

Pandemic Influenza Planning for Episcopal Parishes: Avian Flu Preparedness

REPORT OF

Thomas Lozier

a Pupil of the *Third* Grade of

Fullerton Graded Schools, Dist. No. 10

State of Kentucky, County of Greenup

For the School Term

Beginning *Sept. 1* 191*8*

and Ending *Mar. 21* 191*9*

Promoted to *Fourth* Grade

Retained in *7th* Grade

Retained for Special Examination in

Ellen M. Mickell

Teacher

MONTHS		1st	2nd	3rd	4th	5th	6th
SUBJECTS	READING	90			97	92	93
	WRITING	75			85	87	85
	SPELLING	64			82	92	84
	ARITHMETIC	60			92	85	58
	GEOGRAPHY	81			95	100	90
	GRAMMAR						
	HISTORY						
	PHYSIOLOGY						
	CIVIL GOVERNMENT						
	LITERATURE						
ATTENDANCE	PHYSICAL GEOGRAPHY						
	ALGEBRA						
	AGRICULTURE						
	LANGUAGE	50			96	92	90
	<i>Gen. 2nd</i>	80			100	100	90
	DAYS PRESENT	13			20	17	9
	DAYS ABSENT	0			0	0	11
	TIMES TARDY	0			1	0	0
	DEPORTMENT	95			92	93	90
	PUNCTUALITY	100			100	100	85
SUMMARY	GENERAL AVERAGE	75			96	93	80

EXPLANATIONS

1. Written examinations are reported in figures. 2. Class records are reported in words. 3. Results of special examinations are entered in red ink. 4. Deportment and punctuality are important items, and affect the General Average and Rank in Class. 5. A pupil delinquent in not more than three subjects, may remove these conditions by special examinations. 6. This report, if properly filled out and signed, is a certificate of promotion to be presented to the next teacher.

1918 pandemic flu era grade school report card reflecting enforced absence and school closure.

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Introduction

Until recently, the world had not heard of Jones Ginting. Ginting, a father of two young boys, lives with his wife and extended family in a tiny Indonesian village on the island of Sumatra. The family enjoys a close-knit existence – working, living, and playing together. They share another commonality – a tragic bout with the H5N1 virus, commonly known as “bird flu,” an episode which has garnered international attention. Ginting’s story was reported in a recent news article (AP, 7/23/2006), and is just the sort of incident to spark concern within the global public health community. Eight members of Ginting’s family were infected with H5N1; seven perished. Ginting was the lone survivor of the most significant reported incident to date of documented human-to-human transmission of avian flu. The gravity of this family’s experience reverberates worldwide as communities locally and globally grapple with preparing for and mitigating the effects of a bird flu pandemic.

H5N1’s inability thus far to transmit effectively from person to person has been the crucial barrier to a global pandemic. However, flu viruses’ notorious capacity to easily and quickly mutate has given rise to the notion that the possibility of large-scale devastation reminiscent of the 1918 influenza pandemic is not far-fetched. Against this backdrop, governmental officials and community leaders are working to prepare for the worst, while hoping for the best. As a visible and influential pillar of the community, the Church is ethically bound to spearhead avian flu preparation and mitigation efforts at the parish level. The purpose of this paper is to provide Episcopal parishes a starting point and basic framework from which to initiate bird flu preparedness plans.

Influenza Overview

What is influenza? Influenza is a highly contagious respiratory illness caused by infection with the influenza virus. Of the three main types of influenza viruses (A, B, and C), type A influenza viruses give rise to the regular, annual epidemics with which we are most familiar. Influenza viruses can be transmitted between humans and animals (most notably poultry and swine) and may be carried by asymptomatic animals in relatively non-infectious forms. The infectious properties of the influenza virus depend upon proteins on the surface of the virus, particularly hemagglutinin proteins (that bind to cells being infected) and neuraminidase (an enzyme that cleaves specific sugars on the surface of the infected cell, allowing the virus to spread from an infected cell to neighboring cells). RNA virus nucleic acids are prone to rapid mutation, and once a random set of mutations occurs that makes the virus more virulent and contagious, an epidemic begins. Once an influenza strain evolves with capacity to infect humans, person-to-person spread by respiratory transmission leads to widespread human disease. The symptoms of influenza are fever, cough, myalgias, headache, and “cold” symptoms. Many symptoms of influenza are common to other viral illnesses, and many diseases other than influenza are described incorrectly as “the flu.”

“The key issue is whether there will be evolution of the bird flu so as to permit human-to-human spread of the disease.”

Why does influenza kill? Influenza viruses kill the cells that line the lungs and airways that are responsible for exchange of oxygen for carbon dioxide in the blood and protection against bacterial pathogens. Aside from the immediate effects of the influenza virus on the respiratory system, there is increased susceptibility of infected people to bacterial pneumonia as a fatal secondary complication.

Why is influenza so contagious? A single influenza-infected cell will release thousands of infectious virus particles that are then expelled in fine droplets during coughs or sneezes. The droplets that are sneezed or coughed out are fairly large and visible to the naked eye. However, these droplets dry out while in the air and become small enough to be inhaled deep into the lungs where they cause infection. A newly infected influenza patient may shed infectious virus particles before becoming symptomatic, so spread is rapid when people congregate in confined spaces.

What are epidemics and pandemics? An epidemic is the unexpected outbreak of a new infection in people in a limited geographic region (e.g., Maryland, the United States, North America). When an epidemic spreads world wide, the term to describe it is pandemic.

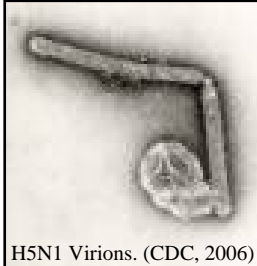
What is avian influenza or “bird flu”? An unusually virulent influenza strain began to be seen in Asia in about 1997 that was designated H5N1. This is the avian influenza strain that has come to be known popularly as “bird flu.” This virus can “jump” from birds to man, especially where people live in close proximity to domesticated fowl (e.g., Hong Kong, Vietnam). One feature of the bird flu strain that is remarkable is that it seems to infect middle-aged people to a greater extent than do other influenza strains. Further, the illness seems to be quite severe.

“In the age of widespread air travel an epidemic in Asia or Europe can be here in hours.”

What is the current status of the bird flu? In previous outbreaks of bird flu the civil authorities have resorted to wholesale slaughter of domesticated poultry to contain the spread of disease, as well as to quarantine of infected humans. Thus far, the outbreaks of bird flu in people have been associated with humans living in close proximity to infected animals (chickens), thus animal-to-human transmission has been the main method of spread. The key issue is whether there will be evolution of the bird flu so as to permit direct human-to-human spread of the disease. At this time we simply do not know if the critical mutations will take place that permit rapid human-to-human transmission of the virulent form of the virus.

Is America safe from bird flu? In the age of widespread air travel an epidemic in Asia or Europe can be here in hours. Further, migratory fowl (geese, ducks, swans) can carry bird flu from other countries/continents, despite being asymptomatic from the virus.

Is there treatment or prevention? Control of influenza has traditionally relied upon vaccination in advance of an epidemic, which in turn depends on timely identification of the emergent virulent strain and massive scale up to produce the appropriate vaccine specific to the current flu strain. Immunity to influenza by vaccination is specific only to the strain used in the vaccine. Vaccination strategies depend on the prompt identification of the new strain from initial cases before an epidemic takes form.



H5N1 Virions. (CDC, 2006)

Prevention. Efforts are underway to develop a bird flu vaccine by recombinant DNA technology so as to circumvent the need for large-scale virus propagation in eggs (the availability of which might be compromised in an avian influenza outbreak). However, since the virus mutates rapidly, it is not clear whether this strategy will be successful in the event of an epidemic.

Treatment. There is no specific treatment for bird flu. Medical care focuses on symptom management. The first line is to treat with antiviral medications such as oseltamivier (Tamiflu®). This strategy is useful only before florid infection is established. The supply of Tamiflu may be limited, and much of current supplies are stockpiled in reserve for first responders and health care providers. Medical care also focuses on symptomatic care with intravenous fluids for rehydration and antibiotics for treatment of secondary bacterial pneumonia. The use of ventilators for the most severely ill will be limited by the need for skilled personnel to operate and maintain the equipment and skilled nurses to monitor the patients using the ventilators.

What can be done to stop an epidemic? The measures to be taken to prevent or stop the spread of an epidemic include slaughter of infected or suspect bird flocks, vaccination, quarantine of infected individuals, early treatment of exposed individuals with antiviral drugs, and general quarantine of communities where influenza is present or suspected. Currently, the federal government is monitoring the emergence of influenza of any type, and is assessing the risk for human-to-human transmission wherever bird flu is evident. Further, the National Institutes of Health is working on development of experimental vaccines for bird flu prevention. There is stockpiling of antiviral medications, but there will not be sufficient amounts of antiviral medications to treat everyone in the United States in the event of a pandemic.

Pandemic Planning: Parish Communication Strategies

If a pandemic influenza event occurs, it will require an immediate, highly-coordinated parish response. The communication plan and chain of command will need to be established and disseminated prior to an outbreak. The following strategies can be used to initiate a parish-wide communication network.



Church Leadership: The priest and vestry, in coordination with the diocese, would ultimately be responsible for the communication plan. With the loss of some in leadership positions during a pandemic/quarantine scenario, who decides what?

- A defined chain of command for critical decisions needs to be in place for core functions, with ‘next in charge’ provisions to ensure coverage for illness or quarantine. The chain of command/line of succession for critical decision-making and access to funds and facilities needs to be written and agreed upon beforehand.
- It should also be determined who the primary contact with the diocesan leadership will be, and what the order of succession for that contact will be in the parish. Keeping the diocese informed is a very high priority.
- A representative from church leadership should be assigned the role of “Communicator”/public information officer. The Communicator would, based on the situations and availability of staff/volunteers, decide on the most effective means for communication, including:
 - Verbal (telephone tree and/or hotline with scripted message)
 - E-mail
 - Internet groups
 - Teleconferencing
 - Podcasting
 - Central website

“Maintaining a sense of parish connectivity is...critical to allow for a sense of normalcy amidst chaos.”

It is important to have redundant modes of communication, as phone and email systems may initially be over-taxed in the event of an emergency. Establishing these multiple means of communication will enhance parish life now, while also preparing for a potential future emergency situation (ELCA, 2006).

Staff & Congregation: Prior to a flu outbreak, a thorough and verifiable system of communication with each communicant should be established, and then updated on a quarterly basis.

- It should be remembered that many may not have either e-mail or cell phones.
- Staff needs to be aware of their specific responsibilities regarding gaining and disseminating information.
- Staff and volunteers will need to assume responsibility for key roles including:
 - Branches of the telephone tree
 - Sending and triaging e-mails
 - Scripting for hotline messages
 - Maintaining an up-to-date website

Special consideration needs to be given to homebound parishioners who have limited communication and support systems. In the event of a full pandemic flu, our infrastructure may be jeopardized. Homebound individuals are at risk of not receiving basic services (e.g., electricity, groceries), and may have particular need for support and communication.

- The priest (or his/her designee) will maintain an active list of homebound parishioners.

- The vestry and/or congregation will recruit a cadre of volunteers to perform identified functions for these individuals (e.g., shopping, delivery, and other defined tasks).
- Personal protective equipment (PPE) will need to be available to the volunteers.
- The telephone tree will most likely be the primary means of communication with both homebound individuals and volunteers.

Outside Agencies: All communications received from outside agencies should be forwarded to the Communicator and/or designee. Requests may include access to facilities, use of supplies, or clergy support to name but a few.

- The Communicator would be responsible for coordinating with the appropriate decision maker and for maintaining up-to-date information, particularly from the state health department on:
 - Mandatory quarantining
 - Closure of schools/public facilities
 - Other similar situations which will directly impact parish operations

In General: A communication plan should address the following key points:

- Timely dissemination of information concerning current pandemic influenza activity and church operations.
- Coordination and scripting of announcements to avoid contradictions and confusion.
- Use of a central access point (website and/or dial-in telephone hotline) to be used to access up-to-date information.
- Coordination and maintenance of open lines of communication with agencies providing services directly to victims (e.g., law enforcement, fire department, EMS personnel, public health department, etc.).
- Linkages with community organizations (e.g., chamber of commerce; inter-faith groups).
- Continuance of ministry via alternate means such as web-based activity or mailings.

Maintaining a sense of parish connectivity is emotionally and psychologically critical to allow for a sense of normalcy amidst chaos. The communication strategy will also need to address the timing of encouragement to church members to make best efforts to honor their pledge commitments.

Pandemic Planning: Parish/Community Education & Training


The focus of educational efforts should be on open, honest communication with staff and parishioners. While emphasizing the importance of preparedness, education and training activities should be as low-key and reassuring as is practical. Nothing is gained by frightening people unduly.

Initial Phase: The first phase of training needs to occur prior to an outbreak. Education should focus on:

- Respiratory and hand hygiene
- “Social distancing”
- Understanding pandemic flu and how it differs from seasonal flu
- Signs/symptoms of avian flu
- Coping strategies
- Home readiness
- End-of-life issues
- Potential for large-scale loss of life and mass burials
- Preliminary church plans
- Importance of individual family plans
- Leadership needs to be visible, and needs to clearly articulate the chain of command.
- Annual influenza vaccination among parishioners should be encouraged.
- Suggested vehicles for education include:
 - Church newsletter articles
 - E-mails
 - Brochures/fliers
 - Website information
 - Live presentations

The community at large should be invited to participate in any available education, with consideration given to possible cultural and linguistic differences. Sample educational materials are included in appendices.

Personal Protective Equipment (PPE): *The following information is based on an active outbreak of pandemic flu consistent with the World Health Organization’s Phase 6 definition.*

Casual Contact within Church/School	Clinical Contact or Home Visits
<p>All contacts should include disposable gloves, easy access to tissues, and hand sanitizers. Face masks should be considered.* Social distancing protocol. Active observation for hand washing and respiratory etiquette particular in a school or nursery setting. * Someone with the flu may not present with symptoms for up to two days, face masks protect others from the person wearing it.</p>	<p>Wear a fit tested disposable respirator* with face shield, gloves and gown.</p> <div style="text-align: center;">  </div> <p>*Example N-95; protects the wearer.</p>

- As A Pandemic Approaches:*** Education should focus on readiness, including:
- The communication plan
 - Anticipated lack of resources for ministry
 - The parish’s ministry-at-home plan
 - A distance learning plan if there is a parish school
 - Accessing the leadership team
 - Accessing up-to-date information
 - Potential flu screening prior to attending church
 - Restrictions which may be enacted

When Flu Is Active Within The Community: The focus of education shifts to communication of practical issues such as:

- What services are available through the church and community
- How to access these services
- Re-prioritization of resources
- How to physically care for flu patients at home
- Death/dying support

Pandemic Planning: Individual/Family Preparedness

In addition to communication and education/training plans made on the parish level, individuals and families need to take responsibility for preparedness at home. Parishioners should consider the following in formulating a family disaster plan:

- Family communication plan (keeping families connected, e.g., children at school, older kids away at college, family members at work, distant relatives, aging parents).
- Stockpiling of water, non-perishable food, prescription medicines, first aid supplies, pet food.
- Acquisition of personal protective equipment (PPE), such as disposable face masks and gloves, hand sanitizers, tissues.
- Ready reserve of cash at home (banking services may be unavailable during a crisis).
- Materials for at-home worship (e.g., Bible; Book of Common Prayer; hymnal).
- Providing “Getting Your Affairs in Order” forms (sample copy included in appendices) and next-of-kin information to church, family members, family attorney.
- Making sure there is guardian information for minor children decided, recorded, and appropriately distributed.
- Getting flu shots for all family members.
- Communicating with neighbors (exchange contact information; be aware of shut-ins and their needs; know what skills your neighbors have, e.g., nurses, doctors, electricians, plumbers). See discussion of “mutual assistance groups” in the section on quarantine issues.

“Individuals & families need to take responsibility for preparedness at home.”

For a concise disaster preparedness family checklist entitled, “Be Ready for Anything: Suggested Family Emergency Preparedness,” visit http://www.episcopal-az.org/leadership_resources.htm. (Episcopal Diocese of Arizona, 2006.)

Pandemic Planning: Parish/Parish School Preparedness

Complementary to the communication strategies and education/training components previously discussed, the following items should be considered for bird flu preparedness on the parish level:

- Stockpiling of supplies:
 - Water and nonperishable food supply for parishioners and nearby community members who are unable to obtain/replenish their own supplies.
 - Prophylactic supplies (e.g., N-95 masks for staff/volunteers who may come into contact with ill persons).
- Maintaining a complete membership/student database with current contact information.
- Parish-wide discussion of pandemic ministry, including ethics of flu management (see sections on quarantine and ethical issues).
- Awareness of the needs of elderly and homebound persons (among both church members and members of the immediately surrounding community).
- Providing distance worship resources for at-home worship, and distance learning capabilities for at-home schooling.
- Making decisions now about how church/school facilities may be used in the event of a crisis. For instance, there will be a need for overflow health care and overflow morgue facilities.
- In addition to chain of command/line of succession decisions, it should be determined now who will have access to church/school funds and under what circumstances.
- Reviewing of insurance policies and employee contracts to include clauses which account for pandemic conditions.
- Tabletop and/or actual drills should be conducted, along with tests of phone trees and email systems, to identify and resolve barriers.
- Next of kin information should be obtained from all parishioners and stored in a secure, accessible place. If stored electronically, the information must be password-protected.
- All parishioners should be provided with and encouraged to fill out a “Getting Your Affairs in Order” questionnaire.
 - Copies of this document should be left with each parishioner’s family, attorney, and in the church office.
 - The questionnaires can be kept in sealed envelopes, and returned or destroyed when the pandemic is over.
- Church/school staff should be familiarized with their specific roles and with contingency plans.

See References/Resource List for web links with more information particular to school pandemic planning.

Pandemic Planning: Diocesan Preparedness

Some considerations for pandemic preparation on the diocesan level:

- Assistance in defining usage of church facilities/grounds/funds during a crisis.
- Deciding and formalizing clear chains of command/lines of succession.
- Continuing pandemic education.

- Designating both first responder and replacement clergy.
- Recruiting volunteer clergy for the aforementioned roles.

Pandemic Planning: Quarantine Issues

In the event of an avian flu-related quarantine, how will we function as families, as neighbors, and as church members? The governmental response to a pandemic is most likely to be a quarantine of some duration. If lifted, the quarantine is likely to be enacted a second or third time since a pandemic will come in waves. Accordingly, it is prudent to educate parishioners on the necessity for stockpiling nonperishable food and water supplies, as well as protective gear. The parish itself should also stockpile these provisions because the elderly and infirm will not be able to restock depleted resources.

Our parishes are surrounded by neighborhoods, and in an emergency these persons are apt to go to the nearest church for assistance. “Mutual assistance groups” should be established both within parishioners’ immediate neighborhoods and within neighborhoods surrounding the church. Individuals and families within such groups can provide support and comfort to one another while abiding by quarantine restrictions. Each family unit needs to have written emergency telephone numbers and personal support network information easily accessible, and should know the special needs of family members and of neighbors for medications, life support equipment, communication equipment, mobility, etc.

“Clergy leadership needs to discuss the difficulties of ministry in quarantine, and reassure parishioners that ministry will be carried on ...”

Parishes should also prepare and provide at-home worship resources for each family unit and for individuals living alone. Clergy leadership needs to discuss the difficulties of ministry in quarantine, and reassure parishioners that ministry will be carried on as best as is possible. It also needs to be understood that the minister may well be someone unknown, and that the decision as to who ministers where is made on the diocesan level.

Pandemic Planning: Legal & Financial Considerations

During the course of a bird flu event, parishes will be presented with legal and fiscal challenges unique to a pandemic scenario. The following are some of the issues to be considered well ahead of such a crisis.

- Policies should be established for staff compensation and sick-leave absences which are specific to a pandemic (for example, non-punitive, open-ended leave), including determination of when a previously ill person is no longer infectious and can return to work after illness.
- Flexible work options need to be explored, including telecommuting and use of staggered shifts.

- Employee contracts may need to be rewritten to indemnify the parish should there be a collapse of revenue or an extended shut down.
- Parishes will have to determine for how long and under what conditions employees will be entitled to pay and/or benefits.
- If some employees are present for security and maintenance duties, it should be determined now whether they are entitled to premium and/or hazardous duty pay.
- Obligations to disabled employees must be clearly spelled out, lest they become an unmanageable financial burden.
- If there is a parish school, preschool, or daycare center, all these contracts should come under review.
- Insurance policies need to be reviewed to ensure adequate coverage on parish buildings and their contents, and steps taken to safeguard vital records and documents.
- Contingency plans should be made now for how the parish will operate when voluntary contributions slow or cease, and should the economy slow drastically and/or collapse.
- Now is the time to encourage among church members the automatic deposits of pledge payments.
- It would be beneficial to prepare sample data collection forms to track funds expended and services delivered through the church throughout the course of the pandemic.

“Employee contracts may need to be rewritten to indemnify the parish should there be a collapse of revenue or an extended shut down.”

Pandemic Planning: Ethical Concerns

In the midst of a pandemic, ethical concerns abound. Most immediately, these will appear around the issues of allocation of scarce resources. Consider the following questions:

- Who will receive scarce vaccines and medications? At least initially, these will be in limited supply.
- Who will have access to medical facilities, respiratory support, nursing care, physician assistance, and in what order? For example, the local hospital may have ten ICU beds available, but 100 patients needing full ventilator support along with the attendant medical care. How will the decision be made as to who gets the beds and care?
- Who will receive ministry from the church, and who from the church will be willing to minister?
- Will churches have stored food and water and/or have urged their parishioners to store food and water? Who will have access to these supplies, and in what order of precedence?
- Will financial resources and political power confer unfair advantages?

“In the midst of a pandemic, ethical concerns abound.”

- How can personal rights be rightly exercised in a situation of quarantine?
- What impact will isolation and quarantine (and even social-distancing) measures have on families and communities?
- Does the church have a moral or spiritual obligation to allow its facilities to be used for overflow health care and/or morgue use?
- What is the parish's obligation to nearby but unaffiliated neighbors?
- Are parishes prepared to collect and responsibly store personal information needed in the event of a death?
- What are the obligations to employees in the event of long and repeated periods of quarantine?
- What are the obligations to members of a parish when those members cannot have access to its services?

There are no definitive answers to these questions. The questions, however, will present themselves repeatedly during the course of a pandemic. Here it is crucial to recall that pandemics come in waves; when it is “over,” it is not over. It is important for congregations to embark on this ethical discussion now. When the emergency occurs, it will be too late to begin sorting out these vexing issues. Parishioners need to learn how to think about and talk about pandemic-related matters of morality now. Your parish may want to seek out persons with expertise in ethical and moral issues to help direct the discussion. Also view “Responding Faithfully to Pandemic Flu” at <http://www.elca.org/disaster/pandemic/faithfulresponse.asp> for an overview discussion of ethical issues relating to bird flu (ELCA, 2006).

In Conclusion

The scope of this paper is focused, and is simply intended to provide some elemental groundwork for pandemic planning at the parish level. Clearly, individual parishes will need to formulate and augment preparedness plans specific to the needs and characteristics of their own communities. In the event of such a crisis, churches will play an indispensable role within their locales; consequently, it is incumbent upon each parish to be forward-thinking in the arena of preparation. The specter of pandemic bird flu is perhaps one of the gravest potential public health threats of our time. The loss of human life and vast economic damage associated with avian flu to date, in addition to the appalling and ominous experience of Jones Ginting and his family, are a call to action for organizations and communities on every level – global to local. Now is the time for Episcopal parishes to make plans and marshal resources to combat a faceless, yet lethal enemy.



(Reuters, 2006)

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Appendices

Appendix A: “Getting Your Affairs In Order” Document**Getting Your Affairs in Order**

Each of us will die. When we die it falls to members of our family, or to friends, or to distant relatives, or to total strangers to plan our services and burials.

Planning such things when you are grieving is both hard and time-consuming. Often members of the surviving family live far apart and have never discussed these matters; when the time for planning comes they can have very different ideas about what the deceased person would have preferred or about what would be appropriate.

The best way to avoid all this struggle and even disagreement about what should be done is to make your own plans. It is a very thoughtful gift both to your family and to yourself. You simply leave a form saying, "This is what I prefer."

Before planning the service, with its many options, it will be helpful to your family if you provide certain preliminary information:

1. Do you wish to be buried in a casket? _____
2. Do you prefer to be cremated? _____
3. Where do you wish to be buried? _____
4. Who should be notified of your death? _____

(In addition to family and friends, list Social Security, pension funds, especially military pension funds, insurance companies, organizations, schools and colleges, professional associations, and other associations known only to you.)

5. Are you entitled to military honors? _____
6. Are you eligible for burial in Arlington or any other national cemetery? _____
7. If so, where are your discharge papers? _____
8. If you own a burial site, where is the deed? _____
9. Whom do you wish to conduct your funeral? _____
10. Who should be invited to speak about you? _____
11. Is there anyone who should not be invited to participate or to attend? _____
12. Have you made a will or created a revocable trust? _____

13. Does your will make prudent provision for the well-being of family, with clear directions about the guardianship of any minor children, and the arrangements for their nurture and education? _____

14. Does your will or trust leave bequests for charitable purposes, and particularly for the Church? _____

15. Where are your will and other important papers? _____

16. Where is your lock-box and where is the key? _____

17. Where is your passport? _____

18. Do you have valuable papers that need to be kept? _____

Where are they? What are they? _____

19. Where are bank books, stock certificates, titles and deeds of ownership?

20. Have you compiled a list of valuable things and their proposed recipients apart from your will? Where is that list? _____

21. Whom have you designated as your executor? _____

22. Does anyone have any outstanding obligations to you about which your family or executor should be aware? _____

23. Who has your power of attorney? _____

24. Who has your healthcare power of attorney? _____

25. Do you have a living will or other written instruction regarding end of life issues?

Where is it? _____ Who has copies? _____

26. Do you own property of which others may not be aware? _____

Where is it? _____

27. Do you have partnerships in properties or businesses of which others may not be aware?
_____ Where are the corporate offices? _____


28. Do you have death benefits of which others may not be aware? _____

Appendix B: “Pandemic Flu Education” PowerPoint Presentation


Pandemic Flu Education

Updated: June 2006

Pandemic Flu



- Get informed.
- Be prepared.



Pandemic Flu

- First instinct is to stay home and huddle,
 - this is simply not feasible.
- Once here, may come and go in waves,
 - each of which can last for months at a time.
- We need to be prepared,
 - protect ourselves and others.

Presentation Overview

- What we know about bird flu/avian influenza/H5N1 and pandemic influenza events
- What our Congregation/School is doing to prepare for a potential pandemic event
- What **you can do** to prepare

Overview of Bird Flu

- Bird flu is an infection caused by a bird/avian flu virus also referred to as H5N1.
- Outbreaks of bird flu have occurred among poultry (bird-to-bird transmission) in over 30 countries, most in Asia and Eastern Europe.
- Since 2003, 205 human cases of bird flu (most by bird-to-human transmission) have been reported in 9 countries.
- Rare cases of human-to-human transmission of bird flu have been reported.

NOTE: The information we have about bird flu changes frequently. This information is current as of April 2006.



Pandemic Events – Overview

A pandemic is an outbreak of a disease that covers a wide geographic area and affects large numbers of people.

Scientists and public health specialists are concerned that bird flu could be the next source of a pandemic influenza event due to bird migration.

Although the body of virus/flu scientific knowledge has made remarkable progress, the virus continues to change, and international travel has become common place.

- There have been 3 pandemic events since 1900.
- We probably cannot prevent a pandemic from occurring.
- We may be able to influence the impact of a pandemic through respiratory etiquette, hand hygiene, and rapid response.



Quarantine

- Quarantine is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious
- The practice of quarantine began in the 14th century to protect coastal cities from plague epidemics. Ships arriving in Venice from infected ports were required to sit at anchor for forty days before landing.
- This practice, called quarantine, was derived from the Italian words *quaranta giorni* which mean 40 days.
- When the United States was first established, little was done to prevent the importation of infectious diseases.
- Yellow fever led to the passage of Federal Quarantine Legislation by Congress in 1878.
- In 1893, local quarantine responsibilities were gradually turned over to the Federal government.
- In 1944, the Public Health Service Act, clearly established the Federal Government role for the first time.



Public Health Service Examining Board, 1912.

Classic Quarantine Case

- → The cottage on North Brother Island in New York's East River where Mary Mallon, better known as Typhoid Mary, was quarantined from 1907 to 1910, and again from 1915 until her death in 1938.



Differences: Seasonal Vs Pandemic

Seasonal Flu	Pandemic Flu
Caused by influenza viruses that are similar to those already affecting people from years past.	Caused by a new influenza virus that people have not been exposed to before. Likely to be more severe, affect more people, and cause more deaths because people will not have immunity to the new virus.
Healthy adults usually not at risk for serious complications.	Healthy adults may be at increased risk for serious complications.
Health system can usually meet public and patient needs.	Health system may be overwhelmed.
Vaccine developed based on known strains and available for annual flu season.	Vaccine probably would not be available in the early stages of a pandemic.
Adequate supply of antivirals are usually available.	Effective antivirals may be in limited supply.

Pandemic Events – What to Expect if a Pandemic Happens

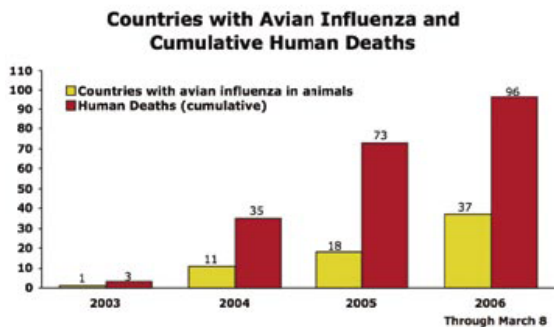
- A pandemic would spread across the US within weeks and could cause:
- Disease in large numbers of people (up to 35% of the population)
 - The healthcare system will not be able to respond to the demand
 - Disruption to all aspects of daily life
 - Day cares, schools and universities
 - Mass transportation
 - Business and factories

Pandemic Flu Statistics

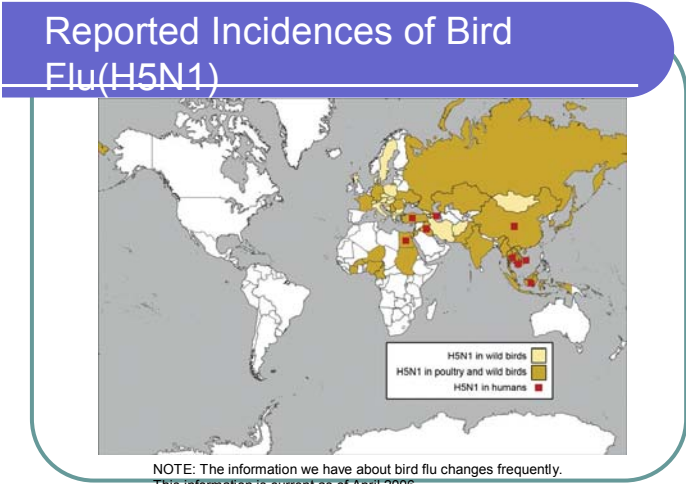
- The severity of the next pandemic cannot be predicted, but modeling studies suggest that the US impact could be substantial.
- In the absence of any control measures, it has been estimated that in the US, a “medium-level” pandemic could cause
 - 89,000 - 207,000 deaths,
 - 314,000 - 734,000 hospitalizations,
 - 18 - 42 million outpatient visits,
 - another 20 - 47 million people being sick, and
 - 15% - 35% of the U.S. population could be affected
- The economic impact could range between \$71.3 - \$166.5 billion.

Source: www.pandemicflu.org

Bird Flu from 2003 to the Present



NOTE: The information we have about bird flu changes frequently. This information is current as of April 2006.



- ### Pandemic Events - Symptoms and Treatment of Pandemic Flu
- Symptoms include:
 - Fever
 - Body aches/Pain
 - Respiratory – sever cough, sore throat, shortness of breath
 - Intense fatigue
 - Possible GI symptoms especially in children
 - Treatments include:
 - Medical support symptoms, especially respiratory
 - Antiviral drugs which may or may not be effective or available
- NOTE: A bird flu vaccine is not available at this time. Once available, will be rationed with first responders as being the first likely priority.

Pandemic Events – World Health Organization (WHO) Phases

Phase 1	No new influenza virus subtypes have been detected in humans. If in animals, the risk for human infection is considered to be low.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Phase 3	Human infection(s) with a new subtype of virus but no human-to-human spread or at most, rare instances of spread to a close contact.
Phase 4 <i>(Indications that Phase 4 is close)</i>	Small clusters of human-to-human transmission but spread is localized. May not be adapting to humans.
Phase 5	Larger clusters but still localized. Virus is becoming increasingly better adapted to humans. Substantial pandemic risk. WHO and CDC suggests it could move quickly from Phase 4 to 5 to 6.
Phase 6 a – outside US Phase 6b – in US	Pandemic: increased and sustained transmission in the general population. 6A to 6B is predicted to be in a matter of days. (Transmission at a logarithmic rate)

Our Congregation's Response



- St. John's began working on a Pandemic Flu Response in early 2006:
 - Caring for our congregation and students
 - Educating and communicating with staff, students, and congregation
 - Managing our Resources
 - Planning for supply and equipment needs

Our Preparations

- Go into detail on specific plans . . .
Would minimally include:
- Communications - update telephone tree, access hotline and web-site, drills
- PPE supplies
- Chain of command . . .

What You Can Do - *Before* Event

- Learn the facts
- Start contingency planning for child care, support services, work, transportation, and spiritual support
- Practice respiratory etiquette and infection control techniques such as:
 - Hand hygiene
 - Covering your cough and sneeze
 - Keeping living and work areas clean (especially phones, computer mouse, railings, grocery cart handles, etc.)




Social Distancing



- I'm not being rude, I am abiding by "social distancing"
- Stay three feet apart
- No physical contact, especially hands and face
- Particularly difficult for children
- So, how will we give peace, communion, greet each other . . . ?




What You Can Do - Before a Pandemic Event



- Get a seasonal flu shot and pneumovax
- Gather supplies, food and water for your home
- Consider refuge options, access to prescription medication, and cash availability needs
- Create a family/friend communication plan
- Learn how to care for someone with the flu.

Example of Individual and Family Planning Sheets

Pandemic Flu Planning Checklist for Individuals and Families

Please note that documents in PDF format require Adobe's Acrobat Reader.

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

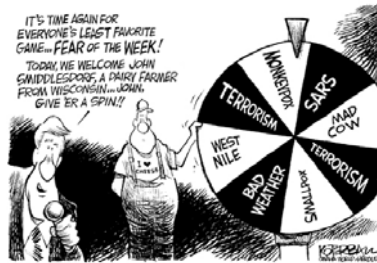
1. To plan for a pandemic:
 - Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
 - Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
 - Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
 - Volunteer with local groups to prepare and assist with emergency response.
 - Get involved in your community as it works to prepare for an influenza pandemic.
2. To limit the spread of germs and prevent infection:
 - Teach your children to wash hands frequently with soap and water, and model the correct behavior.
 - Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
 - Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.
3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"> ● Ready-to-eat canned meats, fruits, vegetables, and soups ● Protein or fruit bars ● Dry cereal or granola ● Peanut butter or nuts ● Dried fruit ● Crackers ● Canned juices ● Bottled water ● Canned or jarred baby food and formula ● Pet food 	<ul style="list-style-type: none"> ● Prescribed medical supplies such as glucose and blood-pressure monitoring equipment ● Soap and water, or alcohol-based hand wash ● Medicines for fever, such as acetaminophen or ibuprofen ● Thermometer ● Anti-diarrheal medication ● Vitamins ● Fluids with electrolytes ● Cleansing agent/soap ● Flashlight ● Batteries ● Portable radio ● Manual can opener ● Garbage bags ● Tissues, toilet paper, disposable diapers

If you want additional information

- CDC website – www.cdc.gov
- DHHS website – www.pandemicflu.gov
- WHO website – www.who.int
- MD Department of Health and Mental Hygiene – www.flu.maryland.gov

Questions???



PowerPoint Courtesy of Dawn Hohl, R.N., MS—Johns Hopkins University.

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Appendix C: “Pandemic Influenza Guide” Document

Johns Hopkins Office of Critical Event Preparedness and Response Pandemic Influenza (Flu) Guide for Individuals and Families

An influenza (flu) pandemic is a widespread outbreak of disease that occurs when a new flu virus appears that people have not been exposed to before. Pandemics are different from seasonal outbreaks of influenza. Seasonal flu outbreaks are caused by viruses that people have already been exposed to; flu shots are available to help prevent widespread illness, and impacts on society are less severe. Pandemic flu spreads easily from person to person and can cause serious illness because people do not have immunity to the new virus.

A pandemic may come and go in waves, each of which can last for months at a time. Everyday life could be disrupted due to people in communities across the country becoming ill at the same time. These disruptions could include everything from school and business closings to interruption of basic services such as public transportation and health care. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss.

This guide is designed to help you understand the threat of a pandemic flu outbreak in our country and your community. It describes common sense actions that you can take in preparing for a pandemic. As you plan, it is important to think about the challenges that you might face, particularly if a pandemic is severe. It may take time to find the answers to these challenges so it's important to start getting ready now.

BE PREPARED

Schools and day care centers may be closed for an extended period of time.

- ◆ Make sure you have a back-up plan if schools and day care centers are closed.

Other businesses may be closed.

- ◆ Banking and credit services may be interrupted. You may have to pay for goods and services with cash.

Transportation services may be disrupted.

- ◆ Consider other ways to get to work if you usually rely on the bus or subway.

Families may find it hard to keep in touch.

- ◆ Create a family communication plan.

Shortages of food, supplies and water may occur.

- ◆ Consider stocking at least a two week supply of water and non-perishable food. This can be helpful in power outages and disasters.
- ◆ Gather emergency and other supplies.

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
Ready to eat canned meats, fruits, vegetables*	Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
Protein or fruit bars*	Soap and water and alcohol-based hand wash
Dry cereal or granola*	Medicines for fever, such as acetaminophen or ibuprofen
Peanut butter or nuts*	Thermometer
Dried fruit*	Anti-diarrheal medication
Crackers*	Vitamins
Canned juices*	Fluids with electrolytes, such as Gatorade or Pedialyte
Bottled water*	Cleansing agent/soap
Canned or jarred baby food/formula*	Flashlight, portable radio, batteries
Pet food*	Manual can opener, Garbage bags, Baggies, Tissues, toilet paper, disposable diapers

STAY HEALTHY

- ◆ Get your seasonal flu shot to keep you baseline healthy. **NOTE: A seasonal flu shot will not protect you from a new virus strain like the avian flu, but it may help prevent emergence of a new pandemic strain.**
- ◆ Eat a balanced diet, exercise in moderation and get plenty of rest
- ◆ Wash your hands frequently with soap and water or use an alcohol-based hand cleaner, like Purell®.
- ◆ Cover your mouth and nose with a tissue when you cough or sneeze.
- ◆ Put used tissues in a waste basket, not in your purse or pocket.
- ◆ Use a surgical mask (or painter's mask) if you are instructed to do so.
- ◆ Practice "social distancing" by limiting the amount of face-to-face contact you have with people:
 - use the telephone or email
 - avoid places where crowds may gather such as cafeterias, restaurants, public transportation, etc.
- ◆ Clean surfaces such as counters, railings, washbasins/toilets, telephones, computer mouse, grocery cart handles with disinfectant.

Disinfectant**Sodium hypochlorite:**

1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach. Household bleach may be used in a 1:10 ratio with water. To protect the disinfectant properties of bleach, store it in an opaque container, avoid exposure to sunlight. Remix daily for maximum effectiveness.

Clorox® surface spray is a good pre-mixed alternative.

Surface disinfecting wipes are also a suitable substitute.

Granular chlorine:

E.G. Det-Sol 50000 or Diversol, to be diluted as per manufacturer's instructions.

Alcohol:

E.G. Isopropyl (rubbing alcohol) 70%, ethyl alcohol 60%.

Purell® or a similar waterless antibacterial hand hygiene cleaner may be used for hand hygiene purposes.

Recommended Use

Disinfection of material contaminated with blood and body fluids.

May be used in place of liquid bleach, if it is unavailable.

Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.

Precautions

Should be used in well-ventilated areas.

Protective clothing required while handling and using undiluted bleach.

Do not mix with strong acids or ammonium based products to avoid release of noxious fumes.

Corrosive to metals.

Same as above.

Flammable and toxic. To be used in well-ventilated areas.

Avoid inhalation.

Keep away from heat sources, electrical equipment, flames and hot surfaces.

Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.

GET WELL FAST

Symptoms of the flu include fever, headache, muscle aches/pains, intense fatigue, sore throat and cough, inflammation of the respiratory tract, nausea, vomiting. Some flu-like symptoms may not always be present in the elderly or in young children. If you are sick, call your Supervisor or Manager and then stay home! Seek medical attention if symptoms are severe.

Sources: U.S. Department of Health and Human Services, U.S. National Security Agency.

REFERENCES: For additional information, please see the CEPAR website www.hopkins-cepar.org. and www.pandemicflu.gov

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