



Miller Center for Community
Protection and Resilience

PLAN, RESPOND, MITIGATE: Get Your Community Faith-Based Organizations Ready for the Novel Coronavirus (COVID-19)

*Interim Guidance from Rutgers' Miller Center for Community
Protection and Resilience*

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Introduction

COVID-19, popularly known as the novel coronavirus, poses unique challenges for community and faith-based organizations (CFBOs). Such organizations, which tend to feature mass gatherings, and whose membership typically includes large numbers of elderly people, are threatened in both mission and message by the epidemic, which can be contained only by curtailing mass meetings and isolating the ill and exposed, particularly the elderly. Such social distancing and isolation can compromise the spiritual and civic missions of community and faith-based organizations, but the price of containment need not be despair.

It is imperative that the leadership of such organizations, which play such an essential role in providing comfort to community members in times of pain and uncertainty, find ways to fulfill their missions without jeopardizing the health of the afflicted, the other members of the organizations or the leaders themselves. This Miller Center Interim Guidance offers a suggested approach to these issues based on our experience in working with community and faith-based organizations in other contexts, and in managing emergencies of various kinds. The scope of this international public health emergency, which has been determined by the World Health organization to be a pandemic, may be unprecedented; we are confident, however, that its exigencies can be addressed without abandoning the civic and pastoral missions of so many organizations founded on community and faith.

This Interim Guidance is based on what the U.S. Centers for Disease Control and Prevention (CDC) currently knows about COVID-19. The CDC will update its own guidance as needed and as additional information becomes available. We recommend that the CDC's website and other public health agencies be consulted daily for the latest information on the nature and progress of the disease. As understanding of the epidemic develops, it is imperative that community and

faith-based organizations, whose members may include [vulnerable populations](#), plan for the reality of community transmission of COVID-19.

COVID-19 is caused by a new virus. There is [much to learn about the transmissibility, severity and other features of the disease](#). **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. People who are at higher risk are encouraged to avoid crowds as much as possible. [Find more information here.](#)

In this Guidance:

- Before a COVID-19 outbreak occurs: Plan
- During a COVID-19 outbreak: Respond
- After a COVID-19 outbreak has ended in your community: Mitigate
- This guidance concludes by listing some easily accessible readiness resources

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 the spread of COVID-19. Local public health officials may make recommendations appropriate to your local situation, such as [flexible sick leave and telework policies, cancellation of gatherings with large numbers of people](#), and [temporary school dismissals](#).

The CDC recommends the following, adapted to the unique context of community and faith-based organizations:

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. The specific details of your plan should be based on the anticipated 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.

Update your existing emergency operations plan.

Meet with your emergency operations coordinator or planning team to update or formulate 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. 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 Planning](#).

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 that 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. Consider alternatives such as livestreaming mass gatherings, limiting close contact during meetings, restricting the size of meetings, and connecting with isolated persons by alternative means.

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 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 where available. 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: Holiday coverage plans can serve as a model.

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 temporarily scaled back.

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 communications 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.

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.

Cautionary Note Regarding Cybersecurity:

The New Jersey Cybersecurity and Communications Integration Cell (NJCCIC), an organization within the New Jersey Office of Homeland Security and Preparedness (NJOHSP), has reported that “various threat actors have taken advantage of the global concern and interest in the recent coronavirus” to send messages spoofing the CDC and other public health organizations; it has accordingly advised “users to remain vigilant and exercise extreme caution with emails that reference 2019-nCoV, refraining from clicking links or opening attachments.” We recommend that organizations be proactive in initiating contact with the CDC and other public health agencies, and not await receipt of e mails or other communications from them.

Evaluate Your Plans In Light of Your Organization’s Mission.

Once your plan is in place, consider its consistency with your ability to serve your organization’s mission, and make any necessary adjustments. Consider livestreaming events, for instance, if mass gatherings are proscribed, or alternative ways to deliver essential civic or pastoral services.. Planning for this health emergency should not require your organization to compromise its essential mission.

During a COVID-19 outbreak in your community: RESPOND

Establish a “buddy” system to ensure vulnerable and hard-to-reach community members stay connected to the mission of your organization and to COVID-19-related news and services.

It is important that your emergency operations planning team meet regularly (even if by video or telephone conferencing, rather than in-person) during an outbreak to assess, manage and communicate possible risks. Special consideration should be given to communicating risk to vulnerable populations in your community, including older adults and others with [access and functional needs](#). Encourage those you serve to seek out a “buddy” who will check on and help care for them if they get sick. Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your organization maintain normal operations.

The CDC recommends the following, adapted to the unique context of community and faith-based organizations:

Put your emergency operations and communication plans into action.

Stay informed about the local COVID-19 situation.

Get up-to-date information about local COVID-19 activity from reliable sources such as [public health officials](#). Be aware of [temporary school dismissals](#) in your area because these may affect your staff and volunteers.

Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporarily dismissing schools also can help slow the spread of COVID-19.

Communicate frequently with those in your communication chain.

Update key community partners and stakeholders regularly. Share information about how your organization is responding to the outbreak.

Provide information that explains why and when on-site operations and services may be temporarily scaled back or your organization may be closed to non-essential visitors.

Some CFBO administrators and leaders may choose to alter normal operations due to high staff absenteeism. Meet with your emergency operations coordinator or planning team to discuss plans for modifying, scaling back, postponing or canceling large group activities and events (e.g., religious services and community outreach programs), especially for high-risk groups like the elderly. Discuss how these actions will impact your organization and those you serve.

Distribute health messages and materials to staff, volunteers and the community.

Continue to promote everyday preventive actions (e.g., stay home when sick, cover coughs and sneezes, and wash hands often). Offer resources that provide [reliable COVID-19 information](#). Address the potential fear and anxiety that may result from rumors or misinformation.

Note: Messages, materials, and resources should be culturally appropriate.

Provide COVID-19 prevention supplies to staff, volunteers, and those you serve.

Ensure that your organization has supplies, such as hand sanitizer that contains at least 60% alcohol, tissues, trash baskets and disposable facemasks for staff, volunteers and those you serve. Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs and cabinet handles) using a regular detergent and water.

If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with U.S. Environmental Protection Agency (EPA) approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at [Novel Coronavirus \(COVID-19\) Fighting Products](#). Follow the manufacturer's instructions for all cleaning and disinfection products.

Educate staff and volunteers about how to keep themselves healthy when accompanying someone to a destination away from your facility.

For example, teach staff and volunteers how to keep themselves healthy while traveling with a client to a medical appointment, worship service or government office by having tissues and alcohol-based hand sanitizer on hand.

Track staff absenteeism related to COVID-19 symptoms.

Work with local public health officials to determine when to begin tracking and reporting COVID-19-related absenteeism. They may ask you to notify them if absenteeism is higher than normal for your organization. Learn more about [COVID-19 symptoms](#).

Address the concerns of staff and volunteers who are at high risk for COVID-19 complications.

Encourage staff and volunteers to consult with their healthcare provider about how to protect their health if they are at high risk for COVID-19 complications. Be prepared to address the health concerns and needs of those who are at high risk, such as older adults and those with underlying health conditions (for example, by allowing them to telework, if possible).

Implement flexible attendance and sick-leave policies, if possible, due to COVID-19.

Ask staff and volunteers to stay home if they are sick to lower their chances of spreading illness to others, or if caring for a sick household member. Provide instructions about how and when to safely return to work.

Separate those who become sick at your organization from those who are well.

Send sick staff members and volunteers home immediately. If someone you serve becomes sick at your organization, separate them from others (particularly from those who are at high risk for COVID-19 complications) as soon as possible. Provide them with clean disposable facemasks to wear until they can leave. Work with the local public health department and nearby hospitals to care for those who become sick. If needed, arrange transportation for staff and others who need emergency care. Read more about caring for those sick with COVID-19.

Note: Providing those who are sick with disposable facemasks does not replace the need to ask them to go home and stay home when they are sick. Facemasks may be in short supply during a COVID-19 outbreak.

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

MITIGATE

Establish criteria and procedures for when and how response actions will be phased out.

Remember, a COVID-19 outbreak can last for a long time. When public health officials determine that the outbreak has ended, work with them to identify criteria for phasing out and ending your organization's COVID-19 actions. The criteria should be based on reduced severity or a slowing of the outbreak in your local area.

The CDC recommends the following, adapted to the unique context of community and faith-based organizations:

Evaluate the effectiveness of your emergency operations and communication plans.

Discuss and note lessons learned.

Gather feedback from staff, volunteers, those you serve and key community partners and stakeholders to improve your plans. Identify any gaps in your plans and any needs you may have for additional resources.

Maintain and expand your emergency planning team.

Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for other emergencies in the future and make an effort to add them to your planning team.

An infectious disease outbreak can occur at any time and having a plan in place is essential. Your contingency or emergency operations plan for COVID-19 will help protect the health and safety of your staff, volunteers and those you serve, while preserving normal operations. Continue to coordinate your planning activities with local public health officials and key community partners and stakeholders to help maintain essential services. The development and implementation of a plan that preserves the health of your organization's leaders and members without sacrificing its civic or spiritual mission is both possible and, in these times, imperative.

COVID-19 Readiness Resources

- Visit [the CDC website](#) for the latest information and resources about COVID-19
- [COVID 2019 Situation Summary](#)
- [Prevention and Treatment](#)
- [What to Do If You Are Sick](#)
- [Pregnant Women and COVID-19 FAQs](#)
- [FAQs: Coronavirus Disease-2019 \(COVID-19\) and Children](#)
- [Stigma Related to COVID-19](#)
- [Handwashing: A Family Activity](#)
- [Handwashing: Clean Hands Save Lives](#)

CDC Interim Guidance for Specific Audiences

- [Get Your Household Ready for Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-2019\)](#)
- [Interim Guidance for Administrators of US Institutions of Higher Education \(IHE\) to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Guidance for Travelers](#)

CDC Communication Resources

- [Interim Guidance: Public Health Communicators Get Your Community Ready for Coronavirus Disease 2019 \(COVID-19\)](#)
- [Print Resources](#)
- [Buttons and Badges](#)

State of New Jersey Resources

- [The New Jersey Cybersecurity and Communications Integration Cell \(NJCCIC\) update on how coronavirus incites barrage of social engineering campaigns](#)
- [NJCCIC on coronavirus related phishing campaigns](#)
- [Jared Maples, Director of the New Jersey Office of Homeland Security spoke to News 12 about how families can prepare for possibility of coronavirus cases in their communities](#)
- [New Jersey Department of Health](#)

About the Miller Center

[The Miller Center](#) was established to assist vulnerable communities, particularly communities of faith, to enhance their safety and their standing in society by improving their relationships with law enforcement, with other government agencies, and with other vulnerable communities. The Miller Center seeks to honor, through remembrance, the human capacity to rebuild, even to flourish, after unspeakable horrors.

About the Authors

This document is the product of the Miller Center's Senior Fellows in collaboration with and under the leadership of Miller Center director John J. Farmer, Jr.

John J. Farmer, Jr.

Farmer was appointed Eagleton Institute director in September 2019 and continues his leadership of the Miller Center for Community Protection and Resilience (CPR), which is housed at and affiliated with Eagleton and Rutgers Law School. He has led the Miller Center since its original inception as the Faith-Based Communities Security Program in 2015.

Farmer's career has spanned service in high-profile government appointments, private practice in diverse areas of criminal law, and teaching and law school administration. Farmer began his career as a law clerk to Associate Justice Alan B. Handler of the New Jersey Supreme Court. He worked as an associate at Riker, Danzig, Scherer, Hyland & Perretti LLP before joining the Office of the U.S. Attorney in Newark, where he received the U.S. Attorney General's Special Achievement Award for Sustained Superior Performance in 1993.

Farmer joined the administration of New Jersey Governor Christine Todd Whitman in 1994, serving as assistant counsel, deputy chief counsel, and then chief counsel. From 1999-2002 he was New Jersey's attorney general. From 2003-2004, as senior counsel and team leader for the 9/11 Commission, Farmer led the investigation of the country's preparedness for and response to the terrorist attacks and was a principal author of the Commission's final report. His book, *The Ground Truth: The Story Behind America's Defense on 9/11*, was named a *New York Times* notable book. Farmer was a partner at K&L Gates and in 2007 became a founding partner of the law firm Arseneault, Whipple, Farmer, Fassett and Azzarello, LLP.

In addition to his law practice, in 2008 he served as senior advisor to General James Jones, special envoy for Middle East regional security, on development of the rule of law in the Palestinian Authority territory, and was invited by the U.S. Embassy in Armenia to assist that nation's legislative commission in investigating widespread violence and unrest following its elections.

He was recruited to become dean of Rutgers School of Law-Newark in 2009, and served in that capacity until April 2013, when he was asked to complete his deanship contract by serving as senior vice president and general counsel of Rutgers University. He was named General Counsel of the Year for 2013 by the New Jersey Business and Industry Association. In 2011 he served as counsel to the commission that redrew New Jersey's legislative districts and, later that year, was appointed the independent, tie-breaking member of the commission charged with developing a

new map of New Jersey's congressional districts. Farmer was also the co-principal investigator on a \$1.95 million dollar grant from U.S. Intelligence agencies to develop programs that prepare professionals to work in intelligence and national security positions.

Farmer served as a member of the Advisory Committee on Judicial Conduct from 2007-2014, and as the compliance monitor, from 2008-2014, of a National Security Agreement entered into with the federal government by Alcatel and Lucent Technologies upon their merger.

In 2012, Farmer received the Justice William J. Brennan, Jr. Award from the Association of the Federal Bar of New Jersey and the Distinguished Public Service Award from Leadership New Jersey. In 2014, he received the Thurgood Marshall Award from the Thurgood Marshall College Fund. In 2015, he received the Lifetime Achievement Award from the *New Jersey Law Journal*.