

# The United Church of Canada Emergency Plan

Revised March 2020



Prepared by the Duty of Care Office  
General Council Office  
The United Church of Canada/L'Église Unie du Canada

The United Church of Canada Emergency Plan (March 2020)



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## **Emergency Situations in the Faith Community**

Emergency situations are a potential reality for all communities. Taking the time to plan how we would respond to the day-to-day needs of our faith communities during such events is essential.

In times of crisis, the faith community is often the first place people turn to for support, particularly if the emergency has widespread health implications. Yet the very nature of being a community adds an increased level of risk if the emergency involves the spread of a respiratory (droplet) infection. How would we continue to offer ministries on Sunday mornings and throughout the week without putting our ministry personnel, lay people, and participants at risk?

The church's mission will guide us to do what is right:

- to love one another as Christ loved us
- to provide hope and compassion
- to take action and respond to community need

The following plan discusses emergency protocols in three areas: General Council Office Response, Regional Council Office Guidelines, and Community of Faith Guidelines. While the protocols outlined have a specific focus toward health-related emergencies such as a pandemic, they could be adapted, as appropriate, for other emergencies.

## I. General Council Office Response/Protocol

### A. Communications and Administration

The General Secretary and Staff Leaders Team will determine when to implement policy, protocol, and communications.

#### Communications

##### 1. General

- The central point for communications and administration nationally will be the General Council Office, The United Church of Canada, Toronto.
- The primary point of contact with the media will be the Executive Officer, Communications—Kate Rodd (2020).
- As part of the communication strategy, the message received by all callers to any of the main General Council Office numbers will indicate the status of the office at the time. The decision to change the message will be made by the Emergency Coordinator and follow the Emergency Contact and Communication response protocol to implement.
- Staff members are to call the general switchboard number to find out the status, open or closed, of the General Council Office.
- The General Secretary will have the most current contact information for the Staff Leaders in order to facilitate communications and decision making at this level.
- Communications to Regional Council offices will be the responsibility of the Executive Officer, Ministry and Employment—Alan Hall (2020).

##### 2. Coordination

- The Emergency Coordination Team will include:
  - General Secretary, General Council—Nora Sanders (2020)
  - Executive Officer, Ministry and Employment—Alan Hall (2020)
  - Executive Officer, Communications—Kate Rodd (2020)
- The Emergency Coordinator, by default, will be the General Secretary.
- In the absence of the General Secretary, the role of Emergency Coordinator will be filled following the Leadership Succession Plan (see page 11).
- Contact for all Regional Council office-identified coordinators will be the Executive Officer, Ministry and Employment—Alan Hall (2020).
- In the event that a pandemic has been declared, the Emergency Coordinator, or a named designate, will monitor the [Health Canada website](#) and the [World Health Organization \(WHO\) website](#) for information updates and will develop messages to be communicated as appropriate.
- The General Secretary will determine whether work-related travel will be suspended using guidelines from the [Government of Canada's travel health notices](#) and the [World Health Organization](#).

##### 3. Website

- [The United Church of Canada website](#) will be the primary point of communications for emergencies of a global or national nature.
- Information input will be by e-mail to the Web Team at [webmaster@united-church.ca](mailto:webmaster@united-church.ca) and will be provided by (in order of availability):

- Duty of Care Program Coordinator—Beverlea Oag (2020)
  - Program Coordinator, Committee Member Services—Diane Bosman (2020)
  - Information input will be by the Web Manager—Bill Gillard (2020)
  - The Web Manager is responsible for ensuring adequate HR backup provisions through the Web Team.
  - The website must have the capacity/ability to be updated daily with prayers/devotions and other information as directed by need.
  - Coordination of providing daily prayers/devotions will be the responsibility of:
    - Program Coordinator, Worship, Music and Spirituality—Alydia Smith (2020)
    - Executive Minister, Church in Mission—Michael Blair (2020)
4. Overseas personnel
- In the event of an emergency that affects overseas personnel or overseas visitors, The United Church of Canada Emergency Protocol for Overseas Personnel will be implemented (see Appendix C).
  - The contact person in the General Council Office is Team Leader, People in Partnership—Patricia Elson (2020).
  - All staff people travelling overseas are familiar with the basics of this protocol and have the necessary contact numbers.
  - Decisions on individual work-related travel will be made by staff and their supervisor using guidelines from the [World Health Organization \(https://www.who.int/ith/en/\)](https://www.who.int/ith/en/) and the [Government of Canada's travel health notices](#).

## Leadership Succession Plan

1. Primary contact point
  - The General Secretary, General Council, is the primary point of contact for the General Council Office and national presence. In the event that the General Secretary is unable to fulfill the duties, the following leadership succession plan is followed:
    - Executive Officer, Finance—Erik Mathiesen (2020)
    - Executive Officer, Ministry and Employment—Alan Hall (2020)
  - Regional Council Executive Ministers are to have direct line of contact with the General Secretary or subsequent successor (by landline and mobile).
2. Essential services
  - All units have a plan for ensuring the continuation of essential services in the event of an emergency.
  - Executive ministers are to develop implementation strategies for how essential work within their units will be carried out in the event of an emergency.

## B. Human Resources

1. Salary continuation
  - The Ministry and Employment Unit has a plan of action for continuation of General Council Office and pastoral charge payroll services, benefits (in particular health benefits), and pension services. Our third-party payroll provider through its

multiple-office structure can ensure continuity of payrolls for pensioners staff, ministry personnel, and community of faith lay staff enrolled in the payroll service.

## 2. Preparation/prevention

- Promote the establishment of working groups/committees.
  - Regional Councils will promote issues around wellness/hygiene (flu shots, self care, hand washing, food preparation, cleaning of dishes and sacred vessels, etc.).
  - Communities of faith/pastoral charges will develop their own plans regarding emergency planning and preparation with an emphasis on pandemic preparedness (see Appendix B: Templates for Communities of Faith). Communities of faith are encouraged to network with the local community emergency services to understand their role within the broader community.
  - Encourage all staff members to get an annual flu injection.
  - Provide basic hygiene and medical information.
  - Links are provided to the federal Ministry of Health and emergency preparedness websites, including those related to a pandemic.

## Finance

1. Cross training of staff to ensure key functions within the financial administration of the General Council Office will be addressed in an emergency situation where the usual staff people may be unable to perform their work.

## Pastoral Care

1. The Emergency Coordinator will ensure, to the extent possible, that pastoral support is available to staff of the General and Regional Council offices.
2. The Team Leader, People in Partnership, in partnership with the Emergency Coordinator, prepares and provides communication and pastoral care as needed with family members of overseas personnel and volunteers.
3. Post-emergency employee assistance is available through the Employee and Family Assistance program. The Employee and Family Assistance Provider (EFAP) is aware of special needs and the support that is available.

## **II. Regional Council Office Guidelines**

### **A. Communications and Administration**

1. The Regional Council Executive Minister or designate is the primary conduit of information between the General Council Office and the communities of faith.
2. An Emergency Coordinator is identified for each Regional Council office. This information is communicated to the Executive Officer, Ministry and Personnel, at the General Council Office for the purposes of facilitating communication in the event of an emergency.
3. The Regional Council Executive Minister will ensure that a plan/process is in place to facilitate communication with the communities of faith. The plan is developed in consultation with Regional Council staff.

### **B. Human Resources**

#### **Promotion and Prevention**

1. Working groups/committees are established.
  - Regional task groups promote issues of wellness/hygiene (flu shots, self-care, hand washing, food preparation, cleaning of dishes and sacred vessels, etc.).
  - Communities of faith have plans regarding emergency planning and preparation with an emphasis on pandemic preparedness (see Appendix B: Community of Faith Templates). Communities of faith network with the local community emergency services to understand their role within the broader community.
2. Prevention measures:
  - All staff members are encouraged to get the annual flu vaccine.
  - Basic medical and hygiene information is made available.
  - A link is in place on the website to provincial Ministry of Health and emergency preparedness websites.
3. Guidelines for travel between communities that may be affected by an emergency or quarantine are developed in conjunction with local emergency services and health units. Such guidelines include how clergy will be recognized and received during an emergency, i.e., will they require identification or a letter of authorization to allow access?
4. Links to websites relating to emergency and pandemic preparedness are in place.

#### **Pastoral Care**

1. Regional Council Executive Ministers will make themselves aware of the impact the emergency, including a pandemic, has on the region and the communities of faith.

2. The region, in cooperation with the Office of Vocation, will identify ministry personnel not currently in a call or appointment who may be able to assist during an emergency including a pandemic.
3. Regional Council Executive Ministers need to ensure post-emergency/pandemic employee assistance is available. This includes discussions with the Employee and Family Assistance Provider (EFAP) to identify special needs that may result and the support that may be available.

### **III. Guidelines for Communities of Faith**

From time to time, the local community may be faced with an emergency situation. This may be a health-related emergency such as a serious outbreak of disease or a pandemic, a physical or “natural” disaster, or something totally unforeseen. As Christians, we are to face such emergencies with trust in God and compassionate and hopeful concern for people.

As members of a Christian faith community, we share Christ’s compassion within our communities of faith and the wider community by being well-prepared and well-informed. In doing so, we minimize the impact of the disaster, including reducing the potential spread of disease, and enable our communities to return to a sense of normalcy as soon as possible. Clergy offer public reassurance through “the sacrament of presence” and being seen to be present. This may mean wearing the clerical collar even though this may not be customary.

#### **A. Communications and Administration**

##### **1. Coordination**

- The community of faith/pastoral charge establishes/identifies an Emergency Preparedness Committee. The Committee serves as the link between the region and the community(-ies) of faith for communications during an emergency.
- Identify fan-out lists (telephone tree, e-mail lists, etc.) of all community of faith members/attendees for speedy communication (e.g., service cancellations, prayer lists).

##### **2. Preparation and training**

- Offer sessions on disaster training and being equipped for emergencies.
- Work in cooperation with the local Ministry of Health units and/or emergency services.
- Network with local health, welfare, safety networks, funeral directors, and other service providers. Ensure contact details for these service providers are held by key congregational leadership.
- Be aware of local information and peculiarities, e.g., water supplies, etc.
- Check first aid kits and availability of trained first aid person.
- Encourage members to check and restock their own personal first aid kits and emergency kits.

##### **3. Review the Community of Faith Guidelines for Health-Related Situations (page 13).**

- Determine as a group how these procedures apply within your own context.
- Develop alternative practices for the “at risk” activities—greeting, passing the peace, communion, visitation, etc.
- Communicate reasons for change to the congregation before an incident occurs. This will help alleviate fears and concerns in the event modifications are implemented.

## B. Human Resources

### Leadership Plan

1. Ensure that a plan is in place to address how decisions will be made and key functions carried out in the event that traditional practices cannot be carried out.
  - All staff members are to identify back-up.
  - The governing body Chair and Treasurer are to identify back-up.
  - The governing body will ensure that there is more than one authorized ADP (payroll) contact person.
  - Minister/Chair should each have a copy, hard and soft, of the congregational roll and contact information.
2. Determine essential staff and duties that must be sustained.
3. Identify critical leadership roles and how they function during an emergency, e.g., pastoral team coordinator.

### Pastoral Support

1. Communities of faith are encouraged to hold next-of-kin information, especially for members who live alone, if appropriate.
2. Establish pastoral “neighbourhood care” networks—remembering who is our neighbour.
  - Ensure they are reasonably small scale.
  - Ensure they are within walking distance, where possible.
  - Identify a leader/contact person for each network.
  - Distribute “care cards” containing essential information such as a phone fan-out list, pastoral contacts, prayer contacts, etc.
  - Build up and equip lay ministry networks, including and extending beyond those licensed.
  - Identify and brief lay people who can provide telephone support and prayer for those who are fearful or otherwise distressed.
3. Develop practices/protocols to contain the spread of infectious diseases between clergy and congregation members and between members. Consider degrees of containment and use these during flu season as a good practice. This may include the use of passing the peace and a common cup.
4. Communities of faith are to purchase/assemble necessary protective equipment for ministry personnel and congregational activity use, e.g.:
  - alcohol wipes for common use of phones and keyboards
  - alcohol-based hand sanitizer for use in welcoming/greeting people to worship and visiting people, and a travel communion kit

### C. Liturgical and Sacramental Support

In some instances, it may not be possible to hold worship gatherings. In the event this occurs, it is important to uphold the community together in prayer. The following guidelines can assist in this area.

1. Train and equip lay leaders to offer appropriate support and prayer; to lead memorial services, agape meals, and sacraments; and elders (where no ministry personnel are available) to serve communion.
2. Promote morning and evening prayer as a dispersed community activity. Set a common time for community prayer so that individuals and families can feel part of a larger community of prayer. Where possible, ring church bells to indicate the call to prayer. Extend the invitation to common prayer to other faith groups within the community to extend the caring community. Hymns may also be indicated for those who find song a comfort. Communities of faith may be willing to loan hymnals or recorded hymns to members for use at home.
3. Plan for alternative options for worship in the event that gathering together is not viable. Appendix A: Community of Faith Resources identifies some online resources to assist with this.
4. Clergy and pastoral team members are aware of local health protocols and are prepared to follow the direction of local public health units and health institutions.
5. Clergy are prepared to lead funeral services that are ecumenical and/or multi-faith, as appropriate.
6. Where the health emergency is severe, it may be necessary to hold memorial services during the post-emergency period for people to mourn and remember.

#### IV. Community of Faith Guidelines for Health-Related Situations

From time to time, congregational activities may be impacted by health-related concerns. This may be triggered by a specific emergency or warnings from public health, but it may also come from ministry personnel and/or local church leadership.

The following table outlines the activities identified, the time for education (E), and the time for implementation (I). The phases are specific to the World Health Organization (WHO) as related to a pandemic, but using the definitions found in Appendix D communities of faith can adapt this to a less severe local context, such as a severe outbreak of flu or related respiratory illness.

Education *before* implementation is necessary for a successful transition between phases. The more knowledge people have, the better they are able to prepare themselves to address the issues that may present. The local public health unit provides direction regarding public gatherings in the event of outbreaks of disease of any kind.

Activities	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
<b>General Hygiene</b>					
Hand washing	E, I	→	→	→	→
Hand sanitizing	E, I	→	→	→	→
Safe food-handling techniques— contact local public health for guidelines	E, I	→	→	→	→
<b>Worship Gathering</b>					
What to do when ill	E, I	→	→	→	
Greeting/receiving parishioners (eliminating physical contact)	E		I	→	
Passing the peace—alternatives without contact	E		I	→	
Sitting apart at church	E		I	→	
Not gathering—implementing home prayers	E				I
Communion:					
a) Common cup and loaf	E, I	→			
b) Individual elements	E		I		
c) No communion	E			I	
<b>Other Gathering</b>					
Decrease non-worship gatherings:					
a) Governance meetings	E		I		

<b>Activities</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>	<b>Phase 5</b>	<b>Phase 6</b>
b) Christian education activities	E		I		
c) Social gatherings	E		I		
Stop non-worship gatherings:					
a) Governance meetings	E			I	
b) Christian education activities	E			I	
c) Social gatherings	E			I	
<b>Visitation</b>					
Visiting sick:					
a) At home	E		I	→	
b) Hospitals/nursing homes	E		I	→	
Communion for the sick	E		I	→	
Visiting/encouraging quarantined persons	E			I	→
Support services—shopping, errands, etc.	E			I	→
<b>Administration</b>					
Alternative means of conducting business	E		I	→	→
<b>Home/Individual Education</b>					
Flu vaccination information	E, I	→	→	→	
Emergency contact information	E, I	→	→	→	
In-home prayers	E		I	→	→
Food	E		I	→	

## **V. Educational Resources for Emergency Planning**

The following educational information is provided to assist communities of faith to be proactive in developing healthy practices and to have a plan in place for an emergency situation.

### **Prevention Methods**

Respiratory or droplet infections are generally spread through direct contact: hand to hand, or by droplets during episodes of talking, coughing, and sneezing. Risks include:

- shaking hands during or after the service
- passing the peace by physical contact
- receiving communion, especially with a common cup
- nursery and children's toys
- Sunday school rooms and activities
- coffee hour and social times
- visitation to hospitals, retirement homes, nursing homes, and to shut-ins

**Hand washing** is the most important weapon available to us to prevent the spread of infection.

1. Use warm running water.
2. Hold hands down, fingertips at the lowest level.
3. Rinse hands.
4. Dispense soap into palm of hand.
5. Lather hands for at least 20 seconds.
6. Circle fingertips in the palm of each hand to clean well under nails.
7. Rinse hands from wrists to fingertips.
8. Obtain paper towel.
9. Dry hands.
10. Use paper towel to turn off taps.

**Hand sanitizing** is the next best alternative.

- Hands should be free of any visible debris, and a sufficient amount of sanitizer is used to thoroughly cover hands. Rub hands together, covering the entire surface of the hands, until the hands are dry.

What can we do? **Educate** people to care for their hands:

1. Post hand-washing posters at every sink—washrooms, kitchen/kitchenettes. Signs are available from most public health units.
2. Provide soap dispensers and paper towels at every sink, and wastebaskets for disposing of paper towels.
3. Provide alcohol-based hand sanitizers for use by greeters, ministers, and the congregation. These should be located where you enter the church building (at entrances) and as you enter/exit the sanctuary.
4. Consider alternatives to be used by greeters and for passing the peace during high-risk seasons of the year.

## Prevention of Illness

1. Drink plenty of water/fluids.
2. Exercise regularly.
3. Eat a healthy diet.
4. Decrease stress.
5. Get enough rest.
6. Get the annual flu vaccine.
7. Wash hands often using soap and warm running water, especially after coughing or blowing your nose.
8. Keep an alcohol-based hand sanitizer handy.
9. Stay home if you are ill.

## Food-Related Activities

1. Wash hands before preparing and handling food.
2. Practise good food-handling techniques when preparing food items.
3. Use a dishwasher or hot soapy water and hot water for rinsing to clean dishes, coffee mugs, cutlery, and communion elements.
4. Contact the local public health unit for posters to post in food preparation areas.

## Sunday School Programs

1. Stock Sunday school rooms with hand sanitizer, waste receptacles, and tissues, and the nursery with washable or disposable baby supplies.
2. Supervise children as they wash their hands before snack time.
3. Clean tables and washable surfaces with soap and water following each use.
4. Clean toys frequently using a disinfectant solution or, when appropriate, a dishwasher cycle.

## Celebrating Communion

The common cup and loaf are important symbols in our liturgy of sharing in the life of Christ. However, when the spread of disease is increased by close contact or sharing common elements, there may be concern over the use of a common cup and loaf. This is especially true during the Phase V stage or later of a pandemic.

Here are suggested guidelines for the celebration of communion for each of the elements:

1. While the common cup continues to be an integral part of communion in many communities of faith, consider these points when planning for communion:
  - a) Intinction is not a safe alternative and should be discouraged. (Fingertips touching the juice is unavoidable.)
  - b) Have the chalice as part of the communion table, and only the minister partakes from the cup.
  - c) Have individual cups for communion juice. If glass cups are used, it is imperative that they are washed using very hot, soapy water and rinsed with hot water.
  - d) Keep the elements covered either with a cloth or supplied covers (for individual serving trays).

2. A common loaf is also a traditional part of communion. Having the loaf as well as an alternative may be a means of addressing concerns about sharing of common elements. Consider the following:
  - a) Have a large loaf on the plate, with large cubes of bread in front to allow for those choosing not to share the common loaf.
  - b) Use only individual cubes.
  - c) Cover all plates with a clean cloth or supplied plate cover.
3. In the event that sharing communion is considered high risk and is not served, continue to have the elements—loaf and common cup—on the communion table.
4. Good hand-washing techniques and safe food-handling techniques should be used at all times.
  - a) Hands and all surfaces should be washed well before handling the elements or the containers.
  - b) All containers are to be washed with hot, soapy water, rinsed, and dried before storing.
  - c) Elders/communion servers should also practise good hygiene techniques, including washing hands before the start of the service. The use of alcohol-based hand sanitizer is a discussion left to the congregation as to how it may or may not be used within the context of the service.

Several articles around the use of the common cup and health concerns are available. For more information, search the Internet for “common cup.”

## Appendix A: Community of Faith Resources

### Service Resources

*Celebrate God's Presence: A Book of Services for The United Church of Canada* (Toronto: United Church Publishing House, 2000).

Agape Meal, p. 551

Prayers following natural disaster, p. 564

Funeral or Memorial Service, p. 445

*Feasting on the Word* (Louisville, KY: Westminster John Knox Press, various years). Order through [United Church Bookstore](#).

*Gathering: Resources for Worship Planner* (Toronto: The United Church of Canada). Periodical published four times a year. Order from [United Church Bookstore](#).

Lebans, Gertrude, *Out of Fire: Worship and Theology of Liberation* (Dundas, ON: Artemis Enterprises, 1992).

*Seasons of the Spirit* (Kelowna, BC: Wood Lake Publishing, various years). Available to order from [Seasons Online](#).

### Online Resources

The following resources were available as of March 3, 2020:

BibleGateway, [Verse of the Day](#).

Buckingham, Allan, [Together We Worship](#). Weekly services available for a fee from a United Church member.

Canadian Bible Society, [Today's Word](#).

The Church of England, [Daily Prayer](#).

Jubilee United Church, [Resistance Church](#).

Presbyterian Church in Canada, [PresbyCan Daily Devotional](#).

Trinity United Church, [Trinity United Church Livestream](#). Services from a Thunder Bay, ON, community of faith.

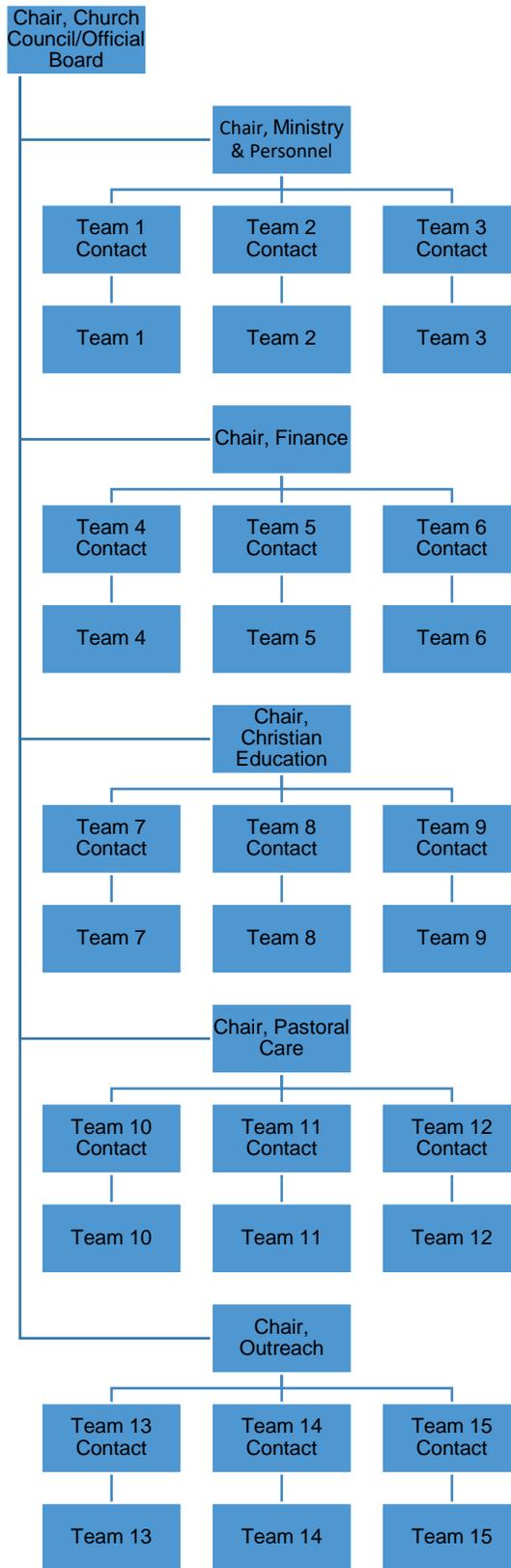
The United Church of Canada, [Worship Resources](#).

United Church of Christ (USA), [Worship Ways](#).

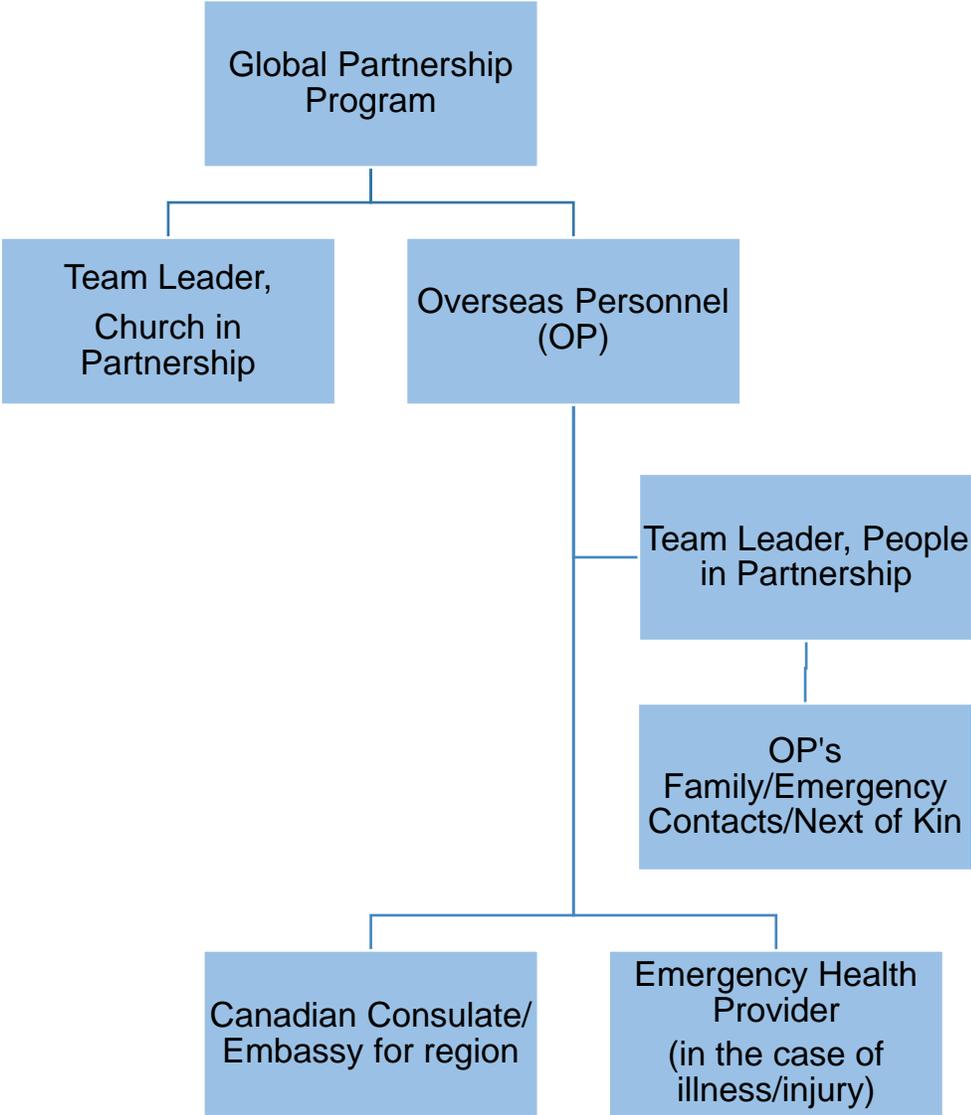
## Prayers and Meditations

The United Church of Canada, *Voices United* (Toronto: United Church Publishing House, 1996). Services of Daily Prayer, pp. 906

**Appendix B: Community of Faith Templates for Emergency Planning Committee**



Appendix C: Communication Flow for Overseas Personnel



## Appendix D: Definitions of World Health Organization Phases

Period	WHO Phase	Description
<b>Interpandemic Period</b>	<b>Phase 1</b>	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. Even if it is present in animals, the risk of human infection is considered to be low.
	<b>Phase 2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype (such as avian influenza) poses a substantial risk of human disease.
<b>Pandemic Alert Period</b>	<b>Phase 3</b>	There are human infections with a new influenza subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	<b>Phase 4</b>	Small clusters with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
	<b>Phase 5</b>	Larger clusters, but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (a substantial pandemic risk).
<b>Pandemic Period</b>	<b>Phase 6</b>	There is increased and substantial influenza transmission in the general population.
<b>Postpandemic Period</b>		Return to Phases 1 and 2.

Adapted from World Health Organization [Global Influenza Preparedness Plan](#) (2005).