

## Information for Churches about COVID-19

COVID-19 is a new viral illness that is present in many countries around the world, including New Zealand. Symptoms of COVID-19 are similar to a range of other illnesses including influenza and does not necessarily mean that a person has COVID-19.

Symptoms of COVID-19 infection include:

- fever
- coughing
- difficulty breathing.

Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention.

People with these symptoms who have recently been to a country or area of concern, or have been in close contact with someone confirmed with COVID-19, should contact **HEALTHLINE** on **0800 358 5453** immediately.

It is important for churches to consider how they will prepare and respond in their congregations and their communities. Church leadership teams should be finalising and endorsing their plans to meet the challenges and opportunities COVID -19 epidemic presents.

### General Principles

Trust our official sources of information (NZ Ministry of Health, World Health Organization, Local DHB)

[www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus)

[www.who.int/emergencies/diseases/novel-coronavirus-2019](http://www.who.int/emergencies/diseases/novel-coronavirus-2019)

- Be sceptical of the accuracy of some information circulating on social media.
- Plan to continue to worship and serve, whether in the current manner or in some other format (e.g. online).
- Look for opportunities to serve others, in our fellowship and in our communities and support those who need it.
- The situation and appropriate response will change, sometimes rapidly, so we need to be prepared for a range of possible scenarios.

### At all times

Like the flu, COVID-19 can be transmitted from person to person. The scientific evidence confirms that COVID-19 is spread by droplets. This means that when an infected person coughs, sneezes or talks, they may generate droplets containing the virus. These droplets are too large to stay in the air for long, so they quickly settle on surrounding surfaces.

Droplet-spread diseases can be spread by:

- coughing and sneezing
- close personal contact
- contact with an object or surface with viral particles on it and then touching your mouth, nose or eyes.

That's why it's important to practice good hygiene, regularly wash and thoroughly dry your hands and practice good cough etiquette.

### Wash your hands often and use hand sanitisers

- Handwashing (for 20 seconds) properly and frequently (10 x a day, before and after eating and after bathroom use) followed by drying them thoroughly is probably the most important tool available to control spread.
- Soap, water, paper towels and sealable lined bins should be available in the bathrooms and kitchen.
- Hand sanitisers should be available at strategic locations and particularly at entrances of the church.

### Avoid handshakes, hugs and kisses

- These behaviours should be discouraged for now; even high fives can transmit viruses.
- Think of creative alternatives e.g. The Indian 'Namaste' is an ideal alternative greeting to encourage - it conveys the right message with no person-to-person touching involved.

### Encourage good cough and sneeze etiquette

- People should cough and sneeze into their elbows or a tissue, then wash their hands.
- If you have a cough or are sneezing with a runny nose it is best to self-quarantine and call HEALTHLINE for advice on 0800 358 5453

### Feeling unwell or placed in self isolation/quarantine

- Remind people that if they are feeling ill, even mildly so, to NOT attend church events or any other gatherings.
- People who have visited countries or areas of concern and who have developed symptoms of fever, cough or shortness of breath should seek medical advice – phone Healthline's dedicated COVID-19 number 0800 358 5453 or contact their own GP by phone.
- They should NOT go to their doctor or an emergency department without first contacting them by phone, to avoid potentially spreading the virus to others.
- It's important to remind your community that the elderly and those with compromised immune systems are at higher risk should this virus spread.

### Bathrooms and kitchen areas

- Ensure the church bathroom facilities and kitchens are clean and functional for washing hands.
- Replace cloth hand towels with disposable paper towels and make lined bins available for the used paper towels.

## Masks

There is limited evidence most masks will protect people from being infected. Unless properly trained and fitted, masks are useful on sick people to reduce the chance they will spread germs. On untrained people, masks may give a false sense of security.

## Support Others

Whether regular attenders or not, people in our community will from time-to-time need support (visits, food parcels, shopping done, properties maintained, transport provided, a friend to confide in, children minded, prayer, help to get medical attention, ...).

## Be ready at home

Staff and members should be encouraged to review their family emergency plans and take time to prepare now.

## Encourage regular medical care

This should include promoting seasonal influenza immunisation.

# Once COVID-19 is established in our community

If there is wide community spread, additional measures may apply. These are as follows:

## Measures that might be imposed or voluntarily adopted

- Making sick leave policies more flexible
- Offering tele-work and remote meeting options
- Postponing or cancelling gatherings – services, group activities, creche, etc
- People going into quarantine/self-isolation
- Offering our buildings, and people, to support the community in a time of crisis

In all situations we should intend to continue to function. Leadership teams should decide when and what changes are necessary (after asking for advice from appropriate professionals) and should communicate these effectively.

## Plan for and test these now

- Staff working from home or one person in the office alone
- Meetings can be held virtually – we might close or re-purpose the buildings, but that should not mean closing off to one another
- Worship services can be held virtually or by podcast/livestream, and not just the sermon but also worship, notices, communion, etc
- Have communication plans ready to go (newsletters, email groups, phone trees, notices)
- Staff, pastoral carers, and others should prepare a list of members with special needs, and have planned ongoing support. This includes:
  - The elderly
  - People with serious or chronic medical conditions
  - People with disabilities

- Single parents with small children
  - Children
- Ensure stocks of first aid, toilet paper and soaps, tissues, sanitiser, cleaning materials etc are adequate
- Plan to continue pastoral and spiritual care
- Focus on prayer, not panic
- Be prepared for how we will respond when people in our congregation get sick
- Encourage people to use digital giving (a recurring direct debit, for example). Promote alternatives for people who currently give/tithe “in person” at services.
- Be vigilant to new developments and ready to return to normal practices. Recovery needs to be planned and not unduly delayed, including supporting those adapting to major adversity.

## Opportunities

- Churches can lead the way in their communities as exemplars of counteracting fear and prejudice. People should be encouraged to seek information from reliable and responsible sources of information and discouraged from posting questionable information from untrustworthy, conspiracy theory groups etc on social media posts.
- Encourage people to show whanaunatanga and manaakitanga. Churches can reach people in need that other groups and agencies may not reach, and thus help those who would otherwise go unserved. They can advocate on behalf of the marginalised and vulnerable - for example, in ensuring fair distributions of health care or food, or determining where help is needed most.
- Churches are centres for communication, holding meetings and sending out messages to a significant number of people on a regular basis. The connection with people in the community helps with assessing needs, risk and identifying possible actions. Examples include using a meeting space, as a rest or evacuation centre, storing and distributing food, water, equipment, and other resources.
- Church members may have accommodation for those needing billets, quarantine or isolation.
- However, it is important to follow current guidance from public health authorities about social separation. What might seem like caring actions could lead to harm if we are not following good practice. The elderly and people with co-existing medical conditions among us are especially vulnerable.

*This document has been prepared by Chris Bullen - Professor of Public Health at the University of Auckland, for the Baptist Churches of New Zealand at 11 March 2020*