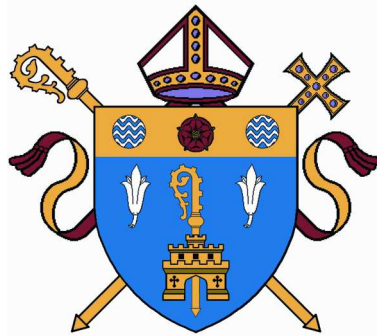


# **Sustaining Pastoral Presence: Influenza Outbreaks**

**Key Information for Clergy, Chaplains, Pastoral  
Workers, and Extraordinary Ministers of Holy  
Communion**

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Written with the mandate of  
Rt. Revd Patrick O'Donoghue.  
Bishop of Lancaster



# Influenza Outbreaks – Key Information for Clergy and Chaplains

## Preface

This emergency pastoral planning document has been written by Jim McManus and Nick Donnelly in response to the emergence of Swine Flu (H1N1) as a possible source of a flu pandemic (WHO). It draws on and develops their previous work planning for a possible flu pandemic.

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Nick Donnelly is a Permanent Deacon of the Diocese of Lancaster and author of *Pastoral Planning for a Flu Pandemic* commissioned by Bishop Patrick O'Donoghue (2006). It was recommended by the UK Government booklet, *Flu Pandemic and Faith Communities* (2008).

For further information, read Nick Donnelly & Jim McManus, *Pandemic Flu in The Furrow*. (December 2006).

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# Influenza Outbreaks – Key Information for Clergy and Chaplains

## Introduction

We are currently seeing sustained human to human transmission of H1N1 influenza, and it is possible that this could become a worldwide epidemic, or **pandemic**. The pastoral ministry of the Church will play an integral role in the community response to a pandemic and this guidance is designed to help you in developing and enhancing local preparations.

**Everyone** will be involved in the fight against pandemic influenza in terms of managing the impact it will have on society and preventing the further spread of infection. It is impossible to predict the precise characteristics, spread and impact of a new influenza virus strain.

A pandemic may occur in one or a series of 'waves', weeks or months apart. It will present a major national and international economic and social challenge.

Everyone will be involved in the fight against pandemic influenza (influenza) in terms of managing the impact it will have on society and preventing further spread of infection.

It is important to keep in mind that the World Health Organisation is only expressing concern that a pandemic **may** be possible, and that, at present, there is no certainty that this outbreak of Swine Flu will become a global pandemic.

This leaflet explains how people engaged in pastoral ministry with individuals who are or may be infected can protect themselves, their families and the people they work with in the course of their daily work. It draws on advice about best practise from the NHS and HPA.

Finally, the aim of this document is to ensure that Catholic parishes and chaplaincy teams maintain their presence as agents of pastoral care during a flu epidemic or pandemic in a way that both protects those engaged pastoral ministry and protects those who need their help.

## What is pandemic influenza?

Influenza is a familiar infection in the UK, especially during the winter months. The illness, caused by an influenza virus, can be mild or severe and can at times lead to death.

Generally some groups of people are more susceptible than others especially older people, young children, people with certain health conditions, people who are immuno-suppressed (i.e. have weakened immune systems like people with HIV, those receiving drugs after organ transplants etc) and those living in long-stay residential care facilities. This is why it is recommended that the influenza vaccination is given to these groups of people every year.

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Pandemic influenza is different from ordinary influenza because it occurs when a new influenza virus emerges into the human population and spreads from person to person worldwide.

As it is a new virus, the entire population will be susceptible because no one will have immunity to it.

Therefore healthy adults- as well as older people, young children and people with existing medical conditions- could be affected.

The lack of immunity in the UK population will mean that the virus has the potential to spread very quickly. This could result in many more people becoming severely ill and many more deaths.

The present strain of influenza causing most concern– swine influenza or H1N1 thought to originate in Mexico – is currently involved in outbreaks in a number of countries across the world. While this new form is thought to cause relatively mild illness compared to some possible strains such as H5N1, no one is thought to be immune, therefore the risk of a pandemic is significant. And remember, some people will become more severely ill than others.

### **Symptoms of influenza**

Most significant symptoms

- Fever
- Cough or shortness of breath
- Sudden onset of illness (feeling very unwell)

Other symptoms

- Headache
- Malaise
- Chills
- Aching muscles
- Sore throat
- Runny nose or sneezing
- Loss of appetite

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**Incubation period** (the time between contact with the virus and the onset of symptoms)

We are still awaiting information and the picture on this will change but at present for most people the range is from one to four days.

### **Infectious period (how long you are infectious to others)**

People are most infectious soon after they develop symptoms. For most people, the incubation period (the time from exposure to first symptoms) can be in a range of one to four days, but is typically two to three days.

It is likely that the symptoms of pandemic influenza will be the same as those for ordinary influenza, but they will probably be more severe and cause more serious complications.

### **How is influenza caught and spread to others?**

The influenza is spread from person to person by close contact. Here are some examples of how this infection can be spread.

- Infected individuals can pass the virus to others through large droplets when coughing, sneezing and even talking within a close distance (usually three feet, roughly one metre, or less or less).
- The virus can also be passed on by direct contact with an infected individual. Shaking or holding hands with an infected individual followed by touching your own mouth, eyes or nose without first washing your hands with soap and water, will allow the virus to spread to you.
- The influenza virus can be spread when environmental and inanimate objects, such as door handles, light switches and handles on public transport, become contaminated with the virus. Once again, if you touch these objects and then touch your mouth, eyes or nose without first washing your hands, your chances of catching the virus are increased.
- In some circumstances, the virus can also be passed on in fine airborne droplets or on dust particles. This is not considered to be a major route of transmission.

## **Influenza Outbreaks – Key Information for Clergy and Chaplains**

### **Protecting yourself and others from influenza and other infections at work**

#### **General Issues:**

There are some general things you can do to protect yourself and others from pandemic influenza and other infections at work:

- Cover your nose and mouth when sneezing and coughing and use disposable single-use tissues for wiping or blowing your nose. Dispose of used tissues in the nearest waste receptacle
- Washing your hands after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects will reduce the risk of spreading influenza to others
- Wash your hands frequently as well as using warm soap and water or alcohol hand rub before and after contact with a person who has symptoms. See the guides to proper hand washing below.
- Avoid touching your eyes, nose or mouth with contaminated hands (gloved or ungloved)
- Regularly clean frequently touched surfaces including door handles, TV remotes, keys etc
- If you are working in residential care (e.g. care or nursing homes) or hospital settings, they will have infection-control procedures. There will be particular procedures for people with influenza in hospital. In order to prevent infecting yourself and others you must ensure that you follow them correctly

#### **Specific Issues for Catholic Pastoral Practice**

At the time of writing there is **no need** to suspend the Liturgical life of your parish or community. Also, there is no need to suspend pastoral visits to hospitals and care homes unless you are instructed to by Government or health authorities.

Large public gatherings are an ideal opportunity for influenza to spread if people do not properly follow simple prevention measures, and you should continue to monitor this situation through following advice from the Government through the media.

There are some really simple measures you can take:

#### **If you are visiting people in their homes, hospitals or residential care settings who have or are suspected to have the influenza:**

- If you are visiting a home where someone has the flu, during a local outbreak or a pandemic, wear a mask and gloves or wash your hands after visiting and most importantly between each separate visit. (.e.g between rooms, beds, or homes). Most masks need to

## Influenza Outbreaks – Key Information for Clergy and Chaplains

be changed after twenty minutes or so. (Do it away from other people who may be infected.) Don't re-use masks and dispose safely in a clearly marked receptacle or bin that is secure from public access.

- Think about asking people who are coughing to wear a fluid-repellent surgical mask whilst care is being provided, if they can tolerate one. If not, they should use disposable single-use tissues to cover their mouth when coughing. If using toilet paper as a tissue ensure they are at least double-wrap it. If the patient is using a handkerchief or cloth check that it's not sodden wet. You need a good basic surgical mask as a minimum that is fluid repellent. These are effective for about 20 minutes. You can obtain these through good pharmacists.
- If you are blessing or anointing someone with 'flu (e.g. with oil) or laying hands on them, wear gloves and a mask. If you do not wish to wear gloves, at least wear a mask and wash your hands afterwards very carefully before administering the sacrament to anyone else. Either use alcohol gel or plenty of hot water and soap. You can purchase alcohol gel from good pharmacies. (It is advisable to build up a stock before the out break of an epidemic or pandemic). If you are in a hospital or residential care setting, follow their guidelines.
- To be effective, hand washing must be done as per the guidelines below.
- Make sure service books, corporals and purificators and other linen, oils etc do not become contaminated in case you pass infection from one person or home to another. For example, regarding the use of oils never dip your finger back into the oil during the anointing and do not use the same purificator at subsequent anointings but use a fresh one each time). The virus can live on inanimate objects from droplet spread.
- It is a good idea to pour some sacred oils onto cotton wool for each infected person and then dispose of it, or at least use one oil stock only for those who are infected in case you carry the virus on the oil stock from infected people to uninfected people who are already ill and may be more severely affected by the influenza.

## Influenza Outbreaks – Key Information for Clergy and Chaplains

The following guidelines are for situations where you experience a major number of cases in your parish or local area:

- It is important to re-inforce advice given by the Government that if parishioners feel unwell or suspect they may be coming down with an illness that they stay at home and contact the parish priest or members of the pastoral team by phone or reliable word of mouth. (They should also contact NHS Direct for advice). Also, those caring for the sick are best advised to stay at home to avoid them spreading the virus.
- Giving communion from the chalice may need to cease because the risk of droplet spread is increased. Most of us know sharing chalice will not put us at risk of HIV, but it may not be safe for H1N1 which is **much** more easily spread. Only the celebrant should receive from the chalice, and not co-celebrants or deacons.
- In a pandemic, situations where a minister may cross-contaminate others communion on the tongue should cease (e.g. communion on the tongue will probably infect the priest or minister's fingers because the fingers are close enough for droplet spread to occur if someone has the virus even if they do not feel visibly wet. Communion on the hand during a local out break or a pandemic is essential.
- It is important to be aware that some Catholics hold the belief that they cannot contract or pass on an infectious disease from receiving Holy Communion. There is scientific basis in this for some infectious agents like HIV but **not** for all. It is important that you sensitively advise your community that the prudent thing to do in this situation is to follow the hygiene advice as well as trust in the Lord.
- Consider asking people who read to ensure they wash their hands before they do, so that the Lectionary does not become contaminated. This will prevent the next person to read from it picking up infection.
- Think about using individual disposable service sheets during a pandemic rather than shared song or prayer books, so people attending a service are not at risk of being infected if the book has been contaminated.
- Disinfect surfaces which might become contaminated regularly (e.g. door handles, light switches, sacred vessels, the backs of benches, objects used by altar servers) with detergent and ensure cloths do not come into contact with more than one person, and are washed regularly.

## Influenza Outbreaks – Key Information for Clergy and Chaplains

- Vestments which are easily washed (e.g. surplices, cottas, cassocks) should be washed on the hottest cycle you can without damaging them.
- Chasubles, dalmatics etc which become contaminated e.g. by someone coughing on them, may not be able to be washed. Instead they should be put somewhere secure so people cannot be exposed to the virus on them for at least 48 hours before re-use, and ideally held in a well ventilated and brightly sunlit area.

### Protecting your congregation if a pandemic occurs

It is important to keep in mind that the World Health Organisation is only expressing concern that a pandemic may be possible, and that, at present, there is no scientific evidence that this outbreak of Swine Flu will become a global pandemic.

Following the guidelines above will help you protect your community from infection. But there are some other key things you need to think about if a pandemic does emerge:

- You will need to think about care for your community who are ill – who visits them and how they are trained in infection control. Visiting people could help monitor those who are ill when statutory services, such as hospitals and GP surgeries, are very stretched. You might be able to collect essential supplies and medication for them.
- Pay particular attention to the care and needs of single people, and the elderly who are isolated from their families. Do they have enough food, medicines such as pain-killers, fluids? It would help if you organised an up to date parish census if your community doesn't already have one so as to identify vulnerable people.
- Those who do visit those who are ill may want to keep themselves away from public worship to prevent the risk of infecting others. You may want to consider identifying those members of the clergy and/or pastoral team who are willing to volunteer to solely visit the sick and not participate in public worship.
- You **may** need to think about suspending all public worship for a time, during the height of a pandemic. The same may apply to religious instruction classes or community events. But you need to balance spreading infection with keeping up peoples' morale.
- Also, in the event that the Government orders the suspension of all public gatherings you need to think about how you will pastorally and spiritually support your community during what may well be a stressful and frightening time.

## **Influenza Outbreaks – Key Information for Clergy and Chaplains**

- You will need to think about religious care of your community – can you use newsletters, prayer sheets, holy books, tapes and CDs or the Internet to keep people in touch with their faith? Remember to apply hygiene guidelines about the distribution of resources that are re-used by the community.
- You need to consider how you will keep the finances of your faith community going during a pandemic. For example, reduced congregations may mean reduced collections and donations, and this may hamper your work. Moving to direct debit or standing orders during the pandemic might help you minimise any financial loss.
- How will you look after your buildings if 25% of your congregation, including those who may currently do so, are ill?
- You will also need to think about the fact that your community will be affected by bereavement. Workers and ministers paid and unpaid may be bereaved. Ensuring that care is provided for everyone who is bereaved will be important.
- If you want to think further about the issues around pastoral planning for a flu pandemic the Government recommends the Diocese of Lancaster's Pastoral Planning for a Flu Pandemic available at:

[http://www.lancasterdiocese.org.uk/admin/Uploads/media/35/Pastoral\\_planning\\_for\\_a\\_flu\\_pandemic.pdf](http://www.lancasterdiocese.org.uk/admin/Uploads/media/35/Pastoral_planning_for_a_flu_pandemic.pdf)

- There is also a useful summary:

<http://www.lancasterdiocese.org.uk/admin/Uploads/media/35/flusummary.pdf>

Though both were written to respond to a flu pandemic caused by Bird flu, the advice also applies to Swine flu.

### **Helping your local community**

Your community could save the lives of others in a pandemic. In the preparation for a pandemic, or in recovery from a major incident, you could use your people and networks to ease pressure on statutory services, such as hospitals and GP surgeries, build a sense of neighbourliness and community spirit and co-operation.

You could perform essential monitoring roles for vulnerable people but should check with your local social services for their arrangements on this, and you may even be able to distribute anti-virals, essential supplies and food to people at home who have no one else to help.

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You should approach your local Pandemic Flu Planning Committee to offer help if you feel you can do any of this. You can contact them through your local Emergency Planning Officer (Local Authority) or through the Director of Public Health at the Primary Care Trust (England) or Local Health Board (Wales.)

### **Personal Protective Equipment (PPE)**

During an influenza pandemic, you may be required to have close contact with a patient with influenza who is coughing and sneezing. Where this is the case, the use of face masks should be considered for people providing close contact care (e.g. home care such as cleaning in the same room as the ill person) who may be at occupational risk from close or frequent contact with symptomatic people.

- Face masks might also be considered for use by those who are symptomatic, to avoid contaminating others, if they have no choice but to leave their home
- Fluid-repellent surgical masks can reduce the risk of influenza transmission.
- Gloves prevent excessive contamination of your hands. This contamination can be from contact either with the client or with the immediate environment.
- Gloves are not a substitute for hand washing. Hand washing needs to be done carefully – see the diagrams below.
- To prevent self-contamination, avoid touching the eyes or mouth with hands, even when a mask is worn.

During routine work, where close contact is not required, do not spend unnecessary time in close proximity to the patients (i.e. within 3 feet/one metre).

***Please note that general indiscriminate wearing of face masks eg in the street is not recommended.***

### **How you can protect your family at home**

When the pandemic virus is circulating in the UK, there is little that can be done to avoid contact with it during your normal daily activities and general contact with other members of the public. Sensible precautions, such as covering your nose and mouth, can reduce, but not eliminate, the risk of catching or spreading the virus.

Although you may be working directly with people who have influenza symptoms, the likelihood of contact with viable virus (i.e. one that is active and able to infect you) is low and any risk is further reduced through the use of gloves, masks and strict infection control measures.

## **Influenza Outbreaks – Key Information for Clergy and Chaplains**

Before you leave work/ministry, follow these simple, general rules:

- Always wash your hands with soap and water and again soon after you arrive home, especially if you are using public transport.
- You may want to consider showering immediately you return home. Advise members of family not to approach you until you have showered and placed clothes in secure place.
- Whilst the appropriate use of personal protective equipment will protect clothes from contamination, during the pandemic you may wish to consider avoiding travelling to and from work in any work clothes.
- Work clothes such as uniforms, tabards etc can be washed in a domestic washing machine separately from other items. Store and transport them in a plastic bag.

### **What you should do if you have symptoms or are ill**

If you feel ill at work, report it immediately to your parish priest, manager or occupational health department. Do **not** simply carry on working. If the parish priest becomes ill contact the dean or bishop's office.

If you develop symptoms whilst off duty:

- stay at home- do not go into work
- telephone your manager
- seek advice from NHS Direct on 0845 4647 or from your GP

People who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.

### **Being prepared - Knowing what to do**

You can be prepared by knowing what to do and by becoming familiar with your organisations pandemic plans.

- Remember the signs and symptoms of influenza.
- If you are ill at home, do not go to work.
- If you become ill on duty, do not carry on working.
- Above all else you must observe strict personal hygiene and communicate the importance of strict personal hygiene to your co-workers and community.



# Hand-washing technique with soap and water



1  
Wet hands with water



2  
Apply enough soap to cover all hand surfaces



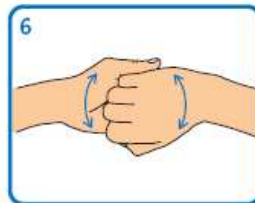
3  
Rub hands palm to palm



4  
Rub back of each hand with palm of other hand with fingers interlaced



5  
Rub palm to palm with fingers interlaced



6  
Rub with back of fingers to opposing palms with fingers interlocked



7  
Rub each thumb clasped in opposite hand using a rotational movement



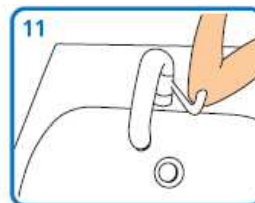
8  
Rub tips of fingers in opposite palm in a circular motion



9  
Rub each wrist with opposite hand



10  
Rinse hands with water



11  
Use elbow to turn off tap



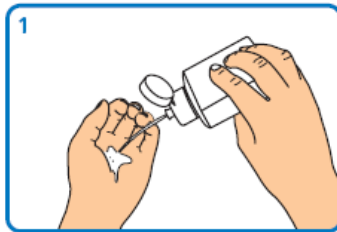
12  
Dry thoroughly with a single-use towel



13  
Hand washing should take 15–30 seconds



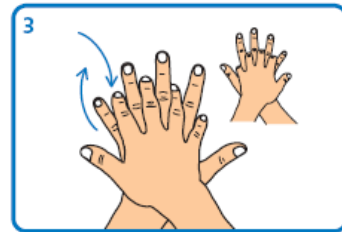
# Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



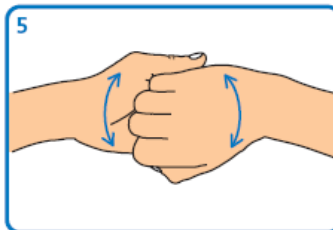
2 Rub hands together palm to palm, spreading the handrub over the hands



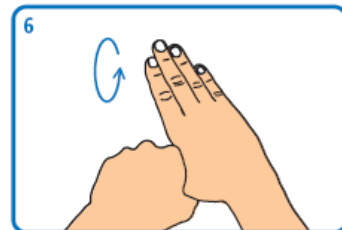
3 Rub back of each hand with palm of other hand with fingers interlaced



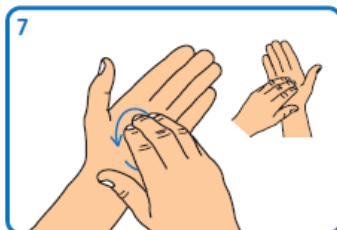
4 Rub palm to palm with fingers interlaced



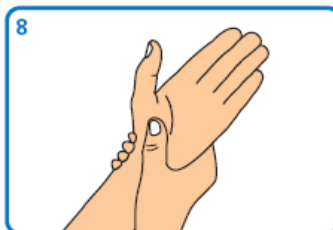
5 Rub back of fingers to opposing palms with fingers interlocked



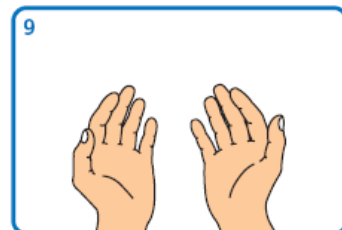
6 Rub each thumb clasped in opposite hand using a rotational movement



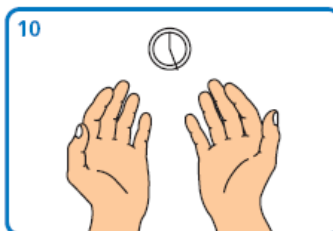
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds