communication strategies.

For procedural checklists to help you plan your communications with Congregants/Clients/ Contacts, see Section **1.2.2** on page **15** in the Quick Guide.

"Social media best practices:

- Get feedback from users in the community.

- Think partnerships, for example, use groups…which might not have the same constraints as a government agency, to expand your social media communications. It's all about partnering— with your leadership and with your community.

- Realize that social media is a moving target. Be flexible and use volunteers and community members to help adapt your communications strategy accordingly."

Social Media and Risk Communication, Donya Currie, American Public Health Association, 2009.

Cultural and Religious Literacy and Competency

Another factor in how you communicate with your faith community is culture. There are a variety of cultural factors you should take into consideration that can affect how your communications are received:

- "Constituents only listen to a trusted source of information, and organizational personnel have easier access to their community than emergency responders. To facilitate community adherence, multiple spokespeople would have to be used."[9]

[8] *Social Media helping Emergency Management Final Report*, Maurits van der Vlugt & Allison Hornery, NGIS Australia Pty Limited, 2011.
[9] *Continuity Planning for Pandemic Influenza*, US Dept. of Homeland Security, Federal Emergency Management Agency, 2013.

- Congregations and faith-based organizations play a key role in sharing vital information among community members.; "they must be included in the formation and execution of emergency communication strategies."[10]

- "Consider the expertise that multicultural specialists can bring to the team. Invite their participation and welcome their advice about how to develop risk communication campaigns.

  - Identify and involve a variety of individuals who belong to various cultural communities [*within your congregation or faith-based organization*]
  - [*Incorporate messaging from*] public health or community official."
  - With every communication announcement, seek ways to share the message with hard to reach congregants or community members.[11]

- Keep in mind, religious and cultural practices are often indistinguishable. For example, a person may where a head covering because of either religious or cultural practice. In these circumstances, it is important to be respectful of practice whether religious, cultural, or a combination of the two.

Comprehension of Communications

Your message may be going out to a very large audience with different back- grounds and levels of understanding. Some people in your audience may also have disability, access, or functional needs. All of these factors may make it difficult for your audience to understand complex instructions or technical jargon and the point of your message could be lost. Make certain your messaging is clear and concise, and offers simple, easy-to-follow instructions on what you want your audience to do. There are samples of some simple communications and templates for messaging in the Template Messages section starting on page 60 that you can use to develop your own communications for respiratory pandemics, such as COVID-19.

---

[10] *Individual, community and social-structural factors affecting adherence to public health directives in the event of an emergency*, Submitted to Emergency Communication Services Office of Communication, Centers for Disease Control and Prevention, 2007.

[11] *Crisis and Risk Communication: Tips for Public Health Professionals Communicating with Native and New Americans*, Robert Littlefield, Ph.D., Kimberly Cowden, M.A., Will Hueston, Ph.D. 2007.

Controlling Rumors

One of the biggest challenges any organization faces during an emergency like a pandemic is the rapid spread of rumors and false information. Consider the following when communicating to alleviate the potential for misinformation:

- Only communicate information you know to be true.

- Do not make your message unnecessarily dramatic by using alarming language. News media will often try to gain viewers by making the message sound more dramatic. You don't want to unnecessarily cause panic or fear; it makes people less effective when responding to emergencies. At the same time, you want to be honest and realistic with the people you are communicating with.

- Listen to the information coming out of your faith community and neighborhood. The people in your community often have specific, detailed information that you may not have access to. They also understand how the people in your community understand and feel about the message you are sending. You should speak with representatives in all parts of your community regularly to modify your message and make it as effective as possible.

- Communicate quickly and often but be sure to verify your message before sending it. Be sure to say what you know, and what you don't know.

- Be specific and consistent in your guidance. "Specific directions about the first steps to be taken, authorities to be contacted and safety measures to be pursued, help people think clearly and act effectively."[12]

- Consider whether the information you are sharing will stigmatize a specific person or group of people. Don't share information in a way that makes it seem that a specific person or group is "responsible" for transmission of the virus. There are many scientific factors that affect the spread of the virus which go far beyond the responsibility of any individual or group.

> Think about how what you're communicating may be affected by combinations of these considerations. For example: could sharing certain personal information cause people to be stigmatized?

- Be certain that when you are sharing information it is in compliance with personnel policies your congregation or faith-based organization already has in place. In addition to limitations your congregation or faith-based organization may apply to sharing information about people and their health, there are also legal restrictions on what you may or may not share. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has provisions which limit the type of medical information you may share regarding someone. A good rule of thumb is that if you are sharing information which mentions a specific person, you may be violating HIPAA. For more information on HIPAA, visit http://www.hhs.gov/ocr/privacy/.

---

[12] Continuity Planning for Pandemic Influenza, US Dept. of Homeland Security, Federal Emergency Management Agency, 2013.

- Remember that people may be confused and afraid during a pandemic. They may have questions about how the virus spreads or the effectiveness of vaccinations.

- Occasionally there may be conflicts between faith and science. During a pandemic, when these challenges arise, it is important for faith leaders to amplify public health messages without parsing it to determine how it fits into their religious beliefs.

- Make certain the information you are sharing is factual and scientifically accurate. For information on describing the pandemic accurately, see "What is a Pandemic" on page 2 of the Introduction.

As long as your information is based on the truth, deals with real facts and science and is not overly dramatic, it can get the critical information to your audience effectively.

2.2.3 Sample Materials

These pandemic posters and preparedness documents can be used as examples when developing your own materials. They can also be used as-is if you don't have the time to create your own.

https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-prevent-spread-poster.pdf

https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf

https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf

https://www1.nyc.gov/assets/doh/downloads/pdf/covid/posters/covid-19-get-the-care-you-need-poster

Training Resources

These free online trainings provide additional information and training on risk communication. You can access them by clicking on the links provided below. Some of these trainings are based on Pandemic Influenza and their recommendations can be adapted for respiratory pandemics, such as COVID-19.

CDC: Crisis and Emergency Risk Communication (CERC) Pandemic Influenza Training

Overview: While there is not training for general respiratory pandemics, pandemic influenza training covers many of the topics you would need in such a training. This online CERC course will stress the fundamentals of Health and Human Services/CDC's communication response to pandemic influenza. The course has been designed to provide vital communication concepts and tools to assist in preparing for and responding to a severe influenza pandemic in the U.S.. This course is a condensed version of CDC's Crisis and Emergency Risk Communication: Pandemic Influenza coursebook.

After completing the training, the participant will be able to do the following:

- Describe the psychology of a severe pandemic.

- Describe how to meet the public's needs through effective messages.

- Explain why stigmatization occurs.

- Explain strategies officials can use to respond to stigmatization.

- Recognize the importance of strengthening community hardiness and personal resilience to provide the optimum opportunity for recovery from the crisis.

- Determine which populations will be unable to receive general public health emergency messages through mass communication channels during the initial phase of a public health emergency.

- Analyze the ways that information technology and new media influence communication decisions and pandemic preparedness.

Click, copy and paste, or type this link in a web browser to open it:
https://emergency.cdc.gov/cerc/cerconline/index.asp

FEMA IS-42: Social Media in Emergency Management

Overview: Social media not only allows for another channel of broadcasting messages to the public, but also allows for two-way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up-to-date information during emergencies and share data about the disaster in the form of geodata, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stake- holders, it also holds many challenges for emergency managers.

The purpose of this course is to provide the participants with best practices including tools, techniques and a basic roadmap to build capabilities in the use of social media technologies in their own emergency management organizations (state, local, tribal) in order to further their emergency response missions.

Click, copy and paste, or type this link in a web browser to open it:

http://training.fema.gov/is/courseoverview.aspx?code=IS-42

Additional Information and Resources on COVID-19 And Pandemic Influenza

Information about COVID-19 and pandemic influenza from the NYC Health Department Website

Click, copy and paste, or type this link in a web browser to open it:

https://www1.nyc.gov/site/doh/covid/covid-19-main.page

https://www1.nyc.gov/site/doh/health/emergency-preparedness/emergencies-pandemic-influenza.page

PLAN FOR CONTINUITY

Continuity means having a plan for your congregation or faith-based organization to continue to function during a major emergency like a pandemic. As a pandemic worsens, there will be fewer resources available for your congregation or faith-based organization to provide services. Your leadership and staff may not be available in part or entirely. Supplies and services your congregation or faith-based organization needs to function may become scarce or totally unavailable. Vendors and partners you work with or rely on may be overextended or completely offline. The pandemic itself may affect those you serve more severely than other populations, putting additional stresses on your resources. For example, if you serve a population of older adults, they may be more susceptible to contracting a respiratory pathogen, such as COVID-19. The purpose of continuity planning is to ensure that your congregation or organization can continue to function, as completely as possible during an emergency. One resource, Continuity Planning for Pandemic Influenza by the U.S. Department of Homeland Security, gives some idea of the types of challenges which may affect your continuity during a pandemic:

"Your workplace will likely experience:

- **Absenteeism** - A pandemic could affect as much as 40 percent of the workforce during periods of peak illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, are afraid to come to work or, in the worst case, the employer might not be notified that the employee has died.
- **Change in patterns of commerce** - During a pandemic, consumer demand for items related to infection control is likely to increase dramatically, while consumer interest in other goods may decline. Consumers may also change the ways in which they shop as a result of the pandemic. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services or prefer other options, such as drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery** - Shipments of items may be delayed or canceled from those geographic areas severely affected by the pandemic.

Unlike traditional continuity planning scenarios, respiratory pandemics, such as COVID-19, may be widely dispersed geographically and will potentially arrive in waves that could last several months at a time. Organizations are encouraged to establish an annex to their existing continuity plans to ensure that additional considerations during a pandemic are

adequately addressed, including increased absenteeism, social distancing procedures and impacts on interdependencies."[13]

2.3.1 BUILD RESILIENCE

Resilience means how quickly you and your congregation or faith-based organization can recover from the challenges presented by unexpected situations, such as the sudden onset of a pandemic. How well your congregation or faith-based organization can cope with these challenges and continue to serve your clients or congregants is directly related to how well you prepare yourself and your faith community. Plan, train, and practice for shortages in leadership, staff, supplies and services critical for your congregation or faith-based organization to function. Consider full or partial transferring responsibilities from one group of leadership or staff to another or even transferring the responsibilities of your congregation or faith-based organization to another. Regardless of the challenges you may face, it is most important that the services your congregation or faith-based organization provides continue to be available to the faith community you serve.

Planning

Preparing for continuity during an emergency like a pandemic can be broken down into several components: planning, training, and exercising.

When developing plans, you should have planning meetings with as many members of your faith community as possible. They can provide the best input into your planning process. This includes your leadership (ordained, lay, and other), staff, vendors, partners, judicatories, religious networks, volunteers, congregants, and clients. Leaving out representatives from any of these groups can cause critical factors from your resilience planning to be overlooked.

It is important to meet with as many of these representatives as possible at three key points:

> Create Orders of Succession (who takes over when one manager or leader is unavailable) and Delegations of Authority (define who has the power to put someone in charge of something they aren't usually in charge of). "Ensure orders of succession are three-deep and account for expected rate of absenteeism."
>
> Guidance on Preparing Workplaces for an Influenza Pandemic, U.S. Dept. of Labor, Occupational Safety and Health Administration, U.S. Dept. of Health and Human Services, 2007.

1. You should meet early and often before an incident to plan and prepare collaboratively.

2. You should conduct review meetings during a pandemic, in the early stages and throughout, to make certain that the actions you are taking are effective and to

---

[13] Social Media helping Emergency Management Final Report, Maurits van der Vlugt & Allison Hornery, NGIS Australia Pty Limited, 2011.

agree on changes to make your actions more effective.

3. You should also meet after a pandemic to review what worked well and what did not so that you are better prepared for the next incident.

"Meetings are critical and it's important to ensure that as many representatives of your [congregant/client] community as possible are present in these meetings."[14]

When your plans have been created, you should involve the same groups who assisted in the planning process in training or information sessions detailing what the plans are. Plans are only useful if people are aware of them and what they include. Please note that a planning workshop is a part of this planning toolkit. Lastly, if possible, exercise your plans with those same groups. Practice having people sit in for others in leadership, staff or volunteer positions. Practice reaching out to vendors and partners to see if they're ready to respond to critical requests.

Management and Leadership

You should establish a structure for your leadership to continue before a pandemic occurs. Create Delegations of Authority or Orders of Succession for your leadership. These can help you be prepared to continue to function during an emergency when some or all of your leadership may not be available. Faith communities should also include activities which require an ordained leader or other authorized individual in their Orders of Succession. In some cases, succession is prescribed by statue, order, or directive.

An "Order of Succession" defines who takes over when one manager or leader is unavailable.

• Make certain that everyone who may be affected by this change in leadership is aware of it before an incident occurs. Your staff, volunteers, congregants, clients, partners, and anyone else you deem necessary must know who the person delegated to take authority is and what that entails.

• Define the level and number of responsibilities delegated to that person. Is it all responsibilities or just some?

• Ensure that the person taking over understands all of the leadership duties they are taking on. Consider whether their regular duties will go undone or if they will now be responsible for doing the equivalent of two positions.

• Consider whether you will need to create an additional Order of Succession for the person who is taking over for someone else, or perhaps you should consider creating an Order of Succession for everyone in your leadership, and every critical staff member or volunteer.

[14] Social Media helping Emergency Management Final Report, Maurits van der Vlugt & Allison Hornery, NGIS Australia Pty Limited, 2011.

- Also ensure, if possible, that you don't have just one person in place to take over for the most critical positions; "Ensure orders of succession are three- deep and account for expected rate of absenteeism."[15]

Along with Orders of Succession consider creating "Delegations of Authority." A Delegation of Authority, simply put, defines who has the power to put someone in charge of something they aren't usually in charge of. Delegations of Authority can be done independent of or combined with Orders of Succession. As with Orders of Succession, it's important that all those affected by a Delegation of Authority are aware that it exists and know what it entails.

Some areas you may consider for both Orders of Succession and Delegations of Authority:

- Determine if cross-training staff would be suitable. Those leaders who may need to be replaced should spend some time training and instructing their potential replacements.
- At a minimum consider preparing a list of critical leadership responsibilities and reviewing them with those who may be taking them on.

- Prepare detailed "Standard Operating Procedures" or "SOPs" of those critical tasks. Being sure to include important steps in a process, critical documentation, and key contact information for those people the replacement staff person may need to be in contact with.

- It is good practice to introduce those who may be taking over to all those people they may need to work with prior to an emergency situation.

When planning for resilience, make certain to create a list of the critical functions in your faith-based organization or congregation. This could include functions performed by management, ordained leadership, general staff or even volunteers.

Identifying Essential Functions

How to Identify your Congregation's or Faith Based Organization's Essential Functions[16]:

- Identify and list all the important functions your congregation or organization performs day to day.

- The requirements for performing these functions might be part of your core mission, internal procedure, etc.

For help determining your congregation's or faith-based organization's essential functions, please fill out the Iddentifying Organizational Functions worksheet on page **93** of the Supplemental Document section.

---

[15] Continuity Planning for Pandemic Influenza, US Dept. of Homeland Security, Federal Emergency Management Agency, 2013.
[16] Writing a Continuity of Operations Plan (COOP) for Congregations and Faith-based Organizations: Public Health Emergencies, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, Online Webinar, May 2020.

- Identify whether your congregation's functions are essential or non-essential:
  - **Essential Functions** have to be performed during or immediately after an emergency.
  - **Non-Essential Functions** are organizational functions that can be deferred until after the emergency.
- Identify your Mission Essential Functions and Essential Support Activities:
  - **Mission Essential Functions:** directly related to accomplishing the congregation or organization's mission.
  - **Essential Support Activities:** support the performance of your Mission Essential Functions.

Example: House of Worship[17]	
Mission Essential Function	**Ritual Life such as regular worship services**
Essential Supporting Activity	**Maintaining ritual items used for worship such as prayer books, sacred texts, and ritual garments. This is essential, however, just having ritual objects does not provide the service that the community expects (a ritual service). This supports the mission.**
Deferable Mission/Function	**Providing general religious education to congregants is important and may be considered a part of a congregation's mission. However, this does not contribute to life safety, and can be deferred until a later time.**
Deferrable Supporting Activity	**Maintaining class rosters, ordering classroom supplies, deferable instructor payroll, and curriculum, or general staff training and development.**

[17] Writing a Continuity of Operations Plan (COOP) for Congregations and Faith-based Organizations: Public Health Emergencies, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, Online Webinar, May 2020.

Functions That May Be Considered Essential:

Usual Congregational Services

- ☑ Providing spiritual, emotional, and social support
- ☑ Facilitating prayer/worship services
- ☑ Maintaining social services for special populations
- ☑ Conducting rituals related to death and dying
- ☑ Performing religious rituals related to birth and cleansing
- ☑ Performing wedding ceremonies

Disaster (pandemic)-specific services

- ☑ Promoting coping and safe practices among your staff and those you serve
- ☑ Maintaining disaster-specific personal self-care practices
- ☑ Recruiting specially trained caregiver/social service volunteers
- ☑ Practicing reciprocity between faith communities to provide essential services
- ☑ Communicating risk
  - o Offer timely accurate information
  - o Inspire, inform, and educate
  - o Meet fear and anxiety with empathy, reassurance, and calm
  - o Address rumors, misinformation
  - o Grant approval of safer alternative religious practices

Use the following chart as a basis to identify those key people in your congregation or organization who perform essential functions and their alternates. You can modify the chart or make your own however you see fit. A minimum of three alternates is recommended for important positions, but you may identify as many as you think you'll need. Consider the following points when identifying them:

- **Function**: The function they perform is more important than a title. First identify, in simple terms, what critical function(s) they perform. When finding alternates, it is more important to find someone who can do the function, not just someone with the same title.

- **Position**: Here you can put the position name or title to help identify the individual.

- **Name**: Include at a minimum first and last name, and ideally any additional information to help identify someone like a middle initial or name (if there are multiple people with the same first and last name), or any prefix or suffix that may be important (e.g., M.D., Ph.D., Esq. CPA, RN).

- **Contact Information**: Here you should include every available point of contact you have for this person. This may include things like phone numbers, emails, instant messaging, video conferencing or social media accounts. The more the better; it takes more time to find a point of contact you don't have than to use multiple points of contact you do have.

    Notes: Anything else that might be important like what office they work in, access or functional needs, or who their supervisor is.

This chart is adapted from the Continuity of Operations Plan Template and Instructions for Federal Departments and Agencies.[18] The two rows below include examples.

Example for Congregation with Social Services

Function	Position	Name	Contact Information	Notes
What do they do?	What is the name or title of their position?	First and last at a minimum.	Include any phone numbers, emails or other points of contact. More points of contact are better.	Any additional important information like where they work or who they work for.
*EXAMPLE: Sacred Music (ie during ritual worship services)	Primary Clergy, Leadership, or Staff	Name	Phone: Email: Other:	Notes
	Alternate 1	Name	Phone: Email: Other:	Notes
	Alternate 2	Name	Phone: Email: Other:	Notes
	Alternate 3	Name	Phone: Email: Other:	Notes
*EXAMPLE: Manages the preparation of food and feeding of community members	Feeding Manager	Dr. Jane Doe, Ph.D.	Office:000-555-1234 Cell: 000-555-6578 Work Email: jane.doe@congregation.org	Manages the Brooklyn and Queens Community Kitchens. Works from the Manhattan office.
	Alternate Feeding Manager 1	Juan Perez	Office: 000-555-9876 Cell: 000-555-4321 Work Email: juan.perez@congregation.org	Currently coordinator at the Queens feeding site.
	Alternate Feeding Manager 2	Monsieur Tout-le-Monde	Office: 000-555-6543 Cell: 000-555-3456 Work Email: monsieur.toutlemonde@congregation.org	Currently coordinator at the Brooklyn feeding site.
	Alternate Feeding Manager 3	Zhang San(张三)	Office:00-555-1011 Cell: 000-555-1213 Work Email: zhang.san@congregation.org	Notes

Program Staff

Just as with your leadership, you need to prepare your congregation or faith-based organization in the event a significant number of staff are unavailable. "The National Strategy for Pandemic Influenza recommends that organizations plan for a forty percent absenteeism rate for periods of about two weeks at the height of a pandemic wave, with lower levels of staff absent for a few weeks on either side of the peak."[19]

Prevention is one of the most effective methods to ensuring as many of your staff are available as possible during a pandemic. Consider the following measures
to help prevent a respiratory pandemic, such as COVID-19, from spreading through your staff pool:

• Consider a campaign to promote healthy activities. There are several different communications strategies outlined in Section 2.2.1. Provide as much factual information as is available to staff regarding the nature of the pandemic and its spread. Encourage vaccinations and healthy activities like hand washing and social distancing and provide information about where to receive vaccinations if available, and instructions on healthy activities. Much of this may be done at low or no cost by memos, emails, presentations, or word of mouth.

• Make certain staff know what is expected of them before a pandemic. Make it easy for them to find out information about things like sick leave, family leave, working from home, day care or any other employment-specific topics that may be helpful for them to know when preparing themselves and their family. See Human Resources and Administrative Management on page 35 in Section 2.2.1 for more information.

• Once again, consider cross-training staff or, depending on your resources, having them cross-train each other. Make certain they know who is in charge if there is a change in leadership or authority.

• Make sure staff are aware of any medical, mental health, or spiritual/pastoral care your congregation or faith-based organization, or even partner organizations, may provide. During any emergency, mental health and spiritual care can be of particular importance. Having ill family and friends, as well as the fear of becoming sick, can put a great deal of stress on staff, and if they are taking on additional duties or covering for other staff who are ill, the stress is even greater.

Congregation and Household Planning

Most people who are sick with a respiratory virus, such as COVID-19, can be cared for at home.   During a pandemic, hospitals may only have room to care for patients who are the most ill or require special care.

---

[19] Continuity Planning for Pandemic Influenza, U.S. Dept. of Homeland Security, Federal Emergency Management Agency.

If a staff member has become ill or is showing symptoms of a respiratory infection such as COVID-19, give them time off or let them work from home. The same is true for a staff member that reports having a family member or other close friend or relation who is ill.

People who are worried about caring for a loved one may not be as effective. If they have been exposed, follow the guidance from your local health department which may include keeping them home and out of work during the period that they are at risk for getting sick or changing their job functions to minimize their interactions with others.

If a congregant has become ill or is showing symptoms of respiratory infection such as COVID-19, request that they stay home and access congregational services from home, if possible. If they have been exposed, follow the guidance from your local health department which may include keeping them home and out of congregational activities during the period that they are at risk for getting sick or having them only participate in programs that minimize their interactions with others.

Staff members or congregants who are ill or have someone in their care at home who is ill during a pandemic, should be given the following guidance:

- Concrete information regarding how long to sick staff people or congregants should remain home based on guidance from the local health department. This may include guidance like: If you have been sick stay home "until you have been fever-free for at least 72 hours without the use of fever reducing drugs like Tylenol [Paracetamol] or ibuprofen." Staying home will keep you from giving it to others.

- Make sure others in your household also stay home when they are sick. Follow guidance from your local health department regarding the potential need for staff to stay home if they were exposed (e.g. a sick household member).

- Plan who will take care of your children if you are sick. Share your plans with family members, neighbors, and friends.

- Have basic, over-the-counter health supplies such as a thermometer, tissues, face masks, soap, hand sanitizers, medicine to relieve fever and cold medicine.

- Have supplies that will allow you to maintain religious needs at home such as diet and other ritual items. These supplies may include appropriate food for a given religious diet and prayer books.

Have current phone numbers and emails for work, teachers and community groups.

Parents with children in preschool or school, including college, should take the following steps:

• Ask your day care, school or college leaders about their plans for a pandemic.

• Plan to keep students from seeing other students outside of school and limiting participation in after-school programs.

• If students live on campus, ask how the schools will help students if they are sick.[20]

Share any relevant city, state, or other governmental programs with congregants or staff members who are ill. For example, Test and Trace Corps is New York City's public health response to fight COVID-19.

Test and Trace helps New Yorkers receive free testing for COVID-19 and COVID-19 antibodies, contact tracing for those who have been exposed to the virus, and resources for those in quarantine/isolation (including FREE hotel rooms for those without the resources to isolate at home). To learn more about Test and Trace Corps, please visit their website: https://www.nychealthandhospitals.org/test-and-trace/

(Test and Trace information added by NYDIS and is correct as of December 2020)

Volunteers

Volunteers present unique challenges during an emergency. Many have regular paying jobs which they must perform. They may use their free time or time off to conduct their voluntary activities, and may be unavailable to perform their voluntary duties even if they aren't ill during a pandemic, but because their regular job has more need of them because of the pandemic. Many volunteers also spread their volunteer activities across several organizations. If your congregation or faith-based organization relies heavily on volunteers, then consider checking in with them in the early stages of a pandemic to communicate the following:

• Reinforce the message about personal preparedness and household planning. See Section 2.2.1 Communication with Leadership and Staff.

• Find out if they may need any assistance. See previous section for guidance.

• Check on their availability to assist your congregation or faith-based organization, if and when needed.

Check if congregational volunteers are in a high-risk category identified by your local department of health. Check with volunteers to learn about their ability to continue volunteer work. Encourage volunteers to consult with their health care provider if they have any concerns.

---

[20] Plan Now to Be Ready for the Next Flu Pandemic, Centers for Disease Control, Oct. 2008.
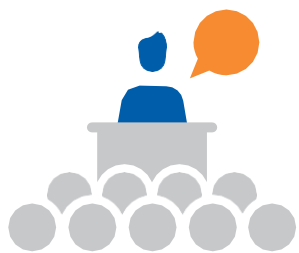
Worship Services and Other Religious Gatherings

Many congregations or faith-based organizations need to bring people together in order to provide their services, and they do this in many different ways. A church, mosque, synagogue, or temple may bring large groups together for worship services. A faith-based community kitchen may have people come in for meals, or a faith-based social service agency may have people come in for appointments. These all bring people together in a way that can increase the spread of a pandemic. Consider services and events your congregation or faith-based organization must run where people may be brought together or interact in groups large or small. During a pandemic, the celebrations, rituals, and ceremonies – weddings, rites of passage, observance of holy days – that your community ordinarily counts on will require creative and patient re-working. Plan ahead for how you will maintain as effectively as possible the required rituals (e.g. prayer, study, worship) that give meaning, structure, and dimension to your community life. Consider the following strategies to minimize the potential spread of a pandemic.:

- Consider canceling large gatherings, such as worship services, or develop plans for alternatives. Examples could range from online gatherings through video conferencing software to video sermons on the internet, emailed messages, mailed newsletters, pre-recorded messages on a designated call-in phone number and daily messages from community and faith leaders.

- When canceling large gatherings is not possible, consider alternatives such as providing services, gathering clients, congregants, or members in a staggered manner or locating congregants/clients individually or in smaller groups at a sufficient distance from one another within your house of worship/facility or in separate parts of the house of worship/facility.

- For activities that involve centralized service delivery such as community kitchens, consider alternative methods such as home delivery if at all possible. Work with partners to identify alternatives and best practices.

- Identify activities, rituals and traditions, such as hand shaking, hugging and other close-proximity forms of greeting that may need to be temporarily suspended or modified during a pandemic.

- When changing, rescheduling, or moving events and services to meet the needs of your community in a pandemic scenario, be sure to consider the effect changes may have on those with access and functional needs. Here are just a few questions to consider for changes in your service delivery:

  o Will new locations or schedules make it difficult for those with mobility disabilities to access events or services?
  o Will those with sensory disabilities or LEP require additional communications or materials to have full access to an altered event or service?

Ritual and Religious Considerations

- **Religious Foods and Diet:** During a pandemic outbreak, access to ritual foods or food required for an observant religious diet may be scarce or unavailable due to lack of staff at local stores or delays in the food-supply and shipping industries because of staff shortages. You should decide on acceptable food/ritual alternatives in consultation with those in your religious community with authority over such matters. Educate community members and staff about these alternatives, or the suspension of such rules, to ensure a proper healthy diet and maintain emotional and spiritual "peace of mind."

- **Spiritual Care:** There will be significant emotional and spiritual strain on individuals and families with a respiratory virus such as COVID-19 and on those who care for them. Those who survive the outbreak may feel guilty and ask profound questions such as "Could I have prevented this illness?" "How could I have let this happen to my child?" "Why did my spouse die and not me?" Also, survivors may become angry and ask "How could God have let this happen?" and "Why me?" As a religious leader, you will need to offer a sense of hope. You will need to help those who seek your care to reflect on what happened, name and grieve losses, explore doubts and questions about beliefs, participate in commemorative events and healing rituals, and express emotions and tell stories through music, movement, prayer, art, sacred texts, or other modalities that reach all age groups and are culturally and theologically appropriate in your context. See "Disaster Spiritual Care" NYDIS *Disaster Tip Sheets for NYC Religious Leaders* for more information.

    NYDIS Disaster Spiritual Care Tip Sheet (Added by NYDIS, December 2020)
    Available in English and Spanish: https://www.nydis.org/resources/#

Providing Spiritual Care for The Sick, Dying, And Bereaved

During a pandemic, religious leaders and designated caregivers will be called upon to care for the sick, the dying and the bereaved. You may see a need to deliver food to the sick, offer rituals of healing or anointing (laying on of hands , applying holy oils), visit the dying in hospital, and help with mortuary arrangements, all of these activities while dealing with grieving families. In addition, sick persons in prisons or at alternate care sites may need your care.

Face-to-face contact with the sick can put you and others you care for at risk of infection. You should, as should all caregivers, follow the health authorities' instructions on how to protect yourself and others while providing emotional and spiritual care, perhaps with masks and gloves. Depending on the situation, it may be possible to at least temporarily provide family members with the skills and authority to administer ritual care and other acts normally reserved for authorized leaders.

Funeral, Memorials, and Mourning Rituals

Funeral, memorials, and mourning rituals follow prescribed rituals within many faith traditions; they are deeply meaningful, and essential to the grieving process. You will want to honor the expectations of the deceased and their families to the greatest extent possible.

However, during a pandemic, indoor gatherings may be strongly discouraged; normal ritual handling of bodies may become logistically impossible or may be suspended; and religious leaders with "proper" credentials may not be available to perform the usual services. It is vital to public health and spiritual well-being that you plan now for alternate protocols, acceptable within your faith tradition, which somehow provide for spiritual and emotional care while still following public health guidelines for safe practices and hygiene.

During a severe outbreak, cemeteries may be overwhelmed, and may not be able to bury the dead in a timely manner or the demand on crematoriums may greatly exceed their maximum capacity. To handle this increased demand and to reduce the risk of infection associated with crowding during funeral, memorial services, and ritual services; religious leaders should be prepared to grant temporary suspension of burial rules, and to modify the provision of associated services.

Adjusting Essential Direct Services and Rituals to Prevent the Spread of Infection

Maintaining even your identified "essential" functions may be extremely challenging during an outbreak. The number of available religious leaders and staff/volunteers may be radically reduced due to illness and death, while the need for services among congregants and attendance among periodic participants may increase dramatically. Identify alternate procedures for each essential religious ritual or social service in your plan, especially for those which involve direct, face-to-face, hands-on interactions, and for those that are ordinarily provided only by a leader with "official" credentials (like weddings and birth rituals). Design alternatives that meet with the approval of religious bodies as appropriate, but always balance those against the best practices identified by public health officials.

Look for additional information from organizations like the NYC Health Department and the CDC who will issue additional guidance during an actual pandemic.

Adjusting Essential Direct Services and Rituals to Prevent the Spread of Infection:

☑ Plan for increased demand; identify alternate service sites and models

☑ List alternative religious rituals and services that can maintain a sense of community when mass gatherings are prohibited

☑ Develop partnerships with other faith communities for providing essential social service or ritual life.

☑ Plan for altering rituals that require bodily contact or shared ritual vessels (e.g., holy communion)

☑ Plan for providing for alternative communal experiences

☑ Develop alternate protocols to honor the wishes of the deceased and their families, to prepare bodies for rituals related to death and dying

☑ Have an alternate protocol for birth rituals

☑ Prioritize essential services – develop a protocol about when to temporarily suspend day-to-day operations and services such as weddings and birth rituals in order to concentrate resources on care for the sick, grieving family members, and congregants who develop special needs because of the pandemic (e.g., newly-orphaned children)

2.3.2   ACCOUNT FOR ADDITIONAL COSTS

Every additional person, activity and item will have an associated cost. This may be the most critical factor in how your congregation or faith-based organization prepares for and responds to a pandemic. Some costs may be one time only, while some costs may be recurring on a yearly, monthly, weekly or even daily basis. Be careful to not buy extra things you may not need or may never get the chance to use. Often, the simplest solutions are also the most cost effective. In this section, we break costs down into two easy-to-remember topics — "staff" and "stuff".

> For checklists to help you plan for additional costs, see Section **1.3.2** on page **22** in the Quick Guide.

These may not represent every potential cost associated with the continued functioning of your congregation or faith-based organization, but they attempt to identify those that may potentially exist in many congregations and faith-based organizations in preparing for or responding to a pandemic.

None of the actions taken in the previous sections can be successfully performed unless you plan for the costs to your congregation or faith-based organization. Additional supplies, communications, overtime or any other additional items or actions may have costs associated that your congregation or faith-based organization may be challenged to afford.

Before you proceed with any of the actions you identified in the previous sections, answer the following questions before making a purchase or taking an action:

• Does my staff need this to continue to function?
• Will not having this put people's health at real risk?
• Is my action or purchase based on facts?
• Will my community ever actually use this?
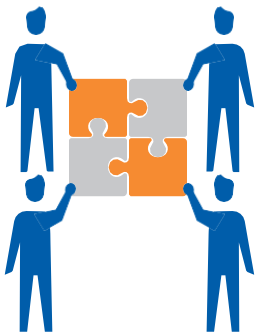
Program Staff

There are many costs associated with preparing and caring for your staff during a pandemic. Preparing your staff means additional communication and training with the associated extra costs. There are ways to minimize these costs with some additional staff support that you'll need when preparing for and responding to a pandemic.

Overtime (when applicable)

Your congregation or faith-based organization may have paid hourly staff that requires overtime pay to work beyond regular business hours. It may be possible to reduce or offset these costs in some way. Consider the following methods to prepare for and minimize costs associated with certain preparedness and response activities.

* Consider budgeting for emergencies prior to the onset of an incident like a pandemic. Look at those budget items that are either non-essential or that are not time-sensitive and may be possible to put off to pay for overtime in the event of an emergency.

* If the need for staff is great and your organization or congregation allows it, consider asking for volunteers from staff or your faith community to assist with nonessential duties so that you may shift regular staff to the most critical tasks.

* Consider reaching out to judicatories, religious networks, partner congregations or agencies for additional support. Form "mutual aid" agreements that state if a partner agency or congregation has staff available to support you, they will share them and that your congregation or faith-based organization mutually will share staff if the partner congregation/agency is in need.

* Also consider the time it will take for workers returning from being ill or caring for sick family and friends. It may take some time for them to fully return to their duties, and there may be fatigue among them or those who were covering for them.

Now, think about these common methods to replace staff and why they may not be the most cost-effective methods to alleviate staff shortfalls.

• Temporarily replacing absent staff with staff from other jobs, departments or divisions may not represent an effective solution for your congregation or faith-based organization. Replacement staff may need to work additional hours as they are likely less experienced in these positions and may require additional training, which means you may be paying both overtime pay as well as any sick time for your other staff.

• While it may be possible to hire temporary staff to replace those who are or may become absent, temporary staff may be more or less expensive than your current staff, but also keep in mind that you may be paying sick time as well as paying for temporary staff. Often, temporary staffing agencies will become overextended when an actual emergency arrives.

Training

Training staff, volunteers and potentially members of your faith community prior to an emergency can also present significant costs to your organization. Training may require staff to train during off-work hours and require overtime pay. If they train during work hours, it may take them away from duties which will cost you money through their absence. You may need to develop new training specific to a pandemic scenario or for specific tasks you don't normally perform. You may also have to train people you wouldn't normally train. Consider the following groups that may need to be trained and specific trainings that may need to be created and conducted:

• Training community, faith-based and service organization leaders in preparing their community for a respiratory pandemic, such as COVID-19

• Training volunteers or new/temporary staff that is being brought in to cover for staff positions

• Training staff that is taking over for other staff

• Training congregants to access congregational programming in new formats (such as online worship services)

• Training community members in healthy practices to prevent the spread of respiratory viruses, such as COVID-19

• Training worship service leaders for how to adapt worship and ritual practices during a pandemic

• Training members of partner groups who may be supporting your operations

• Creating and delivering training for operations specific to a pandemic (i.e. distributing supplies or providing services you may not usually provide)

Clergy, Senior Lay Staff, and Leadership

Costs associated with leadership staff present a different challenge. In many congregations or faith-based organizations, leadership are salaried employees, so there may not be overtime costs associated with having them work additional hours. The challenge, however, is that leadership may become too stressed during a response to a pandemic. It is much harder to replace leadership during a crisis, and there are a great deal of potential costs associated with poor leadership, whether it is because leaders are simply unavailable, they have been replaced by less experienced people or they are exhausted from continuous work.

Consider the following cost-effective methods to increase the effectiveness and availability of your leadership:

- Working with a judicatory, religious network, or partner. Consider a congregation, or agency that has a similar mission to share leadership. Combine your activities in a way that allows leadership to share responsibilities and split time.

- If your congregation or faith-based organization has other branches in different parts of the region or country, consider working with them to have leadership from a less-affected area come in to help.

- If possible, plan to have leadership work in set, rotating shifts, allowing one member of leadership or a manager to rest while another leads. This could be done on a shift-to-shift, day-to-day or week-by-week basis, depending on the severity of the incident and the structure of your congregation or faith-based organization.

"Stuff"

In addition to any potential staff costs, there may be costs for materials or "stuff" you want or need to have available for your leadership/staff or congregants/clients in the event of a pandemic. As with staff expenditures be certain to carefully consider whether or not you actually need the items you are purchasing. We will break down potential material expenditures into three categories: supplies and equipment, medicine, and medical/mental/spiritual health care.

An example of how not to buy things: Please ensure that your congregation buys the correct and appropriate supplies during a pandemic. For example, the CDC recommends cloth and paper masks for the public during a respiratory pandemic, such as COVID-19. You should not buy medical grade face masks, such as surgical masks or respirators, which are critical supplies during a pandemic and should be reserved for healthcare workers or other first responders. In addition, certain types of masks, such as masks with vents, allow droplets with the virus to escape, and are therefore not recommended in a pandemic. *Please consult with your local health department for recommended supplies during a pandemic.

Source: About Masks, Center for Disease Prevention and Control, https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html.

Supplies and Equipment

Supply costs cover a wide variety of items you could purchase for your leadership/staff or congregants/clients. Some of these have already been discussed in previous sections. The following lists special considerations for a variety of materials:

- **Personal Protective Equipment (PPE)**: This includes things like masks, gloves and suits. If you have staff that may be dealing with people who have been directly exposed to the pandemic virus and may be showing symptoms such as coughing, sneezing or fever, then it may seem natural to get these items. However, consider that these items are not effective if people are not trained properly in how to use them and if they are not used in tandem. Please consult with your local health department for recommended supplies during a pandemic.

- **Technology**: This includes a range of things like website, computers, phones and tech support. It may be necessary to make certain that you have backups for critical systems that help you communicate or manage your day-to-day functions. "Consider the additional need for laptops, high-speed telecommunications, networks and mobile devices that may enable employees to perform essential functions by working remotely."[21]

- **Other possible items**: these include basic hygiene items, tissues, garbage bags, cleaning supplies and hand sanitizer. This might also include ritual items or materials that you deliver to congregants so that they can worship at home.

NYC Emergency Management
NYC Emergency Management may be a resource for supplies during an emergency. It may be difficult for NYC Emergency Management to handle individual quests from the thousands of community, faith-based and service organizations in NYC. Consider reaching out to community, faith-based and service "umbrella" organizations, such as the New York Disaster Interfaith Service (NYDIS), NYC Voluntary Organizations Active in Disaster (VOAD) or the Human Services Council (HSC), or consider combining requests with your judicatory, religious network, partner organizations or congregations in your community. Here are the websites for these organizations for further information:

- **New York Disaster Interfaith Services:** http://www.nydis.org/
- **New York City VOAD:** https://nycvoad.wildapricot.org/
- **Human Services Council:** https://humanservicescouncil.org/

---

[21] Continuity Planning for Pandemic Influenza, U.S. Dept. of Homeland Security, Federal Emergency Management Agency.

Medicine

This is only relevant to faith-based organizations which have a medical director. If your congregation or faith-based organization is one which handles or distributes medications or Personal Protective Equipment (PPE), consider the costs that may come from having to stock additional medications, respiratory virus-related or otherwise, that may be harder to obtain during a pandemic outbreak.

Medical/Mental/Spiritual Health

You must consider providing your community, both leadership/staff and congregants/clients, access to medical, mental health, or spiritual care, each of which may incur additional costs, if your congregation or faith-based organization provides such services normally. Mental health and spiritual/pastoral care can be of particular importance during a pandemic outbreak as these can be times of high stress.

Consider the following self-care tips for you and your coworkers when working during an emergency:

- **Taking Care of Your Body** - Get enough sleep and rest. Eat healthy. Exercise as much as you can. Avoid drugs and excessive drinking and smoking.

- **Taking Care of Your Mental Health** - Learn about normal and abnormal reactions to disasters. Don't ignore your own emotions. Know when to seek help.

- **Taking Care of Your Spiritual Self** - Make time to reflect. Meditate. Pray. Find spiritual connection or community.

- **Increasing Your Resiliency** - Do something that will help you to regain a sense of control. Focus on your strengths and positive coping skills.

- **Reaching Out** - If you feel overwhelmed, reach out. Express your feelings. Do not be afraid to accept help.

- **Remaining Active** - Go back to your normal activities as soon as it feels comfortable and safe to do so.

- **Managing Your Workload** - Maintain a healthy balance between your work and rest. Take breaks and time off. Prioritize your tasks.

- **Reducing Your Stress** - Do things you find comforting: exercise, read and listen to music. Be with people whose company you enjoy. Practice stress-reducing exercises. Find some tips from NYC Well on recognizing stress and staying mentally healthy here: https://nycwell.cityofnewyork.us/en/coping-wellness-tips/.

There are resources available for people you encounter who may be going through emotional, psychological, or spiritual stress or crisis:

NYC Well—Crisis Intervention and Information Service

NYC Well is New York City's free, confidential support, crisis intervention and information and referral service for anyone seeking help for mental health or substance misuse concerns, available 24 hours a day, 7 days a week, 365 days a year in 200+ languages. NYC Well is staffed by trained professionals who can help you find the services that best meet your needs. Get help immediately through the contacts at: https://nycwell.cityofnewyork.us/en/get-help-now/.

There are many ways to contact NYC Well on that webpage, and the primary contact numbers are:
• English: 888-NYC-WELL (888-692-9355), Press 2
• 711 (Relay Service for Deaf/Hard of Hearing)
• Spanish: 888-692-9355, Press 3
• Chinese: 888-692-9355, Press 4

Disaster Distress Helpline
(Resource added by NYDIS, current as of December 2020)

The Disaster Distress Helpline provides immediate support by trained counselors for emotional crises related to disaster, including disease outbreaks such as COVID-19. It is a toll-free, multilingual, and confidential national helpline. This helpline is run by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is open 24 hours a day, 7 days a week, 365 days a year. It is open to all residents in the United States and its territories. Find out more at: https://www.samhsa.gov/find-help/disaster-distress-helpline

There are many ways to contact the Disaster Distress Helpline, including:
• Call:
    • In English or to request translation: 1-800-985-5990
    • In Spanish: 1-800-985-5990, press 2
    • TTY: 1-800-846-8517
    • Deaf/Hard of Hearing: Preferred Relay Service (including 711)
• Text (Standard Texting Rates Apply):
    • In English from 50 States: Text TalkWithUs to 66746
    • In Spanish from 50 States: Text Hablanos to 66746
    • Text in Spanish from Puerto Rico: Text Hablanos to 1-787-339-2663

911—Emergency Services

If you suspect that the person in crisis is in medical danger, or could cause harm to themselves or others, contact 911 immediately.

Encourage staff to look to one another for emotional support during a pandemic scenario. Consider instituting a buddy system where each staff member can be assigned or choose someone to provide dedicated psychological, emotional and spiritual support.

Remember that people may be confused and afraid during a pandemic. They may have questions about how the virus spreads or the effectiveness of vaccinations. The most important thing is to provide accurate and truthful information.

If your congregation or faith-based organization provides health insurance to staff, it may also be worth looking into what is covered in the event of a pandemic and if preventative measures, such as vaccinations, are included in coverage. If your Human Resources policies require a doc- tor's note for an absence, alter or eliminate this policy during a pandemic. A doctor's note may require an additional visit to a doctor's office by someone who may no longer be ill. All of these additional visits can place unnecessary stress on the health care system and would be better left open for those who require health care at the time.

> **This guidance is critical.** Requiring a doctor's note for an absence can require additional, unnecessary doctor's visits and testing. Altering or eliminating these policies **greatly** reduces unnecessary stress on the health care system.

Continuity Planning as a Continuous Process

As we conclude this section on continuity, remember that Continuity of Operations is a continuous process that never stops. You should always be preparing for the next emergency. Staff changes, resources change, facilities and services change. You must continually adapt your plans and procedures to keep up with the changes in your faith-based organization or congregation. For example, an emergency staff contact list that is years old is of no use; even if staff hasn't changed, email addresses and phone numbers may have.

2.3.3
Training Resources

These free online trainings provide additional information and training on continuity planning. You can access them by clicking on the links provided below. Some of these trainings are based on Pandemic Influenza and their recommendations can be adapted for respiratory pandemics, such as COVID-19.

FEMA IS-1300: Introduction to Continuity of Operations

Overview: Continuity is a critical part of every organization's mission to ensure continuation of their essential functions and services during a broad range of circumstances. A wide range of threats and hazards continue to pose significant risks to the nation, affirming the need for continuity capabilities at all levels of government, within the private sector, and among non-governmental and com- munity-based organizations. This course will also identify the fundamentals of building a continuity capability within your organization.

Click, copy and paste, or type this link in a web browser to open it:
https://training.fema.gov/is/courseoverview.aspx?code=IS-1300

FEMA IS-520: Introduction to Continuity of Operations Planning for Pandemic Influenza

Overview: This course introduces students to the characteristics of a pandemic influenza, the effects that a pandemic influenza can have on every facet of our society, and the steps their organizations can take to minimize the effects of a pandemic.

At the end of this course, the students should be able to:

• Explain the differences between seasonal influenza and pandemic influenza.

• Relate the effects of a pandemic influenza to daily organizational operations and basic services.

• Describe strategies for resolving continuity challenges presented in a pandemic situation.

Click, copy and paste, or type this link in a web browser to open it:
https://training.fema.gov/is/courseoverview.aspx?code=IS-520

FEMA IS-522: Exercising Continuity Plans for Pandemics

Overview: This course is based on the pandemic continuity tabletop exercise Determined Accord. The course covers fundamental continuity principles and processes but is focused on the special continuity requirements for pandemics. Strategies such as

telework and other social distancing strategies are described   as well as special protection strategies for first responders, health care personnel and others who have daily contact with the public. The flexible delivery version of this course includes the Determined Accord tabletop exercise based on the recent H1N1 pandemic. In this online version, students watch a discussion among first responders and respond to related questions.

At the conclusion of this course, the students should be able to:

• Relate the anticipated conditions and effects of a pandemic influenza to responders and communities.

• Describe best practices for planning for and responding to a pandemic influenza.

• Apply knowledge of the anticipated conditions and suggested practices to an activity.

• Develop next steps for pandemic planning within their agencies or communities.

Click, copy and paste, or type this link in a web browser to open it:
http://training.fema.gov/is/courseoverview.aspx?code=IS-520

FEMA IS-505: Religious and Cultural Literacy and Competency in Disaster
(Resource added by NYDIS, current as of December 2020)

Overview: Religious and cultural communities are key partners in building a culture of preparedness. Faith-based and community organizations also offer a wide variety of human and material resources that can prove invaluable during and after an incident. Collaborating with these vital community members will allow emergency managers to access a multitude of local resources and ensure members of the whole community can contribute to disaster resilience efforts.

The DHS Center for Faith & Opportunity Initiatives works to support partnerships between the emergency managers, first responders and faith-based and community organizations to more effectively serve Americans in need.

As part of this effort, in partnership with the University of Southern California Center for Risk and Economic Analysis of Terrorist Events (CREATE), this course and its companion tip sheet resources have been developed with the University of Southern California Center for Religion and Civic Culture (CRCC) and the National Disaster Interfaiths Network. In addition, FEMA personnel assisted the development of the course by providing their relevant expertise responding to disasters. The course provides emergency management professionals and faith and community leaders active in disaster with the religious literacy and competency tools needed to learn how to effectively engage religious and cultural groups and their leaders throughout the disaster lifecycle.

By the end of this course, participants will be able to:

*   Define religious and cultural literacy and competency in disaster management.

* Describe how religious and cultural language differs from government culture and language.

* Identify the skills needed to competently engage religious and cultural leaders and groups in the field.

* Describe each step in the six step "LEADER" process.

Click, copy and paste, or type this link in a web browser to open it:
https://training.fema.gov/is/courseoverview.aspx?code=IS-505

CDC: The Role of Congregations in Public Health Emergencies
(Resource added by NYDIS, current as of December 2020)

Overview: Congregations and faith communities can play a vital role in helping people survive and recover from disasters and public health emergencies. Helping with disaster relief, response, and recovery can be a deeply rewarding experience for congregations, too. Congregations can provide social capital, volunteers, food, shelter, emotional and spiritual care, financial assistance, risk communication, and many other forms of aid. Congregations, faith communities, and faith-based organizations are the backbone of the voluntary organizations active in disaster (VOAD) movement and vital emergency management partners. Please review the video recording of CDC's Emergency Partners Information Connection webinar featuring guest presenter Peter Gudaitis from the National Disaster Interfaiths Network, Executive Director of New York Disaster Interfaith Services, and Chair of New York VOAD, held on January 23 at 1 PM, ET.

Click, copy and paste, or type this link in a web browser to open it:
https://emergency.cdc.gov/epic/learn/webinar_20190123.asp

Psychological First Aid

Overview: This course was developed by New York City to cover major topics involving Psychological First Aid and Disaster Mental Health.

Click, copy and paste, or type this link in a web browser to open it:
https://www.youtube.com/watch?v=ZZjarxxb5NQ

TEMPLATE MESSAGES

The templates on the following pages are form documents. They have a lot of basic content already in place but leave information specific to your needs blank so that you can fill them out for your community. These templates are based on standard preparedness messages for seasonal and pandemic influenza provided by the CDC and are useful for crafting messaging around most respiratory pandemics, including COVID-19.

Template Message: Get Ready for Flu Season*

This message applies to both seasonal and pandemic influenza and may be useful in crafting messaging for other respiratory virus pandemics, such as COVID-19.

TEMPLATE INSTRUCTIONS

- Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant and accurate.

- This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, congregants, service recipients and staff.

- Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone that community members can reach for influenza questions or adding the signature line of the president, executive director, leadership, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION/CONGREGATION NAME),

Get Ready for Flu Season!

- **The flu season** lasts through the fall and winter. More than one kind of flu virus will be spreading this season, including seasonal flu and other flu viruses. If you get the flu, you can spread it to others at home, at work, in your congregation, and in the community.

- **Symptoms of flu** can include all or some of the following: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, tiredness and sometimes diarrhea and vomiting. It's important to note that not everyone with flu will have a fever.

- **Plan to stay home if you are sick** until at least 24 hours after you no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance or are sweating). This should be determined after fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen) are no longer needed.

Be prepared!

Get the vaccine for seasonal flu as recommended.

- (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAIL- ABLE)
  Get the flu vaccine if it is recommended for you.
  Please visit https://www.cdc.gov/flu/prevent/vaccinations.htm to see if you are
  recommended to receive flu vaccine.

- **Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator**. Please visit https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do.

- **Make plans to care for sick household members** or for children if schools dismiss students or early childhood programs close.

- **Speak with your (WORKPLACE, SCHOOL, CONGREGATION, SUPERIOR, HUMAN RESOURCES (HR) DEPARTMENT) about influenza. Your (WORKPLACE, SCHOOL,CONGREGATION, SUPERIOR, HR DEPARTMENT) (MAY ALREADY HAVE, ALREADY HAS**) a plan offering support and services for influenza. Find out about vaccinations, sick leave, working from home and other important issues if you or a loved one should become ill with influenza.

- **Be prepared in case you get sick and need to stay home**. To help avoid the need to make trips out in public while you are sick, have a supply of fever- reducing medicines that contain acetaminophen or ibuprofen, alcohol-based hand rubs and tissues on hand.

  * **Remember to cover your coughs and sneezes with a tissue**. Throw the tissue in the trash after you use it.
  * **If you do not have a tissue, cover your coughs and sneezes with the inside of your elbow**. Do not use your hand.
  * **Avoid touching your eyes, nose or mouth**. Germs spread this way.
  * **Wash your hands often with soap and water**, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used.

If a severe flu outbreak hits our community, we will share additional information about staying healthy.

Template Messages

Template Message: If You Are Not Feeling Well

TEMPLATE INSTRUCTIONS

• Coordinate efforts with your local health department before distributing this letter or email communication to ensure that all information is timely, relevant and accurate.

• This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, service recipients and staff.

• Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone that community members can reach for flu questions and adding the signature line of the president, executive director, leadership, clergy, etc.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION/CONGREGATION NAME),

If you or a loved one is not feeling well …

• **Watch carefully for signs and symptoms of flu**. Some children may not be able to tell you about their symptoms, which can delay your response to their illness. Symptoms of flu can include all or some of the following: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and some- times diarrhea and vomiting. Not everyone with flu will have a fever.

*   **Watch for emergency warning signs that need urgent medical attention.**
 These warning signs include one or more of the following:

In children
• Fast breathing, trouble breathing, shortness of breath or stopping breathing
• Bluish, purplish or gray skin color, especially around the lips, inside the mouth, or around the nails
• Not drinking enough fluids, refusing to drink
• Not waking up or not interacting
• Being irritable (a child may not want to be held or cannot be consoled)
• Flu-like symptoms improve but then return with fever and worse cough
• Fever with a rash

In adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

* **Stay home**. The person sick with the flu should stay home from work, school, or congregational programs until at least 24 hours after there is no longer a fever or signs of a fever without the need for fever-reducing medicine. Children and teenagers should not be given aspirin (acetylsalicylic acid); this can cause a rare but serious illness called Reye's syndrome.

* **Make sure your child gets plenty of rest and drinks clear fluids (such as water, broth or sports drinks) to prevent dehydration**. For infants, use an oral rehydration solution, such as Pedialyte.

* **If the sick person is in a high-risk group, contact a health care provider to discuss the need for antiviral medicines.** This is important because treatment with antiviral medicines that fight the flu should be started as early as possible. They work best when started within the first 2 days of getting sick.

* **Keep the sick person in a separate room in the house as much as possible to limit contact with household members who are not sick**. Consider designating a single person as the main caregiver for the sick person. This person should not be at high risk for complications from the flu.

- To protect other family members …

  * (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAILABLE) Get your family vaccinated for (SPECIFIC VIRUS NAME, "2009", "H1N1") according to CDC recommendations: https://www.cdc.gov/flu/prevent/vaccinations.htm

  * Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit https://a816-healthpsi.nyc.gov/NYCHealthMap.

  * Cough and sneeze into a tissue, or into your elbow or shoulder if a tissue is not available. Throw tissues away right after use.

  * Make sure hands are washed often, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used. Help young children wash their hands for 20 seconds with soap and water.

  * Clean surfaces and objects that are frequently touched. Wipe these surfaces with a household disinfectant, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.

Template Message: Staying Healthy

TEMPLATE INSTRUCTIONS

• Coordinate efforts with your local health department before distributing this letter or email communication to ensure that all information is timely, relevant and accurate.

• This template can be customized and used as an announcement via email, website, newsletter or other creative media to reach members, service recipients and staff.

• Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone community members can reach for flu questions, and adding the signature line of the president, executive director, leadership, clergy, etc.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR CONGREGATION/ORGANIZATION NAME),

• Important Actions to Take to Stay Healthy and Prevent the Spread of Germs

* (ONLY INCLUDE VACCINATION INFORMATION WHEN IT BECOMES AVAILABLE) Get your family vaccinated for (SPECIFIC VIRUS NAME, "2009", "H1N1") according to CDC recommendations: https://www.cdc.gov/flu/prevent/vaccinations.htm

* Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit https://a816-healthpsi.nyc.gov/NYCHealthMap.

* Every time you cough or sneeze, cover your mouth and nose with a tissue, and throw used tissues in the trash. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hand.

* Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, an alcohol-based hand rub can be used.

* Avoid touching your eyes, nose or mouth. Germs spread this way.

* Try to avoid close contact with sick people.

* If you are at higher risk for complications from the flu, talk to your health care provider about what you will need to do if you get sick. People at higher risk for flu complications include pregnant women, children younger than 5, people 65 and older and people with certain chronic medical conditions (such as asthma, heart disease or diabetes). Contact [INSERT NAME, TELEPHONE, EMAIL ADDRESS] if you have any questions.

* Stay home if you get sick. Keep children home if they get sick.

COVID-19 Template Messages

The templates on the following pages are form documents. They have a lot of basic content already in place but leave information specific to your needs blank so that you can fill them out for your faith community. These templates are specific preparedness messages for COVID-19 and are useful for crafting messages for your congregation during a COVID-19 pandemic or for adapting for other respiratory pandemics.

Resources added by New York Disaster Interfaith Services, December 2020.

Template Message: Get Ready for COVID-19*

This message applies to COVID-19 and may be useful in crafting messaging for other respiratory virus pandemics.
(Resource added by New York Disaster Interfaith Services, December 2020)

TEMPLATE INSTRUCTIONS

- Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant, and accurate.
- This template can be customized and used as an announcement via email, website, newsletter, or other creative media to reach members, congregants, service recipients, and staff.
- Consider customizing this letter by using your faith-based organization's or congregation's stationery or email template, inserting a name and contact information of someone that community members can reach for COVID-19 questions, or adding the signature line of the president, executive director, leadership, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION/CONGREGATION NAME),

Get Ready for COVID-19

- **COVID-19** is currently spreading. COVID-19 is a respiratory virus. If you get COVID-19, you can spread it to others at home, at work, in your congregation, and in the community.
- **COVID-19 is spread by respiratory droplets.**
  - "The virus is most likely to spread to people who are in close contact (within about 6 feet) with a person who has COVID-19. It is spread through droplets that are sprayed when a person coughs, sneezes, sings, or talks.
  - People who have no symptoms can spread the virus.
  - It may be possible for people to get COVID-19 by touching a surface that has the virus on it and then touching their mouth, nose, or eyes, but this is not thought to be the main way the virus spreads."[22]
- **Symptoms of COVID-19** can include all or some of the following: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Symptoms may appear 2 to 14 days after exposure to the virus and range from mild to severe. Some people do not have any symptoms.[23]

---

[22] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf
[23] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf

- **Plan to stay home if you are sick** until all the following are true:[24]
  - It has been **at least 10 days** since your symptoms started (or if you have no symptoms, it has been 10 days since you tested positive);
  - You have not had a fever (100.4 degrees Fahrenheit or 38 degrees Celsius) for the prior 24 hours without use of fever-reducing drugs (any medicine that contains ibuprofen or acetaminophen); **and**
  - Your overall illness has improved

Be Prepared!

- **"Practice healthy hand hygiene:**
  - Wash your hands often with soap and water or use an alcohol-based hand sanitizer if soap and water are not available.
  - Clean frequently touched surfaces regularly.
  - Avoid touching your face with unwashed hands.
  - Cover your cough or sneeze with your arm, not your hands.
- **Wear a face covering:** Protect those around you. Wearing a face covering helps reduce the spread of COVID-19, especially if you are sick and don't have symptoms. For more information about face coverings, visit nyc.gov/health/coronavirus and look for "FAQ About Face Coverings."
- **Physical distancing:** Stay at least 6 feet away from people who are not members of your household." [25]
- **Speak with your** (CONGREGATION PERSONNEL, WORKPLACE, SCHOOL, SUPERIOR, HUMAN RESOURCES (HR) DEPARTMENT) about COVID-19. Your (CONGREGATION, WORKPLACE, SCHOOL, SUPERIOR, HR DEPARTMENT) (MAY ALREADY HAVE, ALREADY HAS) a plan offering support and services for COVID-19. Find out about sick leave, testing, working or worshipping from home, and other important issues it you or a loved one should become ill with COVID-19.
- **Make plans to care for sick household members** or for children if schools dismiss students or early childhood programs close.
- **Be prepared in case you get sick and need to stay home**. To avoid the need to make trips out in public while you are sick, have a supply of fever reducing medicines that contain acetaminophen or ibuprofen, alcohol-based hand sanitizer, tissues, and other essential materials on hand.
- (ONLY INCLUDE IF AND WHEN A VACCINE BECOMES AVAILABLE) **Get the COVID-19 vaccine if it is recommended for you.** Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit: https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do
- **Testing:** There are currently two types of tests available to determine whether someone currently has COVID-19 or whether someone had it in the past. (CHECK WITH YOUR LOCAL HEALTH DEPARTMENT TO SEE WHO IS RECOMENDED FOR TESTING. CURRENTLY, AS OF DECEMBER 2020, ALL RESIDENTS OF NEW YORK CITY ARE RECOMMENDED FOR TESTING). For more information on testing, please visit: https://www1.nyc.gov/site/coronavirus/get-tested/covid-19-testing.page

---

[24] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020.
[25] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020.

- **Test and Trace Corps (NYC):** Test and trace is New York City's public health initiative to fight COVID-19.
  - **Testing:** You can get a free COVID-19 test and COVID-19 antibody test to determine whether you currently have COVID-19 or whether you had it in the past. For more information on how to get tested, please visit their website: https://www.nychealthandhospitals.org/test-and-trace/testing/
  - **Tracing:** To slow the spread of COVID-19, Test and Trace is conducting contact tracing to identify people who have come into contact with individuals who tested positive for COVID-19. Please answer the call of New York contact tracers.
  - **Take Care:** If you test positive for COVID-19 or may have been exposed, Test and Trace will provide you with resources to help you quarantine or isolate. If you choose to isolate at home, you can receive access to social services, mental health support, and medicine. If you do not have the resources to safely quarantine or isolate at home, you can qualify for a FREE hotel room. Please see their website for more information: https://www.nychealthandhospitals.org/test-and-trace/take-care/
- **Mental Health Support:** if you are feeling stressed or anxious as a result of COVID-19, please reach out to these free support services:
  - **NYC Well**, a free and confidential mental health support service, has trained counselors available 24hours a day, 7 days a week to provide brief counseling and referrals to care. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173, or visit nyc.gov/nycwell.
  - **New York State's COVID-19 Emotional Support Helpline** has trained professionals to provide support and referrals to care. This free resource is available 8 a.m. to 10 p.m. seven days a week at 844-863-9314.
  - **Disaster Distress Helpline**, a free national hotline with trained counselors to support people experiencing emotional distress related to disaster, including COVID-19. It is available 24 hours a day, 7 days a week, 365 days a year, and available in multiple languages at 1-800-985-5990 or text TalkWithUS to 66746.

If a severe COVID-19 outbreak hits our community, we will share additional information about staying healthy.

Template Message: If You Are Not Feeling Well (COVID-19)*

This message applies to COVID-19 and may be useful in crafting messaging for other respiratory virus pandemics.
(Resource added by New York Disaster Interfaith Services, December 2020)

TEMPLATE INSTRUCTIONS

- Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant, and accurate.
- This template can be customized and used as an announcement via email, website, newsletter, or other creative media to reach members, congregants, service recipients, and staff.
- Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone that community members can reach for COVID-19 questions, or adding the signature line of the president, executive director, leadership, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION/CONGREGATION NAME),

If you or a loved one is not feeling well…[26]

- **Watch carefully for signs and symptoms of COVID-19**. Some children may not be able to tell you about their symptoms, which can delay your response to their illness. Symptoms of COVID-19 can include all or some of the following: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Symptoms may appear 2 to 14 days after exposure to the virus and range from mild to severe. Some people do not have any symptoms.

  Watch for emergency warning signs that need urgent medical attention. If you experience these warning signs, go to an emergency room or call 911 immediately. These warning signs include one or more of the following:

  - Trouble Breathing
  - Persistent pain or pressure in the chest or abdomen
  - New confusion or inability to stay awake

---

[26] "COVID-19: Symptoms and What do When Sick," New York City Department of Health and Mental Hygiene: https://www1.nyc.gov/site/doh/covid/covid-19-symptoms-chronic-health-risks.page December 4, 2020.
What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf

Template Messages

- Blue lips or face
- Difficulty speaking
- Sudden face drooping
- Numbness in the face, arm or leg
- Seizure
- Any sudden and severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Any other emergency condition

Special Concerns for Children[27]

Children with COVID-19 may be at risk for Multisystem inflammatory syndrome in children (MIS-C). MIS-C is a new health condition associated with COVID-19. MIS-C is rare but because children with this syndrome may become seriously ill, it is important to look for these symptoms in children. If your child has a persistent fever plus any of the symptoms below, contact your child's doctor immediately. If your child is severely ill, go to the nearest emergency room or call 911. Symptoms of MIS-C include:

- If a child has a fever (temperature of 100.4 F or 38.0 C or greater) lasting several days, **AND**
- One or more of the following symptoms:
    - Irritability or decreased activity
    - Abdominal pain without another explanation
    - Diarrhea
    - Vomiting
    - Rash
    - Conjunctivitis (red or pink eyes)
    - Poor feeding
    - Red, cracked lips or red, bumpy tongue that looks like a strawberry
    - Swollen hands and feet, which might also be red
- **Stay home.** The person sick with COVID-19 should stay home from work, school, or congregational programs except to get testing and other essential medical care or to get basic needs such as groceries, if someone can't get them for you. Stay home until it has been at least 10 days since your symptoms started (or if you have no symptoms, since you tested positive), AND you have not had a fever for the last 24 hours without the use of fever-reducing drugs, AND your overall illness has improved.
- **Get Tested.** If you have symptoms of COVID-19, you should get tested for COVID-19. If your provider doesn't offer testing, visit nyc.gov/covidtest to find a testing site near you or call 311. Many sites offer free testing.

[27] Fact Sheet: Multisystem Inflammatory Syndrome in Children (MIS-C), New York City Department of Health and Mental Hygiene, May 18, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-pmis.pdf

- **Test and Trace Corps (NYC):** Test and trace is New York City's public health initiative to fight COVID-19.
  - **Testing:** You can get a free COVID-19 test and COVID-19 antibody test to determine whether you currently have COVID-19 or whether you had it in the past. For more information on how to get tested, please visit their website: https://www.nychealthandhospitals.org/test-and-trace/testing/
  - **Tracing:** To slow the spread of COVID-19, Test and Trace is conducting contact tracing to identify people who have come into contact with individuals who tested positive for COVID-19. Please answer the call of New York contact tracers.
  - **Take Care:** If you test positive for COVID-19 or may have been exposed, Test and Trace will provide you with resources to help you quarantine or isolate. If you choose to stay home, you can receive access to social services, mental health support, and medicine. If you do not have the resources to safely quarantine or isolate at home, you can qualify for a FREE hotel room. Please see their website for more information: https://www.nychealthandhospitals.org/test-and-trace/take-care/

- **To protect other family members while a sick person is home…**
  - **"Stay at least 6 feet away** from everyone as much possible.
  - **Wear a face covering**, especially if you are within 6 feet of others.
  - **Use a separate bathroom** if available. If you share a bathroom, disinfect frequently touched surfaces after each use.
  - **Wash your hands** often with soap and water for at least 20 seconds.
  - **Cover your mouth and nose** with a tissue or your arm when sneezing or coughing, not your hands. Immediately throw out tissues and wash your hands afterward.
  - **Clean surfaces** that are touched frequently, such as counters, doorknobs, remote controls, and phones after each use or at least once every day. Use a household cleaning spray or wipe.
  - **Do not share personal household items**, such as glasses, cups, eating utensils and towels.
  - If you share a bed, one person should sleep on the couch or sleep head to toe in the bed.
  - Move seating and other furniture around to maintain physical distance.
  - **Do not have visitors** come to your home.
  - If you cannot safely separate from other household members, call 311 or 844-NYC-4NYC (1-844-692-4692) for information about free hotel rooms for people who have or may have COVID-19. You can also visit nyc.gov/covidhotel for more information."[28]

Template Messages

Template Message: Staying Healthy (COVID-19)*

This message applies to COVID-19 and may be useful in crafting messaging for other respiratory virus pandemics.
(Resource added by New York Disaster Interfaith Services, December 2020)

TEMPLATE INSTRUCTIONS

- Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant, and accurate.
- This template can be customized and used as an announcement via email, website, newsletter, or other creative media to reach members, congregants, service recipients, and staff.
- Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone that community members can reach for COVID-19 questions, or adding the signature line of the president, executive director, leadership, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR ORGANIZATION/CONGREGATION NAME),

Important Actions to Take to Stay Healthy and Prevent the Spread of Germs

As New York City reopens and we leave home more, always keep in mind the "Core Four" actions to prevent COVID-19 transmission:

- **"Stay home if sick:** Monitor your health and stay home if you are sick except for getting essential medical care (including COVID-19 testing) and other essential needs.
- **Physical distancing:** Stay at least 6 feet away from people who are not members of your household.
- **Wear a face covering:** Protect those around you. Wearing a face covering helps reduce the spread of COVID-19, especially if you are sick and don't have symptoms. For more information about face coverings, visit nyc.gov/health/coronavirus and look for "FAQ About Face Coverings."
- **Practice healthy hand hygiene:** Wash your hands often with soap and water or use an alcohol-based hand sanitizer if soap and water are not available; clean frequently touched surfaces regularly; avoid touching your face with unwashed hands; and cover your cough or sneeze with your arm, not your hands."[29]

[29] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf

"As we go out more, keep the following in mind:

- Stick to smaller groups and to people you trust to follow the Core Four.
- Outside is Safer than inside, as there is less risk of spread.
- Pick activities where it is easier to stay 6 feet apart, like frisbee, bicycling, and picnics." [30]

Other Actions Include…

- **Testing:** There are currently two types of tests available to determine whether someone currently has COVID-19 or whether someone had it in the past. (CHECK WITH YOUR LOCAL HEALTH DEPARTMENT TO SEE WHO IS RECCOMENDED FOR TESTING. CURRENTLY, AS OF DECEMBER 2020, ALL RESIDENTS OF NEW YORK CITY ARE RECOMMENDED FOR TESTING). For more information on testing, please visit: https://www1.nyc.gov/site/coronavirus/get-tested/covid-19-testing.page
- **Test and Trace Corps (NYC):** Test and Trace is New York City's public health initiative to fight COVID-19.
    - **Testing:** You can get a free COVID-19 test and COVID-19 antibody test to determine whether you currently have COVID-19 or whether you had it in the past. For more information on how to get tested, please visit their website: https://www.nychealthandhospitals.org/test-and-trace/testing/
    - **Tracing:** To slow the spread of COVID-19, Test and Trace is conducting contact tracing to identify people who have come into contact with individuals who tested positive for COVID-19. Please answer the call of New York contact tracers.
- If you are at increased risk for severe illness from COVID-19, "consider staying home to protect yourself. Work from home if you can, avoid crowds and gatherings, and be sure to practice physical distancing and other precautions if you go out". Please talk to your health provider for additional guidance. People at higher risk for severe illness from COVID-19 include people age 65 or older or those with one of the following underlying health conditions: [31]
    - "Cancer
    - Chronic kidney disease
    - COPD (chronic obstructive pulmonary disease)
    - Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
    - Immunocompromised state (weakened immune system) from solid organ transplant
    - Obesity (body mass index of 30 or higher)
    - Pregnancy
    - Sickle cell disease
    - Smoking
    - Type 2 diabetes mellitus

---

[30] What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf

[31] "COVID-19: Prevention and Groups at Higher Risk," New York City Department of Health and Mental Hygiene: https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page. December 4, 2020.

We are still learning about COVID-19, and there may be other health conditions that increase the risk of severe illness."[32]

- (ONLY INCLUDE IF AND WHEN A VACCINE BECOMES AVAILABLE) **Get the COVID-19 vaccine if it is recommended for you.** Find locations to receive vaccinations (as recommended) using the NYC Department of Health and Mental Hygiene Site Locator. Please visit: https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do
- Stay home if you get sick. Keep children home if they get sick.

[32] "COVID-19: Prevention and Groups at Higher Risk," New York City Department of Health and Mental Hygiene: https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page. December 4, 2020.

Template Message: Changes in Congregational Programming*

This message applies to COVID-19 and may be useful in crafting messaging for other respiratory virus pandemics.
(Resource added by New York Disaster Interfaith Services, December 2020)

TEMPLATE INSTRUCTIONS

- Coordinate efforts with your local health department before distributing this communication to ensure that all information is timely, relevant, and accurate.
- This template can be customized and used as an announcement via email, website, newsletter, or other creative media to reach members, congregants, service recipients, and staff.
- Consider customizing this letter by using your congregation's or faith-based organization's stationery or email template, inserting a name and contact information of someone that community members can reach for COVID-19 questions, or adding the signature line of the president, executive director, leadership, clergy, etc. Places to insert custom information are uppercase and highlighted in yellow.

BEGIN TEMPLATE

To all (LEADERSHIP, STAFF, VOLUNTEERS, CONGREGANTS, CLIENTS, PATIENTS, RESIDENTS, ETC.) of (YOUR CONGREGATION/ORGANIZATION NAME),

We hope you are staying safe and healthy. New York City is currently experiencing an outbreak of COVID-19. We are committed to serving you and to continue providing services and support in a safe way. Due to the spread of the virus, our (CONGREGATION/ FAITH BASED ORGANIZATION NAME) is taking the following precautions to prevent the virus from spreading:

Changes to our House of Worship Building

- **Hand Hygiene**: We have installed hand sanitizing stations at our entrance and around our facility. Please sanitize your hands upon entering our house of worship and throughout your visit.
- **Reduced Building Capacity:** To allow for greater physical distancing between congregants, we are limiting capacity to 50% of the occupancy allowed for a room. In order to attend a worship service or congregational program, you must sign up in advance. Registration will stop once we are at the maximum capacity for the room the event is in.
- **One way entrances and exits.** To allow for increased physical distancing, we will create one-way paths to enter, exit, and move through the building. Please look out for signs which will indicate which doors to enter through and which doors to use to exit.
- **Masks**. Please wear a face mask that covers both your nose and your mouth while in our house of worship. If you do not have a mask, one will be provided to you by the office upon entering.

Template Messages

Changes to Programming

- **Worship Services**: All worship services will now be streamed online for those who cannot or do not wish to attend in person. Please check the congregational newsletter for information on how to access services online.
- **Choir Practice Suspended**. Choir practice is temporarily suspended until further notice. Recordings of past choir performances can be found on our website. If you would like to practice at home, please get in touch with our choir director by email (choir@houseofworship.org) or by phone (000-123-4567).

Additional Resources

- If you are in need of prayer books or other ritual materials to practice from home, please contact the office at 987-654-3210.
- **Test and Trace Corps (NYC):** Test and Trace is New York City's public health initiative to fight COVID-19.
  - **Testing:** You can get a free COVID-19 test and COVID-19 antibody test to determine whether you currently have COVID-19 or whether you had it in the past. For more information on how to get tested, please visit their website: https://www.nychealthandhospitals.org/test-and-trace/testing/
  - **Tracing:** To slow the spread of COVID-19, Test and Trace is conducting contact tracing to identify people who have come into contact with individuals who tested positive for COVID-19. Please answer the call of New York contact tracers.
- **Mental Health Support:** if you are feeling stressed or anxious as a result of COVID-19, please reach out to these free support services:
  - **NYC Well**, a free and confidential mental health support service, has trained counselors available 24hours a day, 7 days a week to provide brief counseling and referrals to care. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173, or visit nyc.gov/nycwell.
  - **New York State's COVID-19 Emotional Support Helpline** has trained professionals to provide free, confidential support and referrals to care. This free resource is available 8 a.m. to 10 p.m. seven days a week at 844-863-9314.
  - **Disaster Distress Helpline**, a free national hotline with trained counselors to support people experiencing emotional distress related to disaster, including COVID-19. It is available 24 hours a day, 7 days a week, 365 days a year, and available in multiple languages at 1-800-985-5990 or text TalkWithUS to 66746.

You may also reach out to any member of our clergy for assistance by emailing them at (clergy@houseofworship.org) or by calling them at (000-000-0000).

We will update you of any changes to our programs or operations as we learn more about this virus. If you have any questions or are in need of any kind of assistance, we would like to support you. Please contact the head pastor for additional help at (pastor@houseofworship.org).

Supplemental Documents

The following worksheets are mentioned throughout the Pandemic Preparedness Toolkit. They will help you apply recommendations from this toolkit to your specific congregation or faith-based organization.

Resources added by New York Disaster Interfaith Services, December 2020.

Current Organizational Chart[33]
Resource added by NYDIS, December 2020

Create a current organization chart for your congregation or faith-based organization. List the title of the position. This should be a complete chart showing every congregational or organizational position. The name of the individual in the position may also be included. Keep in mind options to color-code, outline, or vary shapes based on employment status (paid vs. volunteer), essential staff designation, or other useful metrics.
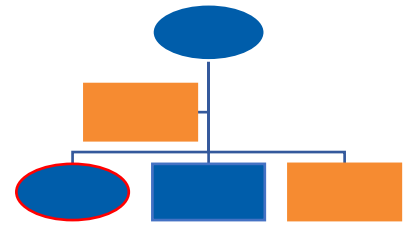
Planning Your Pandemic Communication[34]
Resource added by NYDIS, December 2020

You can use this chart to help plan how your faith-based organization or congregation will communicate changes to worship services, programs, and other information throughout a respiratory pandemic, such as COVID-19. The column on the left includes examples of types of information you may need to communicate in a pandemic.

What should you communicate?	Who are you communicating to? (ex: congregation, staff, congregants, local government)	Who should communicate the message? (ex: leadership, clergy, executive director)	How should it be communicated? (ex: electronically, phone call, mail, social media)	Content (ex: talking point, main message, additional resources)
Impact on congregation to date				
Pandemic Impact				
Congregation services or gatherings (worship, study, or other) offered or changed				
Funds or supplies needed				
Volunteers needed				
Other				

[34] This chart is adapted from: Preparing Your Church for Coronavirus (COVID-19): A Step by Step, Research-Informed and Faith-Based Planning Manual, Humanitarian Disaster Institute, 2020, p. 17.

Supplemental Documents

Pandemic Communication Message Template[35]

Resource added by NYDIS, December 2020

Audience:

- Relationship to incident/ event
- Demographics (age, language, education, culture)
- Level of Outrage (based on risk principles)

Purpose of Message:

- Give facts/ update
- Rally to action
- Address rumors
- Satisfy media requests

Keep in mind:

Include positive action steps	Avoid jargon
Honest/ open tone	Avoid judgmental phrases
Provide accurate information	Avoid humor
Test for clarity	Avoid extreme speculation
Use simple words, short sentences	

Method of Delivery:

- Email
- Web release
- Through a spokesperson (TV or in-person appearance)
- Radio
- Other (e.g. recorded phone message)

Six Basic Emergency Message Components:

1. **Expression of empathy:** _____

2. **Clarifying facts:** _____

   Who _____
   What _____
   Where _____
   When _____
   Why _____
   How _____

3. **What we do not know:** _____

4. **Process to get answers:** _____

5. **Statements of commitment:** _____

6. **Positive action steps:** _____

   For More information: _____
   Next Scheduled update: _____

[35] Writing a Continuity of Operations Plan for Congregations and Faith-based Organizations Worksheets, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, 2020.

Identifying Organizational Functions[36]

Resource added by NYDIS, December 2020

1. List all congregational or organizational functions. These functions may be identified through the following sources: mission statement, legislation, regulations, funder requirements, standard operating procedures, emergency operating procedures, and / or current or former employees.

2. Determine the category of the function. Is the task associated with *Administration and Operations, Worship,* or *Community Services and Programs?*

3. Determine if it is essential or deferrable. Consider which congregational or organizational functions should be resumed within 12 hours and should be sustainable for up to 30 days.

1. All Functions	2. Category	3. Essential? (Y/N)
Payroll	*Administration and Operations*	Y

---

[36] Writing a Continuity of Operations Plan for Congregations and Faith-based Organizations Worksheets, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, 2020.

GLOSSARY[37]

Absenteeism rate
Proportion of employed persons absent from work at a given point in time or over a defined period of time.

Access and Functional Needs
Any condition or situation in which someone may require accommodation to receive full and equal access to a service. Access and functional needs may include, but are not limited to, mobility disabilities (use of a walker, wheelchair or cane), sensory disabilities (blindness or low vision, deafness or low hearing), limited English proficiency (LEP), dietary restrictions (low-sodium, Kosher, Halal), emotional and cognitive disabilities (post-traumatic stress, dementia, Alzheimer's).

Acquired immunity
Immune defense that develops following exposure to a pathogen (e.g., bacterium or virus) or vaccine. It involves the production of specific defensive blood cells (lymphocytes) and proteins (antibodies), and provides lasting immunity based on the experience or "memory" of previous exposure (contrast with "innate immunity").

After Action Review (AAR)
A process used by a group to capture the lessons learned from past activities. The goal is to improve future effectiveness. AARs may also be used during an activity to evaluate the effectiveness of current operations. AARs are not intended to assign blame, but to determine better practices.

Airborne transmission
Movement of viral particles through the air either attached to solid particles (such as dust) or suspension in droplets of liquid.

Alcohol hand gels
Gels that are effective against respiratory viruses, even though they are often labeled as "antibacterial" with no reference to action against viruses. They should (but often don't) contain at least 62% ethanol. Also referred to as hand sanitizers or hand rubs.

Antibody
Proteins made by a class of white blood cells (B lymphocytes) and which are a major component of the body's immune response.

[37] Adapted from: Pandemic Flu (Swine Flu): A glossary of terms for writers and editors, UK Government Office for Science.

Antigenic shift

A significant genetic change in a virus that causes it to produce a very different antigen, which may allow it to escape recognition by the host's immune system. This is often associated with the onset of a pandemic, since people in the general population do not have the necessary protective antibodies to the new type of viral antigen. Antigenic shift for influenza viruses occurred in 1918, 1957, 1968 and the H1N1, the virus that caused the 2009-10 pandemic, represents a similar change.

Antiviral medications

Medications used for treating certain viral infections or for prophylaxis to prevent illness in people exposed to certain viruses. Examples of antiviral medications for flu include the neuraminidase inhibitors oseltamivir (Tamiflu) and zanamivir (Relenza).

Antiviral resistance

The lack of responsiveness of a virus to an antiviral drug, caused by natural variation or as a result of adaptation by the virus.

Asymptomatic infection

An infection that does not generate observable symptoms, but which can produce full immunity.

"At risk" groups

Groups of people who, through their immune disposition or long-term illness (e.g., diabetes, chronic heart or respiratory disease), are deemed to be especially threatened by infection.

Attack rate

In epidemiology, a term referring to the proportion of a population affected by a disease over a defined length of time during an epidemic.

Case fatality ratio (CFR)

The proportion of people who become ill (clinical cases) who end up dying during an outbreak.

CDC

Centers for Disease Control and Prevention - A U.S. government organization based in Atlanta, Georgia, that is responsible for, amongst other things, assisting state monitoring of disease outbreaks, implementing preventative measures and organizing the response to disease outbreaks throughout the U.S.

Chronic

Occurring over a long period of time; a persistent or recurring illness (contrast with "acute").

Clergy

Ordained religious leadership.

Community

A group of people with diverse characteristics that share commonalities, including geography or social, political or economic experiences.

Community mitigation strategy

A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

Confirmed cases

Cases of illness that have been confirmed by laboratory analysis. During a pandemic, cases will not often be tested for lab confirmation and are. Instead, presumed to be cases of the strain based on symptoms and widespread illness in the community.

Congregation

A community of people who gather together to participate in worship, religious study, or other ritual/religious activities.

Congregants

People who regularly attend or are members of a congregation. These may include paid membership and/or people who frequently attend a congregation's services or programs. Sometimes referred to as adherents.

Contagious

Used to describe an illness that can be passed to another person or animal by contact.

Coronavirus

Any of a family (Coronaviridae) of single-stranded RNA viruses that have a lipid envelope studded with club-shaped projections, infect birds and many mammals including humans and include the causative agents of MERS, SARS and COVID-19.

Continuity of Operations

Procedures designed to keep an organization running in the event of an emergency. This may include plans to address staff, supply or other resource shortages.

Countermeasures

Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

COVID-19

An infectious disease caused by a severe acute respiratory syndrome identified as coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 and spread globally, resulting in the 2019–20 coronavirus pandemic. Common symptoms include fever, cough and shortness of breath.

Critical infrastructure

Systems and assets, whether physical or virtual, so vital to the U.S. that the incapacitation or destruction of such systems and assets would have a debilitating impact on national security, economy or public health or safety, either alone or in any combination. Specifically, it refers to the critical infrastructure sectors identified in Homeland Security Presidential Directive 7 (HSPD-7).

Disinfectant

An agent applied to surfaces or objects that kills microorganisms or prevents their growth/ability to reproduce. They may have a narrow or broad range.

Droplet transmission

See 'airborne transmission'.

Epidemic

A rapid and extensive spread of an infection that affects many individuals in a single or restricted area or population at the same time (see also 'pandemic').

Epidemiology

The study of the incidence and prevalence of disease in large populations (epidemics).

Faith-based organization

Any organization that has a faith-inspired interest.

FEMA

The Federal Emergency Management Agency is a division of the U.S. Department of Homeland Security. Its primary purpose is to coordinate response to disasters that overwhelms the resources of local and state authorities.

Fever

A rise in body temperature, usually in response to infection. One of the symptoms of respiratory viruses.

Flu

Abbreviation for influenza. May refer to the virus or the disease.

Herd immunity

If enough members of a population are immune to infection, a virus cannot find enough susceptible or previously unexposed individuals to sustain a spread through the population.

HIPAA

The Health Insurance Portability and Accountability Act of 1996. Title I of H I P A A protects health insurance coverage for workers and their families when they change or lose their jobs. Title II of HIPAA, known as the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

House of Worship

The building or facility where a congregation meets for worship or religious programming.

ILI

Influenza-like Illness. A collection of symptoms which strongly suggest the person has influenza.

Illness rate or clinical attack rate

Proportion of people in a community who develop illness (symptomatic cases divided by population size).

Immune system

The system of specialized cells and tissues that provide defense against infection.

Immunity

Resistance to infection.

Improvement Plan

The ultimate result of an After Action Review. It should consist of a set of steps, actions or processes to improve activities in the future.

Incubation period

The time from the point at which infection occurs until the appearance of signs or symptoms of disease.

Infection

The acquisition and active growth of a foreign microbial agent in a host, such as a human or animal, usually with a detrimental outcome.

Infection control

Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of Personal Protective Equipment such as face masks and respirators and disinfection).

Infectious

A disease caused by a microorganism that can be transmitted from one person to another (see also 'contagious').

Influenza A

Influenza type A viruses are divided into subtypes based on two proteins on the surface of the virus, called haemagglutinin (HA) and neuraminidase (NA). There are 16 different HA subtypes and 9 different NA subtypes. Many different combinations of HA and NA proteins are possible. Only two influenza A subtypes (H1N1 and H3N2) are currently in general circulation among humans. Influenza type A viruses circulate in birds, pigs and horses, in addition to humans and seals; whales, cats and dogs are occasionally infected. Wild birds show the widest range of subtypes and are considered the natural evolutionary hosts for these viruses. All 16 HA subtypes and all 9 NA subtypes can be found in avian species.

Influenza pandemic

A worldwide epidemic caused by the emergence of a new or novel influenza strain to which humans have little or no immunity, and which develops the ability to infect and be transmitted efficiently for a sustained period of time in the community between humans.

Influenza virus

The common name of a virus of the family Orthomyxoviridae (the influenza viruses) which cause influenza.

Innate immunity

Protection against infection that is present from birth, and does not depend on memory or experience of previous exposure (also known as "natural immunity"). Does not confirm permanence of long-lasting immunity (contrast with "acquired immunity").

Isolation of ill people

Separation or restriction of movement of persons ill with an infectious disease in order to prevent transmission to others.

Judicatory

"A judicatory is a regional office of a denominational structure. Denominations may have different names for a judicatory, such as Diocese, District, Presbytery, or Synod."[38]

Mitigation strategy

Actions aimed at reducing the impact of infection (e.g. closing schools).

Mortality rates

The number of deaths in a given time period (see also 'case fatality ratio').

Mutation

A genetic change.

Natural immunity

See 'innate immunity'.

Neuraminidase antigen

A glycoprotein made by influenza viruses that forms spikes on the virus surface (see 'antigen') required to release newly produced virus from the surface of infected cells in which they were produced. The 'N' in a flu variant's name refers to neuraminidase (e.g. H1N1).

Neuraminidase inhibitors

Chemicals which inhibit the enzymatic function of the neuraminidase protein and so have antiviral properties. The currently approved neuraminidase inhibitors are oseltamivir (Tamiflu) and zanamivir (Relenza).

Nonpharmaceutical intervention (NPI)

Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures.

Nonpharmaceutical interventions (NPIs) strategy (early, targeted and layered)

A strategy for using combinations of selected community-level NPIs implemented early and consistently to slow or limit community transmission of a pandemic virus.

Novel H1N1 influenza strain

An H1N1 strain that is genetically significantly different from H1N1 strains that had been circulating in humans. For example, the 2009-10 pandemic strain.

[38] IS-0505 Flexible Delivery: religious and Cultural Literacy and Competency in Disaster, FEMA, 2018, p.25.

Oseltamivir
An orally active neuraminidase inhibitor used to treat flu infection, marketed by Roche as Tamiflu.

Pandemic
The worldwide community spread of an infection. Occurs rarely—three times in the 20th century, and again in 2009, with a larger impact than regular seasonal flu.

Pandemic (H1N1) 2009
The worldwide community spread of a new H1N1 influenza virus, originating in pigs and entering the human population in 2009.

Pandemic vaccine
Vaccine for a specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

Personal Protective Equipment (PPE)
PPE is any type of clothing, equipment or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso and extremities. Gowns, face shields, gloves, face masks and respirators are examples of PPE commonly used within health care facilities. When PPE is used in a workplace setting to protect workers against workplace hazards, its use must be consistent with regulations issued by the Occupational Safety and Health Administration (www.osha.gov/index.html).

Points of Dispensing (PODs)
Locations that can be opened for the purpose of dispensing medication or giving vaccinations to large populations in a public health emergency.

Post-exposure prophylaxis
The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

Pre-pandemic vaccine
Vaccine against strains of influenza virus in animals that have caused isolated infections in humans and which may have pandemic potential. This vaccine is prepared prior to the emergence of a pandemic strain and may be a good or poor match (and hence of greater or lesser protection) for the pandemic strain that ultimately emerges.

Prophylaxis
Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza, this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

Rapid diagnostic test
Medical test for rapidly confirming the presence of infection with a specific respiratory virus strain.

Reassortment (genetic reassortment)

The mixing of genes that can occur following infection of a cell by more than one strain of virus (e.g. influenza A).

Relenza

See 'Zanamivir'.

Respiratory

Relating to the respiratory system (e.g. the nose, throat, trachea and lungs).

Respiratory virus

There are many different types of viruses that can affect the breathing passages and cause respiratory illnesses such as a cold or flu-like illness. Respiratory virus- es are the most frequent causative agents of disease in humans, with significant impact on morbidity and mortality worldwide.

Respiratory virus with pandemic potential

Influenza viruses, coronaviruses, as well as certain other respiratory viruses, are readily transmitted in a population, mutate frequently so that most of the population has little if any immunity to new strains and cause severe illness and death thus having the potential to become pandemic.

Sacred Music

Music that is used for ritual and/or worship.

Seasonal epidemic

An epidemic that occurs at a defined time each year, typically in the autumn and winter months due to climatic or social factors (e.g., the end of school vacation)

Seasonal flu

Flu that occurs at a defined time each year, typically in the fall and winter months. Often a smaller and more manageable impact than pandemic influenza.

Secondary infection

Infection by a second agent following a primary, unrelated infection. For example, a bacterial infection, such as pneumococcal pneumonia, could follow a virus infection, such as influenza.

Second- and third-order consequences

Chains of effects that may arise as a consequence of intervention and which may require additional planning and intervention to mitigate. These terms generally refer to foreseeable unintended consequences of intervention. For example, dismissal of students from schools may lead to workplace absenteeism for taking care of a child. Subsequent workplace closings due to high absenteeism may lead to loss of income for employees, a third-order effect that could be detrimental to families living at or near subsistence levels.

Sector

A subdivision (sociological, economic or political) of society.

Shedding

The loss of a virus from a cell following replication; the movement of a virus from one part of the body into another part of the body or from a host body into the environment, where it may infect other bodies.

Social distancing

The act of arranging and maintaining additional distance between individuals to limit physical contact. This is often practiced to limit the spread of disease.

Strain

Influenza Type B, or subtypes of Influenza Type A, for example H1N1, may be characterized into different strains that can be clearly differentiated from other groups by a set of genetic characteristics. New strains of influenza viruses appear and replace older strains.

Surge capacity

Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context includes the ability of health care or laboratory facilities to provide care or ser- vices above their usual capacity and to expand manufacturing capacity of essential medical material (e.g., vaccine) to meet increased demand.

Surveillance

Purposeful observation for the occurrence of an infection.

Suspected cases

Cases of illness identified through symptoms but not confirmed by laboratory analysis.

Swine flu

H1N1 influenza arising in 2009 from pigs and the cause of the 2009 pandemic in humans.

Swine influenza

See 'swine flu'.

Symptoms

What patients complain of when suffering an infection or disease (e.g., sore throat, cough, muscle pains). Signs are what observers (usually doctors) can detect objectively, e.g., a high temperature (fever) by using a thermometer or lung congestion using a stethoscope.

Tamiflu

See 'Oseltamivir'.

Telework

Refers to activity of working away from the usual workplace (often at home) through telecommunication or other remote access means (e.g., computer, telephone, cellular phone, fax machine).

Underlying health problems

A medical condition that exists prior to infection and which may predispose the individual to infection or exacerbate the infection.

Vaccine

A substance that is administered in order to generate an immune response, thereby inducing acquired immunological memory that protects against a specific disease.

Viral shedding

Discharge of virus from an infected person.

Virus

A microorganism containing genetic material (DNA or RNA) which is smaller than a bacterium and cannot grow or reproduce outside of a living cell. A virus reproduces by invading living cells and using them to replicate itself.

Virulence

The severity of a viral infection, usually at the cellular level.

WHO

World Health Organization - the central authority for health within the United Nations system.

Whole Community

FEMA concept which includes not only government, but emphasizes the importance of working with all partners private, private nonprofit and citizen partners to successfully prevent, protect against, respond to, recover from and mitigate all hazards.

Zanamivir

An inhaled neuraminidase inhibitor developed by GSK and marketed as Relenza.

Zoonosis / Zoonoses (pl.)

The transfer of an infection from a non-human animal species to humans (the reverse is sometimes referred to as a reverse zoonosis). An avian influenza virus infecting a human would be described a zoonotic event.

REFERENCES

The following documents were referenced and consulted in the development of this planning guide.

Adherence to Public Health Directives: St. Louis Community Key Stakeholders' Meeting Findings and Conclusions, Saint Louis University, St. Louis, Missouri, December 3, 2008, The Oak Ridge Institute for Science and Education (ORISE), Centers for Disease Control and Prevention, Saint Louis University, June 2009.

Best practices for communicating with the public during an outbreak report of the WHO Expert Consultation on Outbreak Communication held in Singapore, 21-23 September 2004.

Behavioural Interventions for Reducing the Transmission and Impact of Influenza A(H1N1) Virus; a Framework for Communication Strategies, World Health Organization, UNICEF.

Continuity of Operations Plan Template and Instructions for Federal Departments and Agencies, FEMA, July 2011.

Continuity Planning for Pandemic Influenza, U.S. Dept. of Homeland Security, Federal Emergency Management Agency.

COVID-19: Guidance And Safety Tips, NYC Health Department, March 2020.

"COVID-19: Prevention and Groups at Higher Risk," New York City Department of Health and Mental Hygiene: https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page.

"COVID-19: Symptoms and What do When Sick," New York City Department of Health and Mental Hygiene: https://www1.nyc.gov/site/doh/covid/covid-19-symptoms-chronic-health-risks.page

Crisis and Risk Communication: Tips for Public Health Professionals Communicating with Native and New Americans, Robert Littlefield, Ph.D., Kimberly Cowden, M.A., Will Hueston, Ph.D. 2007 the Institute for Regional Studies, North Dakota State University.

Fact Sheet: Multisystem Inflammatory Syndrome in Children (MIS-C), New York City Department of Health and Mental Hygiene, May 18, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-pmis.pdf

Faith based & Community Organizations Pandemic Influenza Preparedness Checklist U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Jan. 9, 2006.

Guidance on Preparing Workplaces for an Influenza Pandemic, U.S. Dept. of Labor, Occupational Safety and Health Administration, U.S. Dept. of Health and Human Services, 2007.

Individual and Community Influences on Adherence to Directives in the Event of a Plague Attack: Survey Results, Ricardo J. Wray, Ph.D., MS, Jenine K. Harris, Ph.D., Keri Jupka, MPH, Santosh Vijaykumar, Ph.D., Elizabeth W. Mitchell, Ph.D., William Pollard, Ph.D., Emily Zielinki-Gutierrez, DrPH, Dori Reissman, M.D., PHP, Keri Lubell Ph.D.; Disaster Medicine and Public Health Preparedness, Vol. 6, Issue 3 pp.253-262.

Individual, community and social-structural factors affecting adherence to public health directives in the event of an emergency: Results of key informant interviews, Submitted to Emergency Communication Services Office of Communication, Centers for Disease Control and Prevention September 21, 2007 Prepared by: Ricardo Wray Ph.D., Santosh Vijaykumar, MA, Keri Jupka, MPH; Saint Louis University School of Public Health, 3545 Lafayette Avenue, St. Louis MO 63104.

Innovative Uses of Social Media in Emergency Management, Space and Naval Warfare Systems Center Atlantic, September 2013.

Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States, U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Feb. 2007.

IS-0505 Flexible Delivery: religious and Cultural Literacy and Competency in Disaster, FEMA, 2018.

Messaging is a matter of trust, The Risk Communicator, Centers for Disease Control, 2008.

The Next Flu Pandemic: What to Expect, Centers for Disease Control and Prevention, Oct. 2009.

The Path Forward: A follow up to The Case for Integrating Crisis Response with Social Media and call to action for the disaster response community, American Red Cross, 2010.

Plan Now to Be Ready for the Next Flu Pandemic, Centers for Disease Control, Oct. 2008.

Preparing for the Flu (Including 2009 H1N1 Flu): A Communication Toolkit for Community and Faith-based Organization, U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention.

Preparing Your Church for Coronavirus (COVID-19): A Step by Step, Research-Informed and Faith-Based Planning Manual, Humanitarian Disaster Institute, 2020.

Social Media helping Emergency Management Final Report, Maurits van der Vlugt & Allison Hornery, NGIS Australia Pty Limited, 2011.

Social Media and Risk Communication, Donya Currie, American Public Health Association, 2009

Respiratory Viruses Having Pandemic Potential, Texas Department of State Health Services, March 2015

Risk Communication and Social Media, Dr. Tim L Tinker, Grant McLaughlin, and Michael Dumlao, 2009

Top 10 Tips for Pandemic Preparedness and Prevention, Federal Occupational Health, U.S. Public Health Service, program Support Center, U.S. Dept. of Health and Human Services, 2008

What New Yorkers Need to Know Now About COVID-19, New York City Department of Health and Mental Hygiene, October 20, 2020: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/coronavirus-factsheet.pdf

Writing a Continuity of Operations Plan (COOP) for Congregations and Faith-based Organizations: Public Health Emergencies, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, Online Webinar, May 2020.

Writing a Continuity of Operations Plan for Congregations and Faith-based Organizations Worksheets, Faith Sector Community Preparedness Program, New York Disaster Interfaith Services, 2020

INDEX

CREDITS

Barbara Mazur, *Director Quality Management,* Revival Home Health Care Eddie McQuillan, *Division Supervisor Operations Cadre,* FEMA

Sanja Stegich, *ADA Coordinator,* New York City Department of Housing Preservation and Development

Peter Troy, CHPA, *Director of Safety and Security,* Providence Rest Nursing Home

Robert Van Pelt, *Executive Director of Administration and Stakeholder Affairs,* New York City Office of the Chief Medical Examiner

Linda Whitaker, *Assistant Commissioner,* New York City Department of the Aging

Lillian Wu, *Assistant Director,* Hamilton Madison House City Hall Senior Center

Evy Yeager, *Operations and Planning Consultant,* LSA Family Health Service