

**Diocese of Niagara
Emergency/Pandemic Plan
Approved by Synod Council
September 4 2007**

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Introduction

Recently I began reading a new Canadian book entitled *The Flu Pandemic and You*. In her forward Canadian icon Margaret Atwood writes: “There are a lot of us on this planet, and we’re in contact with other human beings much of the time. There are a great deal of other life forms, and each one of them harbours diseases. Viruses are like interplanetary travelers; life forms are their planets. At some moments the aliens invade and we have no protection against them because we didn’t see them coming. ... Panic is our enemy, knowledge is our friend, preparation in advance is our best line of defence”.

Never in my wildest imagination did I think that Margaret Atwood would give us a mission statement for our policy on how we can prepare to respond to Emergencies and Pandemic Flu. **Panic is our enemy, knowledge is our friend, preparation in advance is our best line of defence.** It is my hope that this document will provide the knowledge to assist you and your parish to safeguard the people committed to your charge. We have also included information which will assist you in other emergencies.

This plan could not have been possible without the work of the Tri Diocesan Task Force (Toronto, Huron and Niagara) chaired by Mrs. Pat Pocock of Huron Diocese. The Task Force also consulted with our National Office, the United Church of Canada and Public Health officials. We are particularly indebted to the draft plan prepared for the Diocese of Toronto under the capable leadership of Canon Douglas Graydon. I would like to add a special word of thanks to Linda Warkentin of Regional Niagara Public Health Department who reviewed this plan and made numerous helpful suggestions and to Karen Nowicki who has transformed this document with her editing and reformatting skills.

Excellent leadership has been given to The Diocese of Niagara Task Force by Archdeacon Marion Vincett (staff), Archdeacon Bruce McPetrie, Canon Stuart Pike and the Reverends Sue Nicolls and Kathy Morgan, assisted by a number of consultants.

Thank you so much.

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A message from Bishop Michael Bird

The other day I learned that children in Day Care Centres are being taught to cough or sneeze into their sleeves, not their hands. My mother would not be amused. That's certainly not what she taught me.

What on earth are we teaching our children? We are teaching them that their hands, just as much as coughing and sneezing can easily spread disease. One of the most important ways we can all help to prevent the spread of disease is to keep our hands clean, especially during worship and while visiting the sick and shut-ins. With this in mind I expect that all clergy will ensure:

- That every portable Communion set has a supply of hand sanitizers.
- Hand sanitizer is available in the narthex and nave.
- Everybody involved in the distribution or handling of the elements washes their hands or uses hand sanitizer prior to handling the elements and setting the Table.

By following these steps we will not only help protect the health of our congregation - especially the most vulnerable - but may also keep ourselves healthier. As I write this letter I am slowly recovering from a particularly nasty bout of flu. On one of many recent visits to my doctor he remarked, "Shaking as many hands as you do, it's no surprise that you have gotten ill." I got the message; I hope that you will as well. I also hope that you will consider getting a flu shot annually during the fall season.

Recently I have learned that some are convinced that preparing for a Pandemic is a colossal waste of time. While I don't want to engage in that debate, I am sure we can all agree that there will be some emergency in our community we will need to respond to. The recent snowstorm in Fort Erie is but one example. I believe that if we as a church are prepared for a Pandemic event, we will also be prepared for a snow or ice storm or other emergency. For example, your parish telephone fan out list can be used for a multitude of purposes including: keeping your parish list up to date; notifying folks about parish events; organizing small neighbourhood groups or coffee parties; or finding out if vulnerable parishioners are able to cope with a prolonged power outage.

In the final analysis this concern is not about emergency planning, pandemic events or good hygiene, it's about the pastoral care of our people. Every one of our congregations must be prepared in order to continue to be able to care for our people even if - God forbid - the clergy are unable to do the caring.

Faithfully

The Right Rev. Michael Bird
Bishop of Niagara
bishop@niagara.anglican.ca

Overview

This Emergency/ Pandemic Plan provides guidelines for the Diocese of Niagara to prepare for and respond to an influenza pandemic. Many of these same resources can be adapted to deal with the effects of other emergencies.

It is the responsibility of the Diocesan Pandemic Preparedness Coordinator to monitor World Health Organization (WHO) Pandemic Periods and Phases and inform the Diocesan Bishop when Phase 4 may be imminent.

At WHO Phase 4, the Diocesan Bishop, in consultation with the leadership support team (see section B) shall prepare to activate the Influenza Pandemic Response Plan.

Following a declaration by the Ministry of Health and Long Term Care, it is the responsibility of the Diocesan Bishop to declare that the Diocesan Influenza Pandemic Plan will be put in place

One of our volunteer consultants, Philip Christoff, B.A., M.P.A., Director of Decision Support at St. Peter's Health System has written an excellent action plan. His Emergency Preparedness Planning and Activation chart can be found as Appendix #1. As your parish responds to this plan; the resources in this report will assist you. Further resources will be shared as they become available. Additional resources may be found on our web site at:
www.niagara.anglican.ca/pandemic/index.cfm

Diocese of Niagara Emergency/Pandemic Response Plan

Communications

The Diocesan Bishop or his designate will approve all communication. The Diocesan Resource Centre is the central point for communications.

Website

- The Diocesan website www.niagara.anglican.ca is the primary communication tool for the Diocese.
- The website will be updated at least once a day at a specific time and can be updated off-site.
- Each update includes the date and time of the update.
- The website is updated with prayers and devotions.
- Anyone wishing to post information concerning the Pandemic is asked to use the following address 'to be determined@niagara.anglican.ca' or by telephone at 905-527-1316 extension xxx. The Pandemic Coordinator will be responsible for responding to these messages.

Diocesan Telephone and E-mail Systems

- A designated telephone extension is available for brief information updates and to receive messages.
 - Messages are retrieved and responded to daily by appointed staff members.
 - An extension will be assigned to the Diocesan Resource Centre phone system when the need arises.
 - The extension is clearly identified on the Diocesan voice mail system.
- All Diocesan staff are capable of retrieving phone and e-mail messages off-site. We hope to be able to enable DRC staff to retrieve their networked files from home with appropriate security measures in place.

Press Relations

- The Diocesan Bishop or his designate approves all press releases.
- The Diocesan Bishop or his designate conducts all interviews and press conferences.

Leadership

The Diocese of Niagara will follow all directives from the Ministry of Health and Long Term Care regarding public gatherings and health practices during a pandemic.

The Bishop of Niagara is the primary contact for the Diocese. The Pandemic Coordinator, on his behalf, will:

1. maintain contact with the Ministry of Health
 2. act as liaison with other Diocesan offices
 3. coordinate the implementation of the Diocesan Influenza Pandemic Plan
- Commissaries are appointed by the Bishop in the event that he is unable to fulfill his duties.
 - Commissaries have direct land line, cell phone and e-mail contact information with the Bishop and each other.
 - The following provide leadership support to the Bishop of Niagara
 - The Dean
 - The Archdeacon of the Diocese
 - The Archdeacon of Mohawk or Undermount

The Pandemic Coordinator is the Reverend David H. Long. Other contacts are the Reverend Kathy Morgan or the Reverend Sue Nicolls.

Pastoral Care

- The Diocesan Bishop holds the primary role regarding pastoral care for the Diocese.
- The Diocesan Bishop shall determine when and if particular liturgies require suspension and when such liturgies shall be re-instated.
- The Diocesan Bishop approves prayers and devotions for the Diocesan website.
- The Archdeacon of the Diocese provides pastoral care for the Diocesan Centre.

Finance & Administration

- The Diocesan Bishop will request that the Treasurer make provision for access to funds for emergency situations.
- The Diocesan Bishop or his designate will authorize emergency funds.
- The Diocesan Bishop will designate responsibility to an appropriate person or group for yearly review of this Plan.

Parish Ministries

A. Communication

Every parish maintains up to date contact details for all key parish leaders for their Regional Dean, Regional Archdeacon, the Bishop and the webmaster including but not limited to:

- Clergy, Churchwardens and Treasurers
- Congregational pastoral care networks, e.g. parish nurses, key outreach ministry people, etc.
 - Establish regular daily contact with Regional Dean.
 - Develop and maintain a means of quickly contacting all parishioners.

Web Sites

- Update website details regularly.
- Ensure that all website updates include the date and time of posting.
- Provide the Diocesan Centre with congregation website addresses.

B. Leadership

Incumbents, Priests in Charge, Deacons, Parish Nurses and Ministry Team Coordinators shall assume leadership roles as requested.

- Identify back up coverage for
 - Clergy
 - Wardens
 - Key lay leaders
- Maintain a hard copy of an up to date congregation membership list.
- Identify essential congregation functions and ensure they are adequately provided for. (See Appendix J—Checklist for Congregations.)
- Notify their Regional Dean of all essential ministries.
- Attend area educational workshops.

C. Pastoral Care

Incumbents, Priests in Charge, Deacons and Ministry Team Coordinators will ensure ongoing essential pastoral care.

- Follow the direction of the Diocesan Bishop regarding liturgical practices.
- For assistance with prayers and liturgies, consult the Diocesan website and see Appendix #3.
- Provide a mechanism for establishing neighborhood care networks.
- Identify and train lay people who can provide telephone support and prayer for those who are fearful or distressed.
- Consider promoting liturgical alternatives to church worship in the event that the parish is unable to gather for community worship. Suggestions: Midday Prayer as a dispersed community activity or the use of church bells to announce prayer time. (See appendices 1,2,3,4 and 5 for additional resources)
- Develop a telephone tree for contacting parishioners.

D. Finance

- Ensure adequate security of valuables in the parish. (See Appendix J - Checklist for Congregations.) Regularly back up computer records off site at least weekly.
- Encourage pre-authorized giving as a means of mitigating the impact of reduced attendance.
- Contact the bank and arrange for a line of credit now if you have not done so already.
- Implement policies and protocols developed by the Diocese.

E. Special Needs

All our parishes have people with special needs. Therefore it is critical for us to be aware of the special needs of some people. Do not use the elevators in an emergency. People with disabilities who are self-sufficient under normal circumstances may have to rely on the help of others in a disaster. You should not carry persons with special needs down the stairs unless absolutely necessary. Fire Services personnel will be directed to assist with the evacuation of those with impaired mobility.

However, in the event of, and during an emergency, we have a responsibility to respond to the particular evacuation requirements of person(s) with special needs.

Examples of disabilities that fall within the boundaries of 'special needs' are:

- Visual impairments (reduced vision or blindness).
- Hearing impairments (some degree of hearing loss or deafness).
- Mobility impairments (those using walkers, crutches, motorized scooters, wheelchairs, canes for short term or long term usage).
- Other medical conditions that pose a functional limitation.
- Documented learning disabilities.
- Limited English (first language is not English).
- Mothers with young children.
- Mothers-to-be.

Other issues for consideration are:

- People with disabilities often need extra time to make necessary preparations during an emergency.
- The needs of older people are often similar to those of persons with disabilities.
- Disaster warnings are often given by audible means, such as sirens and radio announcements, and people who are deaf or hearing-impaired may not receive early disaster warnings and instructions. It is important that we become their source of emergency information as it comes over the radio or television.
- Some people, especially older people who are blind or visually impaired, may be extremely reluctant to leave familiar surroundings when the request for evacuation comes from a stranger. Reassurance that they will not be left alone in unfamiliar surroundings will help in evacuating visually

impaired persons.

- A guide dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them and their guide dog to safety.
- In the event of a Pandemic they may require assistance to attend influenza assessment/treatment centers if ill and pandemic influenza vaccination centers when a vaccine is available.

People with impaired mobility are often concerned about being dropped when being lifted or carried. Learn the proper way to transfer or move someone in a wheelchair, and know what exit routes are best to use.

Some people who are mentally challenged may be unable to understand the emergency and could become disoriented or confused about the proper way to react. Many respiratory illnesses can be aggravated by stress. In an emergency, oxygen and respiratory equipment may not be readily available. Hopefully, the person will have a portable oxygen tank. If not, seek medical advice as soon as possible. Individuals suffering from illness or disease may need special medications. Make sure that they have their medications with them, if they have to be evacuated.

Liturgical Conduct

General Health Guidelines in a normal setting

- Hand sanitizers should be available at strategic locations and particularly at entrances of the Church. Parishioners should be encouraged to use them before attending worship or other activities on church property as well as upon exiting.
- All liturgical ministers will use proper hand hygiene. Proper hand washing techniques and hand sanitizer techniques posters will be posted in washrooms and above hand sanitizer dispensers. See appendix #2 for these posters.
- All persons involved in the distribution or handling of the elements must wash their hands or use hand sanitizers prior to handling the elements and the setting of the table.
- Liturgical ministers who distribute the common cup must be trained in appropriate etiquette and in the proper methods for wiping the vessels between communicants.
- Fresh purificators need to be used for each service and for each communion cup; purificators may need to be changed more frequently depending upon the size of the congregation. The purificator should be opened up and repositioned so that a fresh spot is used each time it is used to wipe the common cup.

Current literature and expert medical advice concludes that sipping from the common cup and sharing a handshake represent minimal risk of transmission of contagion and fall within the parameters of the normal risks of daily living. (See the article by Eric Beresford on pages 25-27)

On the other hand, the practice of intinction is a higher risk activity; fingertips coming in contact with the bread which is then dipped in the wine or fingertips coming in direct contact with the wine may contaminate the shared wine with pathogens other than those found in saliva. It is imperative that parishes take the following seriously and follow it faithfully.

****It is the policy of the Diocese of Niagara that intinction is not an acceptable practice for public worship.****

General Health Guidelines during a Pandemic

- During a pandemic, clergy must advise parishioners that if those with whom they reside are suffering from the pandemic influenza, they must refrain from church attendance. Clergy are to follow this same directive.
- Hand sanitizers must be available in the altar area.
- All liturgical ministers are required to practice proper hand hygiene techniques in order to perform liturgical functions.
- All persons involved in the distribution or handling of the elements must wash their hands thoroughly prior to the service and must also use hand sanitizers prior to handling the elements, the setting of the table and before leaving the church.

Communion Vessels

- All communion vessels must be washed with hot, soapy water, rinsed in hot water and air dried after liturgy and prior to storage.

Liturgical Guidelines: Peace, Greetings and the Common Cup

- During a pandemic, directives will be given regarding the temporary withdrawal of the common cup. Receiving communion in one kind, i.e. bread or wine only, has always been understood by the Church to be entering into full communion. Incumbents need to make it clear to their parishioners that this is not an unusual practice.
- Actual physical contact during the exchange of peace and during greetings will be prohibited during a pandemic. Incumbents may determine the appropriate acknowledgement for their congregation, e.g. nod of the head, slight bow, etc.

Pastoral Care & Visitation

General Overview

It is expected that an influenza pandemic will quickly overwhelm government, social and healthcare resources in most communities. In even the most positive of scenarios, Ontario does not and never will have the capacity to adequately respond to a pandemic event. Therefore, it is reasonable to anticipate that Diocesan resources will likewise be stretched beyond capacity.

Not only will there be the overwhelming health care needs of those who are ill, the Diocese will face additional challenges of providing pastoral care while responding to:

- Influenza pandemic related deaths necessitating postponed or adapted funeral liturgies.
- Significant absenteeism by those who are anxious or worried about being exposed to the influenza virus, and/or who have been quarantined or restricted in travel by public health officials.
- Providing pastoral care to those who have been seconded by the government or Ministry of Health and Long Term Care: nurses, physicians, the military etc.
- Maintaining a faith presence within a rapidly changing social environment of fear, anxiety and desperation.

Preparation for an Influenza Outbreak

The Diocese of Niagara will follow all directives from the Ministry of Health and Long Term Care regarding public gatherings and health practices during a pandemic.

Public Gatherings

While efforts to maintain normal patterns of ministry are laudable, all community events, including worship services and other social events, which draw significant members of people together will be cancelled by the Bishop when the need arises or as directed by public health officials.

Public Institutions

It is reasonable to expect that severe visiting restrictions will be imposed by hospitals, nursing homes and other institutions. The Diocese recognizes this as a sensible precaution and all pastoral visitors are expected to cooperate with these institutions.

Pastoral Care Workers

The Pandemic Coordinator will act as information officer for the Diocesan Bishop regarding public health directives and restrictions as relates to pastoral care in public institutions. The Pandemic Coordinator will consult with the Diocesan Bishop regarding the determination of resuming regular pastoral visiting.

Normative pastoral care and liturgical practice will be modified or suspended by the Diocesan Bishop in response to directives from the Department of Public Health.

Clergy can prepare for a pandemic event by:

- Developing crisis and emergency management skills as relates to the pastoral care needs relevant to a pandemic event.
- Training and equipping lay ministers to assist in the provision of appropriate pastoral care and support
- Becoming aware of relevant health protocols and observing all public health care directives.

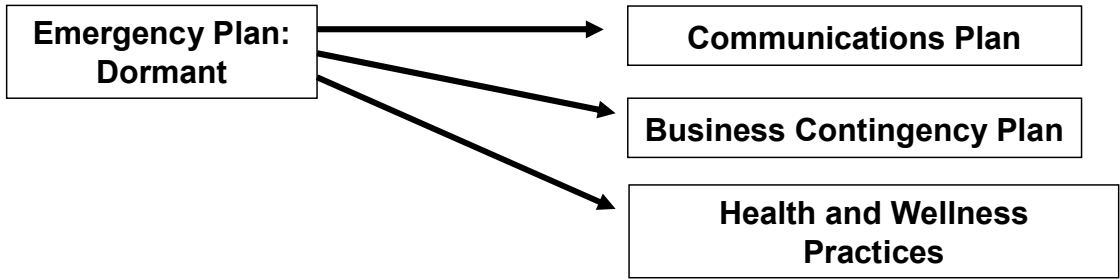
Congregations can prepare for a pandemic event by:

- Identifying parishioners who are at risk, e.g. elderly living alone, unemployed single parents of small children, etc.
- Creating methods for frequent contact of at-risk parishioners during a pandemic.
- Establishing and maintaining a telephone tree to maintain in contact with all parishioners.
- Distributing “Care Cards” containing essential information such as phone fan-out lists, pastoral contacts, prayer contacts, etc.
- Building up and equipping lay ministry networks—including those licensed by the Diocese. Consider developing a Neighborhood Care network or buddy system. Identifying a leader or contact person for each network.

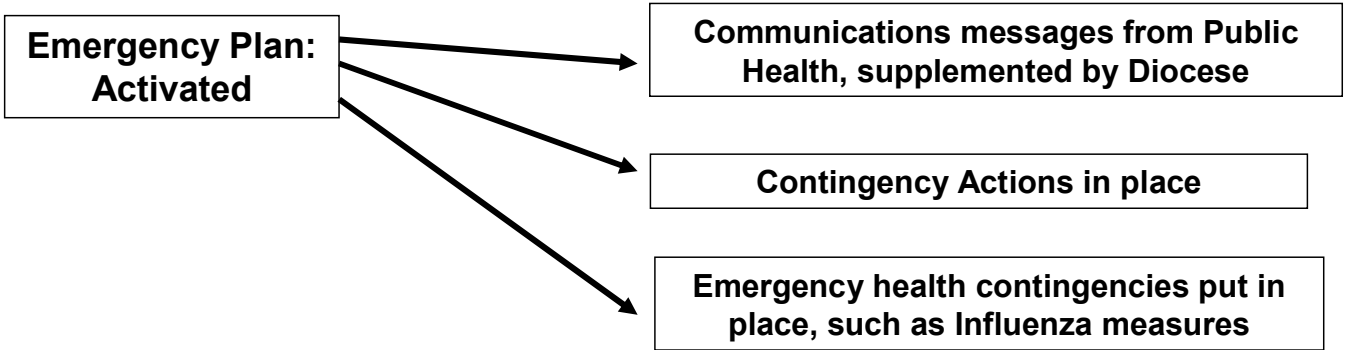
APPENDIX #1

Emergency Preparedness Planning and Activation

Parishes will put in place emergency plans to address communications, business contingency, and health and wellness.



Public Health calls an emergency, and plans are activated.



Prepared by: Philip Christoff, B.A., M.P.A.,
Director of Decision Support
St. Peter's Health System

APPENDIX #2

Web Links and Resources

There are innumerable web sites available on the internet. Some of them are more useful than others. Although by no means exhaustive, the following short list has been compiled to help those wishing to have quick useful and reliable information.

www.niagara.anglican.ca/pandemic/index.cfm

World News

www.who.int/csr/disease/avian_influenza/en/index.html

Government of Ontario News

Provides basic information on influenza pandemics.

www.health.gov.on.ca/english/public/program/pubhealth/flu/panflu/panflu_mn.html

Haldimand-Norfolk Health Unit

12 Gilbertson Drive, P.O. Box 247

Simcoe, ON N3Y 4L1

Tel: 519-426-6170 ext 3234

Fax: 519-426-9974

Web: www.haldimand-norfolk.org/

Halton Region Health Department

1151 Bronte Road

Oakville, ON L6M 3L1

905-825-6000 x7886

1-866-442-5866

Fax: 905-825-8588

City of Hamilton - Public Health Services

1 Hughson Street North, 3rd Floor

Hamilton, ON L8R 3L5

905-546-2424

Fax: 905-546-4075

Web: www.hamilton.ca/phcs

Regional Niagara Public Health Department

2201 St. David's Rd., Campbell East

P.O. Box 1052, Station Main

Thorold, ON L2V 0A2

905-688-8248

1-888-505-6074

Web: www.regional.niagara.on.ca/government/health/default.aspx

Wellington-Dufferin-Guelph Public Health

Web: www.wdghu.org/

125 Delhi St.

Guelph ON N1E 4J5

519-821-2370

Regional Municipality of Peel Health Department

44 Peel Centre Drive, 4th Floor

Brampton, ON L6T 4B5

Tel: 905-791-7800

Fax: 905-789-1604

Web: www.region.peel.on.ca/

Hand Washing Posters such as those below can be obtained from your local Public Health Unit or you can print your own



The Diocesan Employment Assistance Program Provider

This site provides practical advice on how to prepare for and understand a pandemic.

Web: www.fgiworld.com/eng/preparing_for.asp

APPENDIX #3

Worship Resources

The following resources are recommended for parish use:

<p>Index: BAS- Book of Alternative Services BCP- Book of Common Prayer ACC- Anglican Church of Canada ECUSA- Episcopal Church of USA NZ- New Zealand</p>
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Item	Resources
Daily prayer - emergency, isolation, website resources	BAS - Morning Prayer p. 47 Ministry to the Sick p. 555 New Zealand Prayer Book BCP - Morning Prayer p. 4 Celebrating Common praise (Franciscans) Presbyterian Church of Canada http://daily.presbycan.ca See additional resources on final page
Prayers for those severely ill or dying	BAS Ministry of the Sick p. 556ff BCP p. 57ff See Appendix A for further resources.
	Get a team tag - plan a Daily Prayer to be used in the home e.g. Everyone pray @ 10 a.m. <ul style="list-style-type: none"> • Opening and prayer • Scripture choices e.g. McCauslands/7 day cycle • Prayers e.g. litany #1, litany #18 • Lord' Prayer • Short hymn suggestions
	Evening Prayer/Compline - NZ Night Prayer
	Prayers for special needs - loved one sick/dying that could be used in conjunction with daily prayer
Appropriate prayers – severely ill and dying	BAS - Ministry to the Sick p 556 ff BCP - p 57 ff
Funeral Services	Avon & Somerset - The Faith Communities' Major Emergency Plan: A Multi-Faith Response to a Major Emergency or Disaster: Appendix, nov. 2004 ed. Occasional Celebrations of ACC - Burial of One who did not profess the Christian Faith ECUSA Book of Occasional Services p. 156 - Burial of One who did not profess the Christian Faith Resources from Military Chaplains Read BAS, p. 565 ff re: universality of funerals Multi-Faith Council

Devotionals

Source	URL
Presbyterian Church of Canada	http://daily.presbycan.ca
Diocese of Ontario Anglican GospelCom.net	www.gospelcom.net/spiritual_walk/devotionals
Canadian Bible Society	www.biblesociety.ca/free_scriptures/todays_scripture/index.html

Daily Prayer

Source	URL
St. Dunstan's	www.stdunstans.org/marks/daily_prayer.htm
Anglican Church of Canada	www.parishalive.ca/weekatprayer.html
Irish Jesuits	www.sacredspace.ie
Church of England - Morning Prayer	www.cofe.anglican.org/worship/dailyprayer/morning
Church of England - Evening Prayer	www.cofe.anglican.org/worship/dailyprayer/evening
Daily Offices - Church of England	www.oremus.org/cofe.html
Northumbria Community	www.northumbriacommunity.org/PraytheOffice/index.html

Lectionary - Daily

Source	URL
Oremus - Anglican, England	www.oremus.org/lectionary.html
Redeemer University - Ancaster, ON	www.redeemer.on.ca/academics/polisci/dailyprayer.pdf
Evangelical Lutheran	www.renewingworship.org/resources/daily_prayer/download.html
Episcopal Church	satucket.com/lectionary

APPENDIX #5

Checklist for Congregations

This Checklist is available in Word format on the Diocesan website www.niagara.anglican.ca/pandemic/index.cfm

The Incumbent, wardens and key congregational leaders develop, maintain and act upon an influenza pandemic preparedness and response plan which includes the following aspects.

Prior to a Pandemic

First Steps

Started	Completed	These steps are guidelines to assist congregations in approaching this topic and should not be construed as hard and fast rules for proceeding. Congregations should feel free to complete the checklist as best suits their needs.
<input type="checkbox"/>	<input type="checkbox"/>	Identify someone within the congregation as a Pandemic Coordinator.
<input type="checkbox"/>	<input type="checkbox"/>	Identify the essential functions of the congregation, e.g. liturgy, pastoral care, outreach, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on the congregation's usual activities and services. <ul style="list-style-type: none"> • Plan for situations likely to require increasing, decreasing or altering the activities of the congregation. • If possible, have computer access of working documents available to those holding essential positions in off-site locations.
<input type="checkbox"/>	<input type="checkbox"/>	Attend workshops provided by the Diocese.

Second Steps

<input type="checkbox"/>	<input type="checkbox"/>	Identify essential positions in relation to the essential functions, including paid and volunteer positions, needed to carry on the work of the congregation during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that the congregation depends upon to facilitate its activities, e.g. liturgical and cleaning supplies, outsourced services especially janitorial services, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Be in contact with local municipal health units to establish safe practices for sanitizing classrooms, food handling and safety, cleansing of nursery toys and children's toys, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Train all congregational staff and liturgical ministers in basic health procedures, such as proper hand washing techniques, cough etiquette, distribution of communion elements, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Evaluate the congregation's usual activities and identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza

Third Steps

<input type="checkbox"/>	<input type="checkbox"/>	Develop back up plans for essential functions.
<input type="checkbox"/>	<input type="checkbox"/>	Cross-train people for essential positions so that if a person is ill, others are available to complete tasks.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the protocol for activating the congregation's response plan.
<input type="checkbox"/>	<input type="checkbox"/>	Outline what the organizational structure would be during an emergency and revise periodically. Identify key contacts with multiple back-ups, roles and responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain contact listings for those individuals providing essential functions and their back-up, including back-up for clergy.
<input type="checkbox"/>	<input type="checkbox"/>	Encourage use of pre-authorized giving as a means of mitigating the impact of reduced attendance on the congregation's income. Discuss ability to access a line of credit with the bank.
<input type="checkbox"/>	<input type="checkbox"/>	Determine which and the quantity of supplies that will be required to promote good hygiene during a pandemic; have these supplies on hand, keeping in mind that the predicted length of the first wave of an influenza pandemic is three months. Establish a protocol for reviewing these supplies and replacing those which have outlasted their expiry dates.
<input type="checkbox"/>	<input type="checkbox"/>	Stock Sunday School Rooms with hand washing or hand sanitizer supplies, waste receptacles, tissues; stock nurseries with washable or disposable baby supplies.
<input type="checkbox"/>	<input type="checkbox"/>	Ensure that all those using the congregation's facilities follow the congregation's protocol.

Educating Parishioners

<input type="checkbox"/>	<input type="checkbox"/>	Advise parishioners that the congregation will be following Diocesan protocol by adhering to guidelines provided by the Ministry of Health and Long Term Care and local health units as well as their emergency management agencies.
<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, include basic information about pandemic influenza in public meetings, e.g. sermons, small group meetings and announcements.
<input type="checkbox"/>	<input type="checkbox"/>	Encourage the congregation's leaders to attend Ministry of Health, public health units or Diocesan training sessions on pandemic preparedness and general health procedures.

Staff Protocol		
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<input type="checkbox"/>	<input type="checkbox"/>	Be familiar with Diocesan Human Resource policies regarding clerical staff during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	Develop policies for non-clerical staff for <ul style="list-style-type: none"> • Absences for personal or family illness due to influenza, including compensation for such absences • A code of conduct for leaving and returning to work for a personal or family illness due to influenza • Providing information for access to community health resources and Local Health Integration Networks
<input type="checkbox"/>	<input type="checkbox"/>	Develop strategies for allowing staff to work from their homes.
<input type="checkbox"/>	<input type="checkbox"/>	Work with local health authorities to encourage yearly influenza vaccination.

The Greater Community		
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<input type="checkbox"/>	<input type="checkbox"/>	Maintain contact with local health authorities.
<input type="checkbox"/>	<input type="checkbox"/>	Provide space or other resources for local authorities as required.
<input type="checkbox"/>	<input type="checkbox"/>	Work with local ministerial associations for joint efforts for community support.

The congregational resource found on pages 23 and 24 may be copied and distributed to your congregation.

APPENDIX #6

ARE YOU READY FOR A HEALTH EMERGENCY?

Congregational Ministry Guidelines for Worship

Health Emergency in the Faith Community

- With the widespread talk of avian flu and a possible pandemic outbreak becoming part of the daily news, taking the time to consider how you would see the day to day needs of your community is just good planning.
- During times of crisis, the faith community is where many turn for support, particularly during a widespread health crisis. How do we continue to offer our ministry, both on Sunday mornings and throughout the week, without putting our ministry personnel, lay leaders and participants at increased risk?
- Here are some tips to consider in planning with your congregation.

Why This Topic at This Time?

Influenza pandemics occurred in 1918, 1957 and 1968. While we don't know when a pandemic may hit, we do know we need to be prepared.

What Can My Congregation Do?

- Establish an Emergency Planning Team or similar group to develop an Emergency Plan for the congregation. Think in terms of the broader context of an emergency – not just an epidemic. Aspects of the plan may be useful when you need to do a major phoning project.
- Delegate responsibility. One person cannot do it all and may not be available at the time of the emergency.
- Identify coordinators to be responsible for implementing the plan should the need arise.
- Communicate your plan to everyone in the congregation

- Review current activities and identify risks
- Develop alternatives for practices that pose a health risk
- Establish a fan-out communication list:
 1. Make a list of current members with phone numbers, cell phone and e mail addresses
 2. Establish contact groups – try for 8 to 10 per list
 3. Test for accuracy and completeness
 4. Keep the list current by using it for other communication purposes
- Practice your plan

Congregational Risks

Respiratory infections are generally passed through direct contact or airborne droplets spread from coughing and sneezing. Some common practices make transmitting infections easier:

- shaking hands with greeters, and after a service
- passing the peace
- receiving communion
- nursery and toddler room toys
- Sunday School rooms
- coffee hour and other social times
- visitation to hospitals, retirement homes, nursing homes and shut-ins

Managing the Risk

How can we reduce the “risk” without sacrificing what we know as community?

Congregation and Worship

- Have alcohol-based sanitizer available for use by greeters, the clergy, worship assistants and members of the congregation.

- An alternative for passing the peace may be to bow with hands together.
- When instructed by the Bishop to do so, stop using the chalice until the health emergency is over

Sunday School

- Stock Sunday School rooms with a box of tissues and a wastepaper basket with a lid; clean tables after each class using soap and water
- Sanitize toys each week. Your local health office can provide tips on this or put the toys through a dishwasher cycle. (further information to follow)

Food-related activities

- Wash hands before handling food
- Practice good food-handling techniques
- Use a dishwasher or hot, soapy water and hot-water rinsing to clean communion vessels, coffee mugs, etc.

Alternatives to visitation when this becomes necessary

- Abide by restrictions put in place for hospitals and nursing homes
- Establish a pastoral visitation team or increase the size of your existing team now.
- Provide pastoral visitation training
- Assign families to a visitation/contact list by phone and e mail
- Develop a protocol for visitation by phone

Hand Washing Steps

- Turn on taps with warm water
- Hold hands down, fingertips at the lowest level
- Rinse hands
- Dispense soap into palm of hand
- Lather hands for at least 20 seconds
- Circle fingertips in the palm of each hand to clean well under the nails
- Rinse hands from wrists to fingertips

- Obtain paper towels
- Dry hands
- Use paper towel to turn taps off
- Discard paper towel in wastebasket

Hand Sanitizing Steps (when soap and water is not available)

- Hands should be free of any visible debris
- Apply sufficient amounts of sanitizer to the palms of both hands, enough to thoroughly cover hands
- Circle fingertips in the palm of the opposite hand and alternate
- Rub hands together covering the entire surface of the hands until the hands are dry **Hand sanitizers should contain at least 60% alcohol*

PREVENTION – THE FIRST LINE OF DEFENCE

Stay well:

- Drink adequate water/fluids
- Exercise regularly
- Eat a healthy diet
- Decrease stress
- Get enough rest
- Get the annual flu shot

NEED MORE INFORMATION?

The Diocese has established a Pandemic/Emergency Response Task Force and will be distributing information in the areas of administration, finance, pastoral care, health and liturgy. The diocesan web site: www.niagara.anglican.ca has numerous resources including websites for local Public Health Units.

Adapted with permission and with additions by the Diocese of Niagara from materials developed by the United Church of Canada: Support to Local Ministries

APPENDIX #7

Ethics of Risk by the Reverend Canon Eric B. Beresford

The arrival of SARS (Severe Acute Respiratory Syndrome) in Toronto shortly before Easter of 2003 was a reminder to us of the power of infectious disease to disrupt far more than the lives of those infected. In addition to the tragedies of sickness and death we saw the growth of fear and the disruption of relationships and communities. We now face the threat of an influenza pandemic. Like SARS, an influenza pandemic is more than just a medical problem. It will present challenges to all sectors of society, including the churches. Past events, such as SARS, and future threats, such as an influenza pandemic, make it clear that there is an urgent need for theological and ethical reflection on a number of themes. Several of these themes coalesce around the problem of risk and the moral assessment of risk. What does it mean to be a welcoming and inclusive community if the behaviours by which we express our common life become a source of risk, not only for ourselves and members of our own church communities, but also, potentially, for the wider community?

Based on a wide range of studies, public health specialists have repeatedly warned us that the appearance of new and serious infectious illnesses is inevitable. For many years now, illnesses which caused catastrophic loss of life appeared to be under control, and were no longer the major cause of death that they once were. In some ways this has been deceptive. It now appears that it is only a matter of time before we will face another serious communicable disease. We therefore need to ask what lessons we might have learned for next time.

One problem is that when a new illness appears there is a period of time when we are unable to identify the nature of the illness. We will not know what causes the illness, and we do not yet fully understand how the illness is transmitted. During this time the fear created by the illness is heightened by the experience of uncertainty. Fear and uncertainty are a potent combination. Together they can be enormously destructive.

In this context, it is important that the church remember its vocation to be witness to the character and possibility of a new and inclusive community, a place where all people may hear and respond to the love and grace of God. Such a community will want to act in responsible ways that do not endanger either themselves or the wider community. On the other hand, the church needs to be acutely aware of the ways in which fear can all too easily break communities and isolate particular individuals or groups. A healthy response to the emergence of new risks requires several factors.

First, we need reliable and timely information about the true nature and extent of the risks we face. This would be helped by more effective communication and cooperation between health authorities and the churches.

When a new disease enters the population we do not have complete information. This means that health authorities will need to err on the side of caution. However, the use of inaccurate or misleading information can have long-term negative consequences. To this day, I am aware of some people who will not shake hands with an HIV infected person because of fear. In the recent outbreak of SARS, the Chinese communities of Toronto were the ones who bore the brunt of an unreasoned fear that expressed itself often in racism, and resulted in disproportionate losses for Chinese businesses.

In addition to information about the nature of the new illness we also need information about what activities and behaviours are genuinely risky. Although early information about a new illness is always incomplete we have a great deal of information from our earlier experiences with infectious disease. For example, there are medical studies around the use of the common cup. We are told that while there is a theoretical risk of infection from the cup, it does not seem to have been a mode of transmission in the other airborne diseases such as colds and influenza. By contrast we do know that the practice of intinction, the dipping of the bread or wafer into the cup, does greatly increase the number of bacteria and viruses in the cup because they are carried on the hands. In fact, it appears that the most dangerous things we do together are the things that all groups of people do. We gather, we touch each other and we touch surfaces like door handles used by everyone.

Two types of problems emerge here: those related to the communication of risk and those related to the management of risk, whether in terms of tolerance or the attempt to eliminate risk. With regard to communication it is clearly important to be open, clear and transparent in the way in which we as a community communicate our assessment of risk and our reasons for accepting those levels of risk we choose to accept. Such careful and timely communication is a recognition of our accountability to each other and to the wider community. At the same time we need to realize that the communication of risk raises difficult issues. Where the burden of risk is not equally shared, the communication of risk can give rise to demands for policies that reduce risk for the majority - even if risk for certain minorities is increased.

Risk is associated with anxiety. The communication of risk needs to support reflective choice in the face of risk and not simply increase anxiety. When we communicate risk, not everybody hears and responds to descriptions of risk in the same way. People are often willing to undertake certain high risk behaviours and yet unwilling to accept other moderate or low risks. As a church we need to reflect carefully on the impact of these personal choices in the light of our vocation as a community. That is, we are not only called to be inclusive but we are also called to have a particular care for the vulnerable and marginalized.

With regard to the management of risk, we need to be clear that the desire to eliminate all risk is to ask the impossible. It would not only close churches, it would take us off public transit, keep us away from all stores and restaurants, all sports and entertainment events, and, indeed, any place where we come into contact with other people. This would make normal life insupportable and

reminds us that there are problems with the attempt of many in our society to seek risk free lives. There can be no such thing. Human life is full of risks and the task is to be able to recognize those risks that need to be accepted and those risks that need to be avoided. When the fear of risk grows out of bounds, it becomes a prison that constrains our lives and a barrier to relationships with others.

Finally, we need compassion: Compassion both for those whose fears are beyond reason and also for those who might be hurt by such unreasoning fear. The church is called to take public anxiety seriously, but not to join in acting in ways that undermine the public good and are destructive to the needs of minorities and genuinely vulnerable members of society. Such compassion may involve taking short-term measures as the churches in the Toronto area did in 2003 to reduce anxiety levels to a point where we could think about the way forward together. In the long run it will remind us all that true human community is inseparable from risk and from the virtues required to face risk: wisdom, compassion, generosity, courage, love, and faith.

(Paraphrased from the November 2003 SARS Diocese of Toronto Working Group Report, A Report Concerning the Risk of Transmission of Contagion via the Communion Cup & other Liturgical Acts)

Copied with permission from the Diocese of Toronto Draft Influenza Pandemic Plan