Church Preparation and Response
to Potential Pandemics
Rev. Miriam J. Burnett, MD, MDiv, MPH
Medical Director, AME Church International Health Commission
President, Resource And Promotion of Health Alliance, Inc.
February 27, 2020

In order to decrease the spread of infections, one must initiate prevention early.

As members of the AME Church we must work together, follow basic infection control and behavior modification to decrease the spread of illness and disease. Faith is the key that will empower us to become educated and collaborate during these times of concern.

Social Distancing
The Centers for Disease Control and Prevention (CDC) defines social distancing as “creating ways to increase distance between people in settings where people commonly come into close contact with one another” (https://www.cdc.gov/nonpharmaceutical-interventions/community/index.html). Concerns about social distancing are due to our biblical mandate to assemble and fellowship. Leviticus 23:3a call us to assemble: “There are six days when you may work, but the seventh day is a day of sabbath rest, a day of sacred assembly.”

Despite this, there is also biblical mandate to isolate oneself (social distancing) for the benefit of others. Social distancing is described in Leviticus:

a. Lev 13:1-46
   i. Lev 13:5 - On the seventh day the priest is to examine him, and if he sees that the sore is unchanged and has not spread in the skin, he is to keep him in isolation another seven days.
   ii. Lev 13:46 - As long as he has the infection he remains unclean. He must live alone; he must live outside the camp.

b. Lev 14:1-3a
   i. The LORD said to Moses, "These are the regulations for the diseased person at the time of his ceremonial cleansing, when he is brought to the priest: The priest is to go outside the camp and examine him.

Communicable disease outbreaks may require that we distance ourselves from one another. During a viral (Influenza, Coronavirus, Ebola, etc.) outbreak or other potential spread of an airborne (Tuberculosis, etc.) or human to human contagion requires that we seriously consider gathering in a specified location, i.e. church, daycare or school. Our ability to worship, fellowship and visit the sick and shut-in should be considered during these seasons.

So how do we prepare for potential outbreaks:

1) Individual / Household infection control
   a. Hand hygiene
      i. application and/or use of hand rubs, gels, foams, or premoistened towelettes with 60%-95% alcohol.
      ii. wash your hands frequently and thoroughly for at least 20 seconds
   b. Cough etiquette
      i. Cover your mouth and nose with a tissue when you cough, sneeze, or cough and/or sneeze into your upper sleeve, not into your hands.
      ii. Put used tissues in the wastebasket.
      iii. Clean your hands after coughing or sneezing.
         1. Wash hands with soap and water for at least 20 seconds and/or use an 60%-95% alcohol-based hand cleaner.
   c. Routinely clean frequently touched surfaces and objects
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2) All individuals who are displaying symptoms should stay home and commit to social distancing for the prescribed duration
   a. Designate a care provider to help and check on you
3) Routinely check your temperature if you feel like you have a fever. Disposable thermometers are very useful in these circumstances.
4) Keep up healthy habits that will boost your immune system
   a. Keep immunizations current
   b. Eat healthy
   c. Exercise
   d. Rest
   e. Attempt to reduce stress
5) Follow the directives of your local public health departments and advisors.
6) Monitor the local graphics related to the trend of the outbreak.
7) The CDC further recommends the following during an outbreak in your community by taking these additional measures (https://www.cdc.gov/coronavirus/2019-ncov/preparing-individuals-communities.html):
   a. Personal Protective Measures
      i. “Keeping away from others who are sick.
      ii. Limiting face-to-face contact with others as much as possible
      iii. Consulting with your healthcare provider if you or your household members are at high risk for … complications
      iv. Wearing a facemask if advised to do so by your healthcare provider or by a public health official
      v. Staying home when a household member is sick with respiratory disease symptoms, if instructed to do so by public health officials or a health care provider (Voluntary Home Quarantine)”
   b. Community Measures. “State and local public health authorities may decide to implement:
      i. Temporary closures or dismissals of childcare facilities and schools
      ii. Other social distancing measures that increase the physical space between people, including:
         1. Workplace social distancing measures, such as replacing in-person meetings with teleworking
         2. Modifying, postponing, or cancelling mass gatherings.
If churches need to cancel gatherings (worship, Bible studies, Church School, daycares, events, etc.), consider gathering alternatives:
   i. Bible Study - telephonic using class leader system/clusters
   ii. Worship alternatives
      1. Web streaming
      2. Recording/Taping
      3. Teleconferencing
      4. Emergency sermons pre-taped for distribution on DVD’s
   c. Communicate using timely and pertinent information dissemination
      i. Pulpit, flyers, bulletin inserts, phone trees
      ii. Utilize our wonderful Class Leaders system
      iii. Eliminate unnecessary steps in the notification process by using a Chain of information Dissemination much like a Chain of Command
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8) Fiscal Management - Develop an alternate means of giving. Remember that operational expenses will continue
   a. Online, electronic or text giving
   b. Prepaid postage envelopes

9) Partnership Development now not later
   a. Ecumenical and Interfaith
   b. Smaller congregations with larger ones

10) Border Closings
    a. Establish a plan to address those who are in other areas (missions) and those who work or travel overseas when and if border closings occur

11) Education
    a. Preparedness – checklists (see resources)
       i. Prepare for quarantine: essential food, water, medications, and other items as well as a reserve of cash money
       ii. Develop alternative sources for critical supplies
       iii. Tele-work; use barrier precautions; monitor family and personal contacts for illness
       iv. Institute aggressive infection-control practices for family and friends (now and forever)
       v. Personally advocate for community action, especially a safety net for those unable to protect themselves
       vi. Educate everyone
       vii. Tell your doctor about your recent travel and your symptoms before you go to the office or emergency room. Advance notice will help your doctor care for you and protect other people who may be in the office.

Church Liturgy, Rituals and Practices - begin modeling now

1) General
   i. Keep hand sanitizer at all entrances to the church and sanctuary.
   ii. Consider making a supply of facemasks available

2) Communion
   The Doctrine and Discipline of the African Methodist Episcopal Church - 2016: Bicentennial Edition (page 92, Duties of the Stewardesses) provides this directive (emphasis added):
   
   “As the washing of hands is both ceremonial and practical, special care should be given to sanitizing the ministers’ hands for serving the Holy Communion. Using soap, warm water should be poured over the hands of the ministers for appropriate washing. Small white towels should be supplied for each minister to dry their hands before administering the sacrament. The common bowl of water must be avoided. Hand sanitizers or antibacterial agents are acceptable. Stewardesses should practice health-conscious and safety methods in preparing the elements of the Holy Communion consistent with a standard that meets or exceeds local health laws regarding the preparation of food for public consumption.”

   Additionally, I offer the following recommendations:
   a. Consider using individual disposable towels for the clergy to dry their hands if the soap and water option is used.
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b. Do not towel dry hand sanitizer.
c. Have those approaching the communion table use hand sanitizer first. In the aisle used to approach the altar, station an usher or stewardess to dispense hand sanitizer. A free standing dispenser will also serve the same purpose.
d. Although it saves time,
   i. the small plates containing communion wafers should not be set out on the chancel rail. This could allow exposure to multiple hands on several wafers.
   ii. pre-setting communion cups in the communion rail wells should also be avoided.
e. Never use a common cup unless by administering communion by Intinction

2) **Baptism**
   During an outbreak consider avoiding the use of a baptismal pool for the baptism of multiple persons. Continue with the proper sanitizing process before and after the baptism. Baptism by pouring or sprinkling may be the best course during an outbreak.

3) **Rituals and Practices of Prayer**
   a. Do not hold hands. If contact is desired,
      i. grab the clothed arm or shoulder of the person in front or side of you;
      ii. touch clothed arm to arm
   b. If using a prayer rug, use a one user individual

4) **Passing the Peace; Greeting the village; Fellowship Moments**
   a. Do not hug or embrace
   b. Do not hold hands. If contact is desired,
      i. grab the clothed arm or shoulder of the person in front or side of you;
      ii. touch clothed arm to arm
   b. Use other non-contact means of greeting
      i. Verbal greeting
      ii. Waving
      iii. Placing the hand over the chest while facing the other person
      iv. Head nod with or without a slight bow

**Resources:**

**World Health Organization**

**Centers for Disease Control and Prevention (CDC)**
- Preparing for the Flu: A Communication Toolkit for Community and Faith-based Organizations - [https://www.cdc.gov/h1n1flu/faithbased/](https://www.cdc.gov/h1n1flu/faithbased/)