



The Christian and Missionary  
Alliance in Canada

# COVID-19 Guide

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The overall goal of this plan is to provide a guide for response to COVID-19 (corona virus) at the denominational level that will cover both C&MA local Canadian churches and overseas ministries.

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## EXECUTIVE SUMMARY

This guide is intended to be enacted in strategic partnership with whatever provincial, federal, and international guidelines, directions, and regulations are in place in during the COVID-19 outbreak. In addition, being committed to the glory of God and the Church universal, we seek to take every opportunity to communicate, with word and deed, the Good News of the Gospel of Jesus Christ.

Being committed to social responsibility, we minister to the poor, the sick, and the oppressed with humility and compassion as though our ministry was to Christ Himself. We recognize that this may require the faith-filled and sacrificial gift of not only our resources, time, and talents but perhaps also our lives. We do nothing without prayer. Therefore, this guide is subject to whatever revision that may seem good to the Holy Spirit and to us, as the future unfolds.

## SECTION I- PLANNING APPROACH – WHY A CHURCH RESPONSE?

The overall goal of this guide is to provide a guide for response to the COVID-19 outbreak at the denominational level that will cover both C&MA local Canadian churches and overseas ministries. The Church plays an important role in the community, it needs to be connected, prepared, reachable, and relevant to support the needs of its surrounding neighbours. Our goals are both practical and spiritual:

- a) to provide guidelines/resources that will assist the Church in reducing the morbidity and mortality associated with the detection of COVID-19;
- b) to redeem the time as the Church offers faith in God, a future with a hope, freedom from the fear of death, as well as practical love and support.

### Prayer

During this time, it is important to remember we are people of prayer. Before doing anything, take time to pray and commit all to the direction of the Holy Spirit.

## SECTION II – COVID-19

The information in this section is slightly revised from World Health Organization<sup>1</sup>

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China, to be a Public Health Emergency of International Concern. The WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long term success cannot be taken for granted. All sections of our society—including businesses and employers—must play a role if we are to stop the spread of this disease.

### How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects and then touching their eyes, nose or mouth. If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience

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<sup>1</sup> World Health Organization. “Getting your workplace ready for COVID-19.” February 2020. PDF. *Whonet.int*. <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>



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more serious illness and may require hospital care. Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness."

Employers should start doing the following things now, even if COVID-19 has not arrived in the communities where they operate. These steps can already reduce working days lost due to illness, and stop or slow the spread of COVID-19 if it arrives at one of your workplaces.

- Make sure your workplaces are clean and hygienic
  - Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly
  - Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads
  
- Promote regular and thorough handwashing by staff and congregation
  - Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
  - Display posters promoting hand-washing – ask your local public health authority for these or look on [www.WHO.int](http://www.WHO.int).
  - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the Internet to promote hand-washing
  - Make sure that staff and congregations members have access to places where they can wash their hands with soap and water
  - Why? Because washing kills the virus on your hands and prevents the spread of COVID-19
  
- Promote good respiratory hygiene in the workplace
  - Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings, and information on the Internet, etc.
  - Ensure that face masks and/or paper tissues are available at your workplaces for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
  - Why? Because good respiratory hygiene prevents the spread of COVID-19. People who have a preexisting respiratory illness—including those with asthma, bronchitis, emphysema, and a history of smoking—are at a higher risk.
  
- Advise staff and congregation to consult national travel advice before going on business trips.
  
- Brief your staff and congregation that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection

For more information click [here](#), situation reports will allow you to see the updated risk assessment be WHO. Another resource for information is [Centers for Disease Control and Prevention](#).



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## SECTION III – ROLES & RESPONSIBILITIES WITHIN THE C&MA

### A. Global Ministries (GM)

Global Ministries has a three-pronged emergency response system<sup>2</sup> in place by which it responds in times of crisis:

**Canadian embassy:** As citizens of Canada, GM International Workers located around the world are registered at the local Canadian embassy. Some of our workers are official wardens for the embassy in their cities. Information flows through the warden network to every registered Canadian citizen as needed. Embassies give official guidance to their citizens on how to react to various threats.

**Global Ministries Team evacuation protocols:** Ministry is often conducted in parts of the world that are neither safe nor secure. International workers are expected to remain at their assigned locations unless circumstances of great emergency compel them to leave. Wherever possible, the approval of the Team Leader and Regional Developer, in consultation with the Vice President/Venture, are obtained prior to any evacuation.

Every GM team has contingency plans in place that take into account risks and triggers that are relevant for their context. These plans may vary depending on the potential political and environmental risks of each field. Teams in creative access settings have plans in place for other unique challenges. All plans include emergency contact information, levels of alert and detailed plans on what to do according to the level of alert. These plans are made available to all team members. The Regional Developer and Member Care Developer have a copy of each team's contingency plans.

**International Health Management:** IHM is the health management system that oversees the health and well-being of GM International Workers. In times of crisis they are the first responder on issues of physical and mental health. Member Care Developers coordinate care between the individual IW, IHM, and our insurance provider, Sutton Special Risk; which provides coverage for every worker around the globe in their countries of service.

### B. Church Ministries

Planning and preparedness efforts are continuing at all levels of government and it is expected that local churches will be governed by their provincial and regional public health directives. As an example, if public gatherings are banned, then the church needs to consider other avenues for providing spiritual care.

The role of the Districts is to prepare local churches to meet the spiritual and physical needs of any outbreak, using the following steps.

**The first step is to learn** the rationale for pandemic preparedness. Depending on the severity of the outbreak in Canada, government resources may be stretched to the limits. There may be widespread societal anxiety with unprecedented demand for timely, detailed information from a trusted source. The response of the Christian community could make a significant difference to how effectively treatment, recovery and restoration begin.

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<sup>2</sup> The Christian and Missionary Alliance of Canada citing Dr. S. Lightbody, Compliance report on pandemic preparedness, *BOD Report: Global Ministries*, November 2006.



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*The second step is to encourage* each church to form a contingency plan and to think about questions like:

- At what point should church services be canceled?
- In the case of staff illness, who would provide back up for critical roles (e.g. pastoral care, funerals)?
- What could be suspended for a month, indefinitely?
- How could the church make any public gatherings as safe as possible?
- How would the church inform their people—are their membership contacts up to date?
- How would the church collect tithes and offerings?
- Who would qualify for benevolence under extreme situations?
- How could the church assist public health in relaying critical health information?
- What facilities could we offer to local emergency management? (e.g. daycare, gym, industrial kitchen)

*The third step is to work collaboratively* with all Christian groups to increase our social responsibility. The church can use its networks, strategic partnerships to lift up the name of Jesus Christ. The Church has a timeless message of faith, hope, and practical acts of sacrificial love.

## SECTION IV – SELF CARE WHEN ILL

People need to have access to basic information in order to care for individuals with COVID-19 and to protect themselves as caregivers as well as protecting the care-receivers.

Information needed:

- How do I know if I have COVID-19?
- How do I know if I have a fever? / What can I do to treat a fever?
- How can I treat other symptoms of COVID-19?
- When should I see a doctor?

How could the church distribute this basic information? (Hand-outs, website, teaching sessions).

## SECTION V - CHURCH RESPONSE – MEMBER CARE

There are often more questions than answers, but individual churches could address some of these in information sessions, sermons, and small groups. Beginning to think and to talk about this issue is perhaps the best preparation. Responses will differ. The local Public Health Unit should be utilized as a resource for information and training opportunities. Individuals who oppose the validity of immunization should be directed to consult with their local Public Health Unit.

- In the event of a pandemic, how do we live out our Christian faith?
- What does it mean to proclaim Jesus as Healer?
- How do we put into action what we have studied?
- There may danger to our own lives: how do we respond to our brothers and sisters in Christ who have become ill, who cannot care for their children, shop, feed, or clean themselves?
- God has promised to protect His own in times of danger—will we trust Him and His Word and show an unbelieving world Christ's love by preparing our churches to act?
- How do we assist those who have been unable to work with perhaps no pay cheque because of personal or family illness?
- Does the church have finances set aside for such an emergency? Is this the right approach?



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## SECTION VI – CHURCH RESPONSE – EXTERNAL

Consider encouraging church members to “cross the street”—talk to a neighbour to your left and to your right and two neighbours across the street. See if some or all of these five family units might want to form an alliance—a mutual assistance group in the event of a pandemic (take turns shopping, take turns with child care, going to the pharmacy, keeping up-to-date with public health info, offer home schooling, provide basic health care—feeding, support economically, support emotionally and in prayer. The church needs to keep it simple, but would Christians lead the world in caring for one another?

- What does it mean to love you neighbour as yourself?
- Is the church willing to take in or care for people who do not belong to the congregation?
- Can the church partner with emergency response agencies, public health, and governments?

## SECTION VII - EMERGENCY PREPAREDNESS

Encourage church members to be personally prepared for any emergency—not just a pandemic.



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## WORKS CITED

1. World Health Organization. "Getting your workplace ready for COVID-19." February 2020. PDF. *Whonet.int*. <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>
2. The Christian and Missionary Alliance of Canada citing Dr. S. Lightbody, Compliance report on pandemic preparedness, *BOD Report: Global Ministries*, November 2006.

