

COVID-19 and the Church's Response

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How COVID-19 Spreads¹

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

Between people who are in close contact with one another (within about 6 feet).

Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Can someone spread the virus without being sick?

People are thought to be most contagious when they are most symptomatic (the sickest).

Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Spread from contact with contaminated surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

How easily the virus spreads

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (spread easily), like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping.

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

Situation in U.S.

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the initiation phases, but states where community spread is occurring are in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.

CDC and state and local public health laboratories are testing for the virus that causes COVID-19. More and more states are reporting cases of COVID-19 to CDC.

U.S. COVID-19 cases include:

Imported cases in travelers

Cases among close contacts of a known case

Community-acquired cases where the source of the infection is unknown.

Three U.S. states are experiencing sustained community spread.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>

If You Are at Higher Risk²

Who is at higher risk?

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

Older adults

People who have serious chronic medical conditions like:

Heart disease

Diabetes

Lung disease

Get ready for COVID-19 now

Take actions to reduce your risk of getting sick

Group of senior citizens

If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

Stock up on supplies.

Take everyday precautions to keep space between yourself and others.

When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.

Avoid crowds as much as possible.

Avoid cruise travel and non-essential air travel.

During a COVID-19 outbreak in your community, stay home as much as possible to further reduce your risk of being exposed.

Have supplies on hand

Prescription medicines and groceries

Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period of time.

If you cannot get extra medications, consider using mail-order for medications.

Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.

Have enough household items and groceries on hand so that you will be prepared to stay at home for a period of time.

Take everyday precautions

washing hands

Avoid close contact with people who are sick.

Take everyday preventive actions:

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.

If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

² <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.

Wash your hands after touching surfaces in public places.

Avoid touching your face, nose, eyes, etc.

Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)

Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

Avoid all non-essential travel including plane trips, and especially avoid embarking on cruise ships.

See also: Protect Yourself

If COVID-19 is spreading in your community

Practice social distancing and stay away from anyone who is sick

Take extra measures to put distance between yourself and other people to further reduce your risk of being exposed to this new virus.

Stay home as much as possible.

Consider ways of getting food brought to your house through family, social, or commercial networks

If a COVID-19 outbreak happens in your community, it could last for a long time. (An outbreak is when a large number of people suddenly get sick.) Depending on how severe the outbreak is, public health officials may recommend community actions to reduce people's risk of being exposed to COVID-19. These actions can slow the spread and reduce the impact of disease.

Have a plan for if you get sick

Consult with your health care provider for more information about monitoring your health for symptoms suggestive of COVID-19.

Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.

Determine who can care for you if your caregiver gets sick.

Watch for symptoms and emergency warning signs

Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.

If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:

Difficulty breathing or shortness of breath

Persistent pain or pressure in the chest

New confusion or inability to arouse

Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

What to do if you get sick

Stay home and call your doctor.

Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.

If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for how to take care of yourself at home.

Know when to get emergency help.

Get medical attention immediately if you have any of the emergency warning signs listed above.

Situation Summary³

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 11, WHO publicly characterized COVID-19 as a pandemic. On March 13, the President of the United States declared the COVID-19 outbreak a national emergency.

Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have ongoing community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed. Learn what is known about the spread of this newly emerged coronaviruses.

Severity

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe chronic medical conditions — like

³ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>

heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.

Learn more about the symptoms associated with COVID-19.

COVID-19 Now a Pandemic

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the WHO external icon.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a “Pandemic Intervals Framework.” Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.

There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Situation in U.S.

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the initiation phases, but states where community spread is occurring are in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.

CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View CDC’s Public Health Laboratory Testing map.

More and more states are reporting cases of COVID-19 to CDC.

U.S. COVID-19 cases include:

Imported cases in travelers

Cases among close contacts of a known case

Community-acquired cases where the source of the infection is unknown.

Three U.S. states are experiencing sustained community spread.

View latest case counts, deaths, and a map of states with reported cases.

Risk Assessment

Risk depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these. In the absence of vaccine

or treatment medications, nonpharmaceutical interventions become the most important response strategy. These are community interventions that can reduce the impact of disease.

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and death.

Risk of exposure:

The immediate risk of being exposed to this virus is still low for most Americans, but as the outbreak expands, that risk will increase. Cases of COVID-19 and instances of community spread are being reported in a growing number of states.

People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.

Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.

Close contacts of persons with COVID-19 also are at elevated risk of exposure.

Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

Older adults, with risk increasing by age.

People who have serious chronic medical conditions like:

Heart disease

Diabetes

Lung disease

CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.

What May Happen

More cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread. CDC expects that widespread transmission of COVID-19 in the United States will occur. In the coming months, most of the U.S. population will be exposed to this virus.

Widespread transmission of COVID-19 could translate into large numbers of people needing medical care at the same time. Schools, childcare centers, and workplaces, may experience more absenteeism. Mass gatherings may be sparsely attended or postponed. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected. Healthcare providers and hospitals may be overwhelmed. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutical interventions will be the most important response strategy to try to delay the spread of the virus and reduce the impact of disease.

CDC Response

Global efforts at this time are focused concurrently on lessening the spread and impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.

CDC is implementing its pandemic preparedness and response plans, working on multiple fronts, including providing specific guidance on measures to prepare communities to respond to local spread of the virus that causes COVID-19. There is an abundance of pandemic guidance developed in anticipation of an influenza pandemic that is being adapted for a potential COVID-19 pandemic.

Highlights of CDC's Response

CDC established a COVID-19 Incident Management System on January 7, 2020. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response. The U.S. government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus:

Foreign nationals who have been in China or Iran within the past 14 days cannot enter the United States.

U.S. citizens, residents, and their immediate family members who have been in China or Iran within in the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.

On March 11, a similar policy was expanded to include 26 European countries for a period of 30 days.

On March 14, a similar policy was issued to include the United Kingdom and the Republic of Ireland.

On March 8, CDC recommended that people at higher risk of serious COVID-19 illness avoid cruise travel and non-essential air travel.

Additionally, CDC has issued the following additional specific travel guidance related to COVID-19.

CDC has issued clinical guidance, including:

On January 30, CDC published guidance for healthcare professionals on the clinical care of COVID-19 patients.

On February 3, CDC posted guidance for assessing the potential risk for various exposures to COVID-19 and managing those people appropriately.

On February 27, CDC updated its criteria to guide evaluation of persons under investigation for COVID-19.

On March 8, CDC issued a Health Alert Network (HAN).

On March 10, CDC issued updated infection control guidance for healthcare settings, including guidance on the use of personal protective equipment (PPE) during a shortage.

CDC has deployed multidisciplinary teams to support state health departments case identification, contact tracing, clinical management, and public communications.

CDC has worked with federal partners to support the safe return of Americans overseas who have been affected by COVID-19.

This is a picture of CDC's laboratory test kit for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). CDC tests are provided to U.S. state and local public health laboratories, Department of Defense (DOD) laboratories and select international laboratories.

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An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity.

CDC developed an rRT-PCR test to diagnose COVID-19.

As of the evening of March 10, 79 state and local public health labs in 50 states and the District of Columbia have successfully verified and are currently using CDC COVID-19 diagnostic tests.

Combined with other reagents that CDC has procured, there are enough testing kits to test more than 75,000 people.

In addition, CDC has two laboratories conducting testing for the virus that causes COVID-19. CDC can test approximately 350 specimens per day.

Commercial labs are working to develop their own tests that hopefully will be available soon. This will allow a greater number of tests to happen close to where potential cases are.

CDC has grown the COVID-19 virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository external icon for use by the broad scientific community.

CDC also is developing a serology test for COVID-19.

CDC Recommends

Everyone can do their part to help us respond to this emerging public health threat:

Individuals and communities should familiarize themselves with recommendations to protect themselves and their communities from getting and spreading respiratory illnesses like COVID-19.

Older people and people with severe chronic conditions should take special precautions because they are at higher risk of developing serious COVID-19 illness.

If you are a healthcare provider, use your judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Factors to consider in addition to clinical symptoms may include:

Does the patient have recent travel from an affected area?

Has the patient been in close contact with someone with COVID-19 or with patients with pneumonia of unknown cause?

Does the patient reside in an area where there has been community spread of COVID-19?

If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended infection control procedures.

If you are a close contact of someone with COVID-19 and develop symptoms of COVID-19, call your healthcare provider and tell them about your symptoms and your exposure. They will decide whether you need to be tested, but keep in mind that there is no treatment for COVID-19 and people who are mildly ill are able to isolate at home.

If you are a resident in a community where there is ongoing spread of COVID-19 and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms. They will decide whether you need to be tested, but keep in mind that there is no treatment for COVID-19 and people who are mildly ill are able to isolate at home.

For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.

If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face some limitations on your movement and activity. Please follow instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

Share Facts About COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

**FACT
1**

Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

**FACT
2**

Some people are at increased risk of getting COVID-19.

People who have been in close contact with a person known to have COVID-19 or people who live in or have recently been in an area with ongoing spread are at an increased risk of exposure.

**FACT
3**

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.



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**FACT
4**

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19,

**FACT
5**

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

For more information: www.cdc.gov/COVID19

Get Your Community- and Faith-Based Organizations Ready for Coronavirus Disease 2019 Interim Guidance⁴

Older adults and people who have severe underlying chronic medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

People who are at higher risk are encouraged to avoid crowds as much as possible.

This interim guidance is based on what is currently known about the Coronavirus Disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

This interim guidance is to help community- and faith-based organizations (CFBOs), whose members may include vulnerable populations, plan for community transmission of coronavirus disease (COVID-19) in the United States. The Centers for Disease Control and Prevention (CDC) encourages CFBOs to prepare for the possibility of a COVID-19 outbreak in their local communities.

COVID-19 is caused by a new virus. There is much to learn about its transmissibility, severity, and other features of the disease. The Before, During, and After sections of this guidance offer suggested strategies to help CFBOs plan, prepare, and respond to this emerging public health threat.

Before a COVID-19 outbreak occurs in your community: Plan

A COVID-19 outbreak could last for weeks or even months in your community. Depending on the severity of the outbreak, public health officials may recommend community actions to reduce spread of COVID-19. Local public health officials may make recommendations appropriate to your local situation, such as flexible sick-leave and telework policies and temporary school dismissals.

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.

Having a good contingency plan in place and developing flexible policies and procedures to accommodate public health recommendations can help reduce infection. During your planning process, remember to engage key partners across both public and private sectors, such as local businesses, schools, other community- and faith-based organizations, and community leaders. Also, the specific details of your plan should be based on the extent of the outbreak and the size of your organization and workforce, complexity of your day-to-day operations, and type of on-site and off-site services your organization provides to vulnerable populations.

Connect to community-wide planning.

Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before an outbreak may provide your organization with the support and resources needed to respond effectively. Also, in recognition of the “whole community” approach to emergency planning and management, your input as community leaders and stakeholders helps ensure the completeness and representativeness of your local government’s emergency operations plan.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>

In This Guidance:

Before a COVID-19 outbreak occurs: Plan

During a COVID-19 outbreak: Act

After a COVID-19 outbreak has ended in your community: Follow Up

Readiness Resources

Update your existing emergency operations plan.

Meet with your emergency operations coordinator or planning team to update your emergency operations plan. If your organization does not have a person or team in place, determine who will be responsible for coordinating your organization's emergency operations plan. Review all aspects of your organization, such as personnel, systems, services, and other resources. Prepare for key prevention strategies outlined in this guidance. Update your plan based on various scenarios your organization may face during a COVID-19 outbreak in your community.

Consider the needs of older adults, persons with disabilities, and other individuals with access and functional needs in your response plan. Helpful resources are available online, such as the Capacity-Building Toolkit for Including Aging and Disability Networks in Emergency Planningpdf iconexternal icon.

Establish relationships with key community partners and stakeholders. When forming key relationships, include the local public health department, other community and faith leaders, local businesses, and educational institutions. Collaborate and coordinate with them on broader planning efforts. Clearly identify each partner's role, responsibilities, and decision-making authority. Review the COVID-19 plan for your community and participate in community-wide emergency preparedness activities.

Identify services which might be limited or temporarily discontinued during an outbreak. Find alternative solutions that will ensure continuity for your community, especially for vulnerable populations served by your organization.

Address key prevention strategies in your emergency operations plan.

Promote the practice of everyday preventive actions. Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about everyday preventive actions.

Provide COVID-19 prevention supplies at your organization. Have supplies on hand for staff, volunteers, and those you serve, such as soap, hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a COVID-19 outbreak.

Note: Disposable facemasks should be kept on-site and used only when someone becomes sick at your organization. Those who become sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear until they can leave.

Plan for staff absences. Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.

Note: Use a process similar to when you cover for and staff workers during the holidays.

Develop a method for monitoring and tracking COVID-19-related staff absences. Understand the usual absenteeism patterns at your organization. Determine what level of absenteeism will disrupt day-to-day operations. If staff absenteeism increases to disruptive levels, some organizations may need to consider temporarily reducing on-site operations and services.

Identify space that can be used to separate sick people (if possible). Designate a space for people who may become sick while at work and cannot leave immediately. If possible, designate a nearby separate bathroom just for sick people. Develop a plan for cleaning the room daily.

Plan ways to limit face-to-face contact between people at your organization. Several ways to do this include offering workers the option to telework, replacing in-person meetings in the workplace with video or telephone conferences, and postponing non-essential meetings and travel.

Review your process for planning events, programs, and services. Identify actions to take if you need to temporarily postpone or cancel events, programs, and services. Consider limiting access to your organization by non-essential visitors.

Plan ways to continue essential services if on-site operations are scaled back temporarily. Provide web- and mobile-based communications and services, if possible. Increase the use of email, conference calls, video conferencing, and web-based seminars.

Communicate about COVID-19 and everyday preventive actions.

Update your emergency communication plan for distributing timely and accurate information. Identify everyone in your chain of communication (for example, staff, volunteers, and key community partners and stakeholders) and establish systems for sharing information with them. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization.

Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers and those you serve. Learn more about reaching people of diverse languages and cultures. You also can learn more about communicating to workers in a crisis

Help counter stigma and discrimination in your community. Engage with stigmatized groups and speak out against negative behaviors.

Get input and support for your emergency operations and communication plans.

Share your plans with staff, volunteers, and key community partners and stakeholders. Develop training and educational materials about the plans for staff and volunteers.

Self-Quarantine? Isolation? Social Distancing? **What They Mean And When To Do Them**

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JULIE APPLEBY

FROM
Kaiser Health News

Depending on your health status, you may need to isolate, self-quarantine or simply practice social distancing. All these measures slow community transmission of the coronavirus.

As the number of coronavirus cases grows in the U.S., we're hearing a lot about how social distancing, self-monitoring and even quarantine play into containment efforts.

But what do those terms mean, and when do they apply?

We asked experts and found out there is some overlap and lots of confusion.

Here's a quick guide for what you need to know.

Q: Why is all this happening?

In the U.S., testing got off to a slow start, limiting efforts to isolate those with the COVID-19 disease. Public health experts now say the most important goal is to slow the spread of the coronavirus so that the number of people who require medical attention doesn't overwhelm hospitals.

Social Distancing Or Quarantined: How Are You Spending Your Time?

If evidence holds from experiences to date in countries further along in the outbreak, most people who contract this virus will have mild cases. Still, the data from abroad indicate that 10% to 20% could end up in a more serious condition. That means if tens of millions of Americans come down with COVID-19, potentially hundreds of thousands may need hospital care.

No one wants that to happen.

"That could stress the health system. We're trying to avoid becoming like Italy," says Joshua Sharfstein, vice dean for public health practice and community engagement at Johns Hopkins University's Bloomberg School of Public Health in Baltimore.

In Italy, the number of cases rapidly skyrocketed from a handful a few weeks ago to now more than 27,000 cases and over 2,100 deaths. The rapid escalation may be partly attributed to aggressive testing, but hospitals in the northern part of the country are running out of beds in intensive care units.

Q: What is the difference between self-quarantining and self-monitoring?

There's a bit of overlap, say experts.

Both strategies aim to keep people who have been exposed, or who might have been exposed, away from others as much as possible for a period. That has generally meant 14 days, which is considered the incubation period of COVID-19, although symptoms can appear within a few days of exposure.

Self-monitoring might include regularly checking your temperature and watching for signs of a respiratory illness, such as fever, cough or shortness of breath, according to the Centers for Disease Control and Prevention. It also involves limiting interaction with others.

Say you attended a large conference and someone there, whom you were not in close contact with, was later found to be positive for the coronavirus. "The person speaking at the podium was later diagnosed, and you were in the audience — you're not considered at risk. Those people may want to strictly self-monitor," says Dr. Marcus Plescia, chief medical officer for the Association of State and Territorial Health Officials.

"But if you had a long conversation [with that person] or that person coughed or sneezed on you, that's different," he adds. You "would then self-quarantine."

Self-quarantine is a step up from self-monitoring because the person at risk of infection — even though the person still doesn't have symptoms — had a higher chance of exposure.

Canadian Prime Minister Justin Trudeau, for example, is self-quarantining because his wife tested positive for the virus after returning from a trip to Great Britain.

Quarantining means staying home and away from other people as much as possible for that 14-day period. People in this circumstance who don't live alone should do their best to retreat to their room or find a separate area in their home, and they shouldn't go out shopping, eating or socializing.

"Don't sleep in the same bedroom [with other family members], and try to use a separate toilet, if you can," says Dr. Georges Benjamin, executive director of the American Public Health Association. "Be careful with dishes. They should go right from you into the dishwasher."

If you are under a self-quarantine because of possible exposure and then develop a fever, a cough or shortness of breath, call your doctor, local hospital or public health department to find out what to do. Some insurers and hospital systems have online or phone assessment programs. For mild cases, physicians may direct you to stay home and treat your symptoms with over-the-counter fever reducers and other treatments. Those with more serious symptoms and people in higher-risk groups may be directed to where to seek medical care.

As test kits become more available, you may also be directed to a place where you can get tested.

Q: What does isolation mean?

A diagnosis of COVID-19 triggers isolation.

"Isolation is when you are sick, either at home or in the hospital," says Benjamin. "Infectious disease precautions are then much more rigid than in self-quarantine."

Medical staff, for example, wear gear that is more protective. In addition, the person in isolation would be asked to wear a mask when leaving their room or traveling from home to a medical facility — to try to prevent spreading droplets that might contain the virus.

Q: What is a quarantine?

This is when — under state or federal law — individuals or groups are essentially on lockdown. Recent examples include passengers from cruise ships where other passengers fell ill with COVID-19; those passengers who didn't fall ill on the ship were then required to stay at military bases for 14 days to see if they developed the disease.

The U.S. hasn't closed off entire areas — such as towns or cities — since the 1918-1919 Spanish flu. But the federal government and the states do have the power to do so.

In New Rochelle, N.Y., officials have established a "containment zone" because of a high number of COVID-19 cases in the region. School and houses of worship are closed and large gatherings barred. But it is not considered a quarantine because people can come and go.

Q: OK, I'm not sick or exposed. What else can I do? What is social distancing?

This is a broad category. It means not shaking hands, avoiding crowds, standing several feet from other people and, most important, staying home if you feel sick.

Businesses are doing it when they ask employees to work from home or stagger work hours. Governments are doing it when they close schools. We're seeing it in the sports world, with no-spectator games or the postponement of sporting events. Museums, theaters and concert halls where large groups of people gather are closing their doors.

It means trying to find the least-crowded train car or possibly driving instead of taking mass transit.

"It's about taking stock, how closely you interact with people in day-to-day life," says Christopher Mores, a professor in the department of global health at the Milken Institute School of Public Health at George Washington University. "Increase distances. Cut out handshakes. The idea is to try to empower people to break the lines of transmission."

Q: Why should I care if I don't think I'll get very sick?

Public health is all about the public. Individual risk may be low. And, thus, the inconvenience of some of these measures may seem high. But taking steps like these will benefit the population as a whole, says Sharfstein.

"An individual who doesn't get very sick might still pass the infection along to others, including parents, neighbors, people on the bus," he notes.

Some of those people, in turn, may end up in the hospital. A surge of patients with the virus could fill beds also needed by a broad range of other people, such as cancer patients, newborns or car accident victims.

"This is a condition that may not pose a threat to the individual but a threat to the community," warns Sharfstein.

WASHINGTON – In a significant increase in measures to stop the spread of the coronavirus, President Donald Trump on Monday(3/16/20) issued guidelines that called for Americans to avoid social gatherings of more than 10 people and to limit discretionary travel.

Though he stopped short of imposing a national quarantine or curfew, Trump said the country may be dealing with a number of restrictions through July or August as a result of the virus. He acknowledged the economy may be heading into a recession.

“If everyone makes this change or these critical changes and sacrifices now, we will rally together as one nation and we will defeat the virus and we’re going to have a big celebration all together,” Trump said in the closest he came to displaying levity in a somber news conference that underscored the seriousness of the situation.

Just the previous day, Trump had sounded gleeful over news that the Federal Reserve had cut interest rates to near zero, though that did not stop the stock market from tanking again on Monday.

The new guidelines, which are recommendations and not mandates, call on Americans to avoid social gatherings involving groups of more than 10 for the next 15 days. They also suggest that school-age students take classes from home when possible.

Trump called for governors in states with evidence of community transmission to close schools in affected and surrounding areas. Bars, restaurants, food courts, gyms and other venues where groups of people congregate should also be closed in states with evidence of community transmission.

“Each and every one of us has a critical role to play,” Trump said, surrounded by members of his coronavirus task force.

Among the other guidelines:

- If someone in your house has testified positive, keep the entire household at home. Do not go to work or school.
- If you are an older person, stay home and away from other people.
- If you have a serious underlying health condition, stay home and away from others.
- Avoid discretionary travel, shopping trips and social visits.
- Avoid eating or drinking in restaurants, bars, and food courts. Use drive-through, pickup and delivery options.
- Do not visit nursing homes or retirement or long-term care facilities unless you are there to provide critical assistance.
- Practice good hygiene such as washing your hands, especially after touching frequently used items or surfaces. Avoid touching your face.

Earlier Monday, the White House pushed back on news reports that it is considering imposing curfews and a national quarantine in the wake of the spread of the epidemic.

"This is not correct," tweeted Katie Miller, a spokeswoman for Vice President Mike Pence, who is heading the task force.

Trump confirmed he's not ready at this point to impose a national quarantine.

In the morning, markets halted trading for 15 minutes moments after opening when stocks immediately fell more than 7%. When trading resumed the drop continued. For the day, the Dow Jones Industrial Average plunged 2,997 points, its biggest drop of all time, eclipsing the 2,352-point fall it had on Thursday. There were slivers of light in the darkness – U.S. health officials on Sunday pledged to ramp up testing efforts by the tens of thousands. And testing began on a vaccine. But the U.S. death toll rose to 85, with more than 4,600 known cases as of Monday afternoon. The global deaths surged past 7,100. In an attempt to slow the virus, more than 30 states ordered the shuttering of all schools.

Online Giving

One example of online giving that the local churches in the United Church of Christ has used is Vanco.

Vanco offers an online platform that can be linked to our website and can either automatically withdraw payments or can do one time credit card payments. The overall cost of using this system is around 4-5%. This is very affordable and it allows people to give on an easy online platform.⁵

There are other options with similar transaction amounts. We can discuss all options before deciding on this.

Also, nothing should prevent members of the church from sending in or dropping off their offerings to the church office.

Easter, Holy Week, Holidays, and Special Services

For now, it is a “wait and see”, fluid situation. The last thing we want to consider is having restrictions to our normal celebrations of faith. Easter, especially, is a “coming home” for many family and friends and it would vastly disrupt our expectations if we had to change anything. I would hope that by Easter we can have a return to regular life but only time will tell. Unfortunately, with the CDC’s most recent recommendations, it is looking like May, at the earliest, is when things may be able to return to normal.

⁵ <https://www.vancopayments.com/egiving>

This is an opportunity for the Church

I say that it is an opportunity, but, in reality, this is the purpose of the Church! Yes, we are worshipping communities and it is obvious that most of our fellowship and planning revolves around Sunday worship... but we are called to be Christians that take on the task of a disciple every day of our lives and we are challenged to fulfill Christ's command to "love our neighbor". This is the work of the Church: our mission is to "act" and to "go".

We have a few ways in which we can respond in our community:

1. Working with the Food Bank.
2. Making sure that students and children are being fed.
3. Identifying people (elderly and shut-ins) who need deliveries, phone calls, and assistance.

Other Opportunities

This situation will inevitably do two things; make us better communicators and lead us to develop remote tools for learning, engaging, and worshipping.

Phone trees, email lists, and regular mailings are often used as tools in our ministry but we now have the challenge of making sure that these communication devices are able to effectively share information with one another and provide resources to further our times of devotion. For churches with websites, Pastors and leaders can post content throughout the week. With the abilities of our smart phones we can record video and audio to share on social media and websites quite easily.

Resources for online media:

Facebook Live is a great function to stream a message or service and it also records so it can be played back at a later time. This, however, requires people to be familiar with Facebook.

YouTube Live functions similarly as Facebook Live, it is just a different platform. YouTube may be more accessible to people because a link can be easily shared for people to click on and it will automatically play.

Other options are available and can be explored individually.

Many people will be challenged by the equipment and logistics of this. I would say that a good smartphone would suffice for recordings in close proximity. At distance, amplification and connection to external systems may be required. It is advised that you discover what resources and people that you may have so that you can find ways to achieve your goals. This is also an opportunity for you to reach out to churches in your area to see what they are doing and if you could, perhaps, work together.

Closing Comments

Whether you think these steps are an overreaction or you think that they are not enough, remember that this situation, like most things, are not about you but it is about other people. We may be young and healthy people but we can be carriers of the Coronavirus and spread it to others that have compromised immune systems. We must take care of each other. Even if you want to ignore the scientists' facts and ignore the recommendations of people a lot more informed than we are, remember that you have a responsibility to be a world citizen and take care of one another, even when it's inconvenient and frustrating. Be of good hope and have courage in these trying times. May God guide us towards the Divine will and not our own.

Resources:

PA Department of Health

<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>

Christian Associates of Southwest PA

<https://www.casp.org/covid19>

United Church of Christ

<https://www.ucc.org/coronavirus>

World Health Organization

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Local EMS Advisories and Protocols

<https://www.saems.com/covid-19-news>

<https://wjactv.com/news/local/gov-wolf-directs-all-nonessential-stores-to-close-across-the-state-over-covid-19-concerns>

<https://www.wesa.fm/post/live-blog-coronavirus-pittsburgh-march-16-22>