

DIOCESE OF DAVENPORT



Policies Relating to Planning for Pandemic Influenza (and other Influenza Outbreaks)

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Bishop of Davenport

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§II-9100 POLICIES RELATING TO PLANNING FOR PANDEMIC INFLUENZA

§II-9101 PART ONE: GENERAL INTRODUCTION

§II-9101.1 General Introduction - Planning for Pandemic Influenza

Introduction to 2006 Policy

We live in an increasingly interconnected world: what affects a community in one part of our globe affects all of us. This observation is especially true in regards to infectious diseases. The availability of relatively easy world travel has made the possibility of world-wide spread of infectious diseases a significant possibility.

Among the infectious diseases that pose a particular risk is influenza (flu). Due to its ability to mutate and spread easily, it has been the source of three major pandemics in the 20th century. There is increasing concern that we are approaching the conditions necessary for another world-wide pandemic. It is therefore incumbent upon all of us to begin planning and preparing for the possibility of an influenza pandemic.

It is important to note that the planning that takes place in response to the threat of pandemic influenza will benefit overall emergency preparedness. It is our hope that by attending to the issues raised by this document our parishes and schools, our lay and ordained ministers, and all the faithful of the Diocese will be better prepared for a natural or human-made disaster.

This document addresses the implications that pandemic influenza would have on the life of parishes and schools in the Diocese. Worship, pastoral care, and educational and formational programs would all be affected in the event of a pandemic. In promulgating this document, it should be stressed that two extremes are to be avoided: apathy and panic. Rather, we urge the exercise of the virtue of prudence. Prudence does not require certainty; no one can, for example, guarantee that we will experience pandemic influenza at any particular time. Prudence does require that a realistic assessment of the situation be made and reasonable preparations be undertaken. It is this measured approach which characterizes this document.

The information used to prepare this document was obtained from the World Health Organization, the U.S. Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, the U.S. Department of Homeland Security, and the Iowa Department of Public Health. In addition, documents prepared by the United States Conference of Catholic Bishops, the Catholic Diocese of Lancaster, U.K (by Deacon Nick Donnelly), and by Rev. Lee Moore were consulted.

This policy was prepared primarily by Deacons Frank Agnoli, M.D. and David Montgomery, and by Mary Wieser, the Diocesan Director of Faith Formation. Consultants were Dr. Cheryl Wagner, MSN, MBA, PhD, Teresa K. Lynn, RN, BA, MSN, CLCP, LNCC and Deacon Bob McCoy, R.Ph. This policy was reviewed by the Diocesan Board of Education, the Diocesan Liturgical Commission and the Chancery Directors and staff. Comments were also received from others around the world working on similar plans for their communities of faith, or with particular expertise (canonical, ministerial, or clinical) in the matters raised in this document. The assistance of these individuals and agencies is gratefully acknowledged. Appendix A offers a number of websites that can be accessed for more information.

Finally, it must be acknowledged that during a pandemic, medical and other life-sustaining resources will be limited. In particular, resources such as adult and pediatric hospital beds, intensive care unit beds, ventilators, prescription and non prescription medicines, food and fuel may be in short supply in many areas. Our economic infrastructure, which is based on long supply chains, “just-in-time” delivery, and minimal warehousing, is especially vulnerable to disruption.

The Diocese calls on all healthcare providers and suppliers of life-sustaining goods and services to use sound ethical and scientific criteria when allocating scarce life-sustaining resources, keeping in mind the good health of all in the community. In particular, the Diocese is an advocate for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination.

Additional Introduction to the 2009 Revision:

Two events prompted the revising of our initial pandemic influenza plan. First, the diocese undertook the preparation of a comprehensive document to assist parishes and other diocesan entities in their efforts to prepare for natural as well as human-made disasters. Therefore, sections of the previous pandemic influenza policy that are applicable to planning for disasters in general have been moved to the new Disaster Preparedness and Response Planning Guide. Second, the outbreak of a novel strain of Influenza A/H1N1 around the world afforded us the opportunity to test our initial policy in a “real world” infectious disease outbreak.

A core group of professionals was once again gathered and the lessons learned from parish and diocesan responses to the H1N1 outbreak were reviewed and the policy revised accordingly. Individuals participating in this process included:

From the Diocese:

Deacon Frank Agnoli, MD, DMin; Director of Liturgy and Deacon Formation
Deacon David Montgomery; Director of Communication
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Preparing for an influenza pandemic is not optional. In fact, it flows from our duty as Christians to be of service. As Pope Benedict XVI reminded us in his encyclical, Deus Caritas Est: “Following the example given in the parable of the Good Samaritan, Christian charity is first of all the simple response to immediate needs and specific situations: feeding the hungry, clothing the naked, caring for and healing the sick.... The church’s charitable organizations... ought to do everything in their power to provide the resources and above all the personnel needed for this work” (#31a).¹

Abbreviations Used:	BCDW	Bishops’ Committee on Divine Worship (of the USCCB)
	c. (cc.)	Canon(s) from the <i>Codex Iuris Canonici</i> (Code of Canon Law)
	CDC	Centers for Disease Control and Prevention
	EMHC	Extraordinary Minister of Holy Communion
	FEMA	Federal Emergency Management Agency
	GIRM	General Instruction of the Roman Missal
	HHS	Department of Health and Human Services
	ILI	Influenza-like Illness
	IDPH	Iowa Department of Public Health
	OCF	Order of Christian Funerals
	PSI	Pandemic Severity Index
	RCIA	Rite of Christian Initiation of Adults
	UK	United Kingdom
	USCCB	United States Conference of Catholic Bishops
	WHO	World Health Organization

¹ Cited in *Pandemic Influenza: Guidelines for planning and response by Caritas organizations* (Caritas Internationalis, April 2009).

§II-9101.2 Influenza

Access to timely and accurate information is crucial in planning and preparing for the possibility of an influenza pandemic. The following definitions will be used:

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. Seasonal flu is caused by both Influenza A and Influenza B viruses.

A novel (new) flu virus is one to which the human population has not yet been exposed. Such an Influenza A virus results from the mixing of genetic material among existing flu strains as well as from new mutations. As a result, there is no human immunity and no vaccine is available. Therefore, the emergence of a novel strain of influenza raises the possibility of a pandemic.

Examples of novel Influenza A viruses include the H5N1 virus (which is one cause of *avian [or bird] flu* that occur naturally among wild birds; this variant is deadly to domestic fowl and can be transmitted from birds to humans) and the H1N1 virus which caused a worldwide outbreak in 2009 (“swine” flu).

Pandemic flu is human flu that causes a global outbreak, or pandemic, of influenza. Because there is little natural immunity, the disease can spread easily from person to person. The disease caused by the novel strain of influenza virus may range from relatively mild to very severe.

II-9101.2 Policy

Those in positions of leadership in the Church have the responsibility to become and remain well-informed regarding possible risks to their communities, including pandemic influenza. The diocesan Bishop may mandate attendance at specific information sessions, the publication of specific policies, or the enactment of specific programs in response to the risk or presence of pandemic influenza.

Procedures

More information on the Influenza virus and pandemic flu is included in Appendix B. A table summarizing the U.S. government’s suggested preparation for pandemic influenza is found in Appendix C.

§II-9101.3 Pandemic Classification Schemes - Introduction

In order to provide for a common nomenclature and exchange of information among local, national, and international agencies, the World Health Organization has devised a six-phase classification system in regards to pandemic influenza. The United States government has adopted a separate nomenclature system.

II-9101.3 Policy

Church leaders are to be familiar with both systems of nomenclature. Diocesan policies will use WHO Phases, the Federal Response Stages and Pandemic Severity Index as their guides.

Procedures

Official nomenclature systems are summarized in Appendix D.

§II-9101.4 Reporting

Good communication between the Diocese and the parishes is essential in preparing for and responding to a major disaster, such as an outbreak of pandemic influenza.

II-9105 Policy

Parishes and deaneries are to report their progress in complying with these policies to the Diocese. In addition, parishes and deaneries will report their experiences during and after a pandemic or other infectious disease disaster to the Diocese.

Procedures

The Diocese will develop planning and reporting forms that each parish, school, and deanery will use to report their condition to the Diocese.

1. The “Diocesan Entity Status Report Form” (Appendix E) will be filled out as specified in the policy below in order to report weekly the number of pandemic influenza cases and deaths in addition to significant changes in operation. The form is to be returned to the Vicar General, who will send a copy to the Director of Faith Formation and Director of Communication.
2. This form will be filled out at any other time at the request of the Bishop, Vicar General, or Director of Faith Formation.
3. The “Post-Disaster Reporting Form” is to be completed and submitted to the Vicar General within 30 days of the end of a significant influenza outbreak, as specified in the policy below. The Vicar General will send copies to the Director of Faith Formation and Director of Communication. The form is contained in the Disaster Preparedness and Response Planning Guide.

§II-9101.5 Introduction: Liturgical-Pastoral

Liturgy

The liturgy stands at the center of our lives as Catholics. Certainly, in times of crisis, we would expect an increased turn to the Church’s rites as people seek comfort, hope, and a sense of meaning in the midst of suffering. At the same time, it must be admitted that the very actions that are central to our identity may, in themselves, assist in spreading pandemic influenza. Gathering as a community, touch, and the sharing of common articles can all be instrumental in spreading the flu.

In this light, it is important to recall c. 223.2: “In view of the common good, ecclesiastical authority can direct the exercise of rights which are proper to the Christian faithful.” In other words, individual rights can be subsumed to the common good in case of need. The adjustments in liturgical and pastoral practice called for in this document reflect the canon’s call that all the faithful, in exercising their rights, must also “take into account the common good of the Church, the rights of others, and their duties toward others” (c. 223.1).

Thought should be given to the possibility of using televised liturgies as a way to better include the homebound.

Pastoral Care of the Sick

The obligation to care for the sick, the dying, and the bereaved seriously binds all clerics. Canon 213 states that “[t]he Christian faithful have a right to receive assistance from the sacred pastors out of the spiritual goods of the Church, especially the word of God and the sacraments.”

At the same time, it is to be acknowledged that fulfilling this serious obligation does itself put the cleric at risk for influenza and its complications, including death. It is also to be noted that in no current government plans are clerics or lay volunteers serving the sick mentioned on the list to receive vaccines or anti-viral medications.

As noted in the summary to “Pastoral planning for a flu pandemic” (Deacon Nick Donnelly, Diocese of Lancaster, UK), “[i]f all the clergy attempt to run parishes and provide pastoral care among those with ‘flu, there is a high probability of two things happening: 1) All the clergy will become sick; 2) The clergy—either during the incubation period or not showing symptoms—will infect members of their community.”

Therefore, as outlined in this policy, it would be prudent for each deanery to plan on naming at least 2 priests and, if available, at least 2 deacons to care for the sick in the event of a pandemic. Caring for the sick and dying, the dead and bereaved, would be their only duties. Other clerics in the deanery would cover their usual pastoral duties. Again, it is important to recall c. 223 in this context.

Lay persons could certainly partner with clerics in exercising this ministry. However, while the clergy have a serious obligation (cf. c. 1003.2) to assist the sick and dying, it would be strictly voluntary for the laity to put themselves and their families at risk by offering to assist in the care of those suffering from pandemic flu.

It should be noted that not every person has the gifts or disposition to care for the sick while putting themselves at risk. Therefore, in accepting volunteers for such a ministry requires discernment. To assist in such discernment, it may be helpful to ask potential volunteers—cleric or lay—to describe themselves as “willing to accept the risk,” “willing to accept the risk if others are not available,” or “unable or unwilling to accept the risk.”

Care of the Poor

It is likely that the poor will be among the hardest hit should a pandemic develop. For example, living on a limited income allows little buffer to use for stockpiling necessities. Therefore, in their planning, parishes, schools, and all diocesan entities ought to ask the question: How will we respond to those in material need in the midst of a pandemic? Thought should be given to developing larger stockpiles that can be accessed by those in need, and even to providing housing for the poor who are ill and without other resources.

In addition, thought should be given on how to assist those who live alone—or those who are single parents. While no one wishes to contemplate such things, there may be an increase in the number of orphans after a pandemic, and planning should take their care and welfare into consideration.

§II-9101.6 Introduction: Schools and Faith Formation

Local schools/parishes play an integral role in protecting the health and safety of their staff, students and their families. This section of the document is designed to provide guidance to schools and faith formation programs concerning pandemic influenza. It is important that you periodically (at least quarterly) review this material and the Crisis Management Plan to maintain familiarity and for any updates. These documents should be reviewed by the Board of Education/Faith Formation committee yearly. It is also required that this plan be reviewed with all of your staff each fall and that they have a copy of what pertains to their area of ministry.

A school plan to respond to pandemic influenza is required by the State of Iowa. This document is intended to assist schools meet that requirement.

While school in the diocese must be in compliance with this policy, other resources are available to assist schools in developing their particular pandemic flu plan. These include:

- *HHS and CDC checklists: <http://www.pandemicflu.gov/plan/checklists.html>.*
- *The U.S. Department of Education’s Practical Information on Crisis Planning: A Guide For Schools and Communities: <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>*

We thank you for the time and effort that you will expend on this matter. It will have a positive impact on our students, families, staff, and entire community.

No matter the crisis situation, the following three principles must always be observed:

- 1. Your safety and the safety of our children is the highest priority.*
- 2. Remain calm and reassure the children.*
- 3. Follow the policies and procedures, but in all cases use common sense.*

Please note that the policies regarding liturgical practices in Part Two below apply to liturgies in school and faith formation programs as well.

§II-9102 PART TWO: DIOCESAN PROTOCOLS²

§II-9102.1 Remote Preparation

“Remote preparation” refers to the planning required in anticipation of an influenza pandemic at some time in the future. The provisions of this policy apply as well to ongoing preparations for season influenza as well as to preparations for other infectious disease emergencies.

II-9102.1 Policy

Diocesan, parish, and school leadership are to review existing policies, and begin planning. Special attention is to be given to issues of hygiene and to reminding individuals that those who are ill (with fever or other flu-like symptoms) should stay home. The Diocese is to provide updated information and education for the clergy, parish leadership, and the faithful.

Triggers (ongoing)

- In-between seasonal outbreaks of influenza
- WHO Phases 1-3

General Procedures:

- a) Diocesan, parish, and school leadership review existing policies dealing with infection control and diocesan, parish, and/or school preparations for a possible pandemic. It may be helpful to form a specific committee (including health professionals, such as the parish nurse(s), physicians, pharmacists, etc.) to do this work, or may be the same committee called for in the Disaster Preparedness and Response Planning Guide. Necessary changes are made to local policies and practices. Planning will include the issues raised in below.
- b) Parishes, schools, and diocesan offices should post signs in washrooms reminding individuals of proper hand-washing techniques and of “cough and sneeze etiquette” (how to minimize spread of infection). See Appendix G. In addition, other means (e.g. bulletin articles or inserts, newsletters, e-mails) are to be used to remind individuals of proper hygiene and its importance as well as preparing at home for an emergency. Example planning checklists, bulletin information, and signage are found in Appendices H, I and J.
- c) Parishes/schools and diocesan offices are to have bottles of alcohol-based hand sanitizer (minimum of 62% alcohol; kills 99.9% of most common germs; for example: Purell®) available for staff and students. For example, these may be placed in office, and classrooms. See Appendix G.
- d) All are to be reminded that if they are ill (with fever or flu-like symptoms), they ought to stay home.
- e) Those taking communion to the sick, visiting the homebound, or caring for a sick individual at a school, parish, or office, are reminded to wash their hands both before and after visits. For example, ministers to the sick may choose to carry a small bottle of alcohol-based hand sanitizer with them.
- f) Parishes, schools, and the St. Vincent Center are to review their current housekeeping practices. If not already doing so, parishes/schools are to ensure that door handles and flat surfaces in all common areas (water fountains, lunchroom, restrooms, classrooms, gym, etc.) are washed each day (schools: several times each day) the space is used with an appropriate disinfectant.

² A Summary of this section is found in Appendix F.

Specific Procedures: Liturgical-Pastoral

- a) All ministers of communion, ordinary and extraordinary, are to be reminded of the importance of proper hand-washing before and after distributing communion, and of proper technique to be used in distributing communion. This may be done in formation sessions or by written memo.
1. The person responsible for preparing the gifts before Mass is to be reminded to carefully wash his or her hands prior to touching the hosts and pouring the wine. If ill, a substitute should be found.
 - If a parish is in the habit of using a common container of hosts from which individual hosts are moved to the ciborium/paten being used at the liturgy (in order to consecrate the proper number of hosts for those present), clean tongs should be used and parishioners instructed in their proper use. Ministers of hospitality should be available to assist and, if necessary, replace tongs that become soiled (e.g., dropped on the floor).
 2. Parishes are to have bottles of alcohol-based hand sanitizer available for communion ministers. For example, these may be placed in the front pews (or other discreet but convenient place) for EMHCs to use on their way to the sanctuary and after ministering communion. See Appendix G.
 3. All ministers are reminded to wash their hands properly before the beginning of Mass. In addition, a bottle of hand sanitizer is to be placed at the credence table (or other discreet but convenient place) for the ordinary ministers to wash their hands after the sign of peace.
 4. Ministers are to use proper technique in distributing communion. For example:
 - i. Care must be taken not to touch the mouth, tongue, or teeth of a communicant wishing to receive communion on the tongue. If there is any significant accidental contact, ministers should change the hand with which they are distributing communion. If there is gross contamination, the minister is to go wash his/her hands.
 - ii. When ministering the Cup, ministers must take care to wipe both the inside and outside lip of the chalice, to turn the chalice before the next person receives, and to move the purificator for each wipe so the same location on the purificator is not used over and over.
 - iii. Ministers are reminded that self-intinction is not allowed. While intinction using the proper procedure is allowed, it is also the method that is most likely to pass infection and is therefore discouraged.
 - iv. In some parishes, it is the practice to make brief contact with the communicants hand while placing the Host on the person's palm. It is also the practice in some places to bless non-communicants. In both instances, any contact should be brief and with the fingers that are not used to pick up the Host.
 - v. Where it is the practice to hold the communicants hands while distributing communion to them, this practice is to be discontinued immediately.
 5. The person responsible for the care of the vessels after Mass is to ensure that they are properly cleaned. After being purified according to the rubrics, Mass vessels should be washed with hot, soapy water.
 6. Purificators are also to be laundered according to liturgical norms. After soaking in water (which is then poured into the *sacrarium*), the purificators are laundered normally. Hot water and laundry detergent should be used.
- b) While there has never been a documented case of an infectious disease being transmitted through the sharing of the Cup, the congregation ought to be regularly reminded (in the bulletin, by announcement, or in formation sessions—such as RCIA, preparation for First Communion, or adult formation groups) that if one is ill with a fever he or she should stay home, or at least refrain from the Cup. They are also to be reminded that self-intinction is not allowed.
- c) Parishes are urged to ensure that there are properly trained lay leaders of prayer available. In an emergency, these individuals may be called upon to lead Sunday Celebrations in the Absence of a Priest, funeral rites, and in extreme situations even the extraordinary forms of baptism and, very rarely, marriage (see below).
- d) Changes to communion practices mandated in the event of an influenza outbreak or pandemic (see below) may especially affect those with Celiac Disease (gluten-sensitive enteropathy), for example, when communion from the Cup is no longer possible. Pastors are urged to discuss options with their parishioners with this condition—such as the use of extremely-low gluten hosts or even the consecration of a separate chalice for the affected parishioner's communion. The Office of Liturgy is available to assist in this important pastoral matter.

Specific Procedures: Schools and Faith Formation Programs

- a) Parishes/schools are urged to ensure that there are properly trained substitute teachers / catechists available.
- b) The Diocesan Office of Faith Formation will assist schools and faith formation programs in the preparation of resources to be used in case of a pandemic (for example, lesson plans and catechetical materials for children, as well as home prayer resources). See Appendix A for Internet-based resources and Appendix K.
- c) Snacks served at gatherings should be in the form of single-serve, individually-wrapped foods. The use of a common food source (such as a bowl of candy, chips, popcorn) is strongly discouraged.

Planning Considerations

- a) Planning for pandemic flu, or any other disaster, requires that a number of issues be carefully considered. Many of the topics listed here are also discussed in the Disaster Preparedness and Response Planning Guide.
- b) Planning at all diocesan entities should address the following issues:

Area of Concern	Planning Issues
Self-care	Ensure proper diet/nutrition (including the use of a multivitamin if recommended by health care provider), hydration, and rest before and during a pandemic. Consult health care provider for preventative health care and to ensure that chronic health problems are well controlled.
Absence of Priest & Staff Reductions	Presume that up to 40% of staff, including the pastor, may be absent. Develop contingency plans and prepare sick leave policy.
Material Needs (stockpile 3-week supply) ³	Non-perishable food and water (see checklist in Appendix H) ⁴ Prescription and over-the-counter medications (for example: aspirin [consult physician for use in children under 16 years old], acetaminophen, ibuprofen, sore throat and cough lozenges, anti-diarrheals) Masks and gloves for pastoral visits and caring for the sick; (see Appendix G) Sanitary materials (cleansers, bags, tissues, toilet paper, paper towels, etc; (see Appendix G) Alternative sources of heat in case of utility disruption Materials needed for the sacraments (wine, hosts; olive oil to bless for Oil of the Sick)
Finances	Have cash on hand in the event ATMs and credit cards cannot be used. Prepare for loss of income (collections, tuition payments), including developing policies for delinquent payments in the event of an emergency.
Education of community	Develop local plan for educating the parish; take into consideration those for whom English is a second language. See Appendices I and J.
Pastoral Care	Make plans for providing care to the homebound and quarantined (e.g., regular phone or e-mail contact). Consider the needs of those with limited incomes, those who live alone, or others who would be most vulnerable during a pandemic (special-needs/at-risk populations). How will the parish identify and help care for them?
Communication	Ensure that lines of communication within the parish as well as between the parish and the chancery and public health authorities are functioning well. Prepare to inform parish of pandemic flu plan (for example, what liturgical changes to expect).
Travel	Those responsible for planning trips should look into the issue of travel insurance should a trip need to be cancelled, and for what options would be available if restrictions are imposed while the group is overseas.
Deanery-level issues	How will the deanery work together to provide housing for priests if quarantines or separating individuals is necessary? How will clergy work together to ensure that both parish needs are met and the sick are cared for—while minimizing the risk of exposure to others? What

³ It is important to stress that food, bottled water, and medications do have expiration dates. Materials from the stockpile should be used and replaced on a regular basis (“replace and rotate”) and expiration dates closely watched to prevent the problem of outdated supplies. As applicable, kitchen staff and visiting / parish / school nurses should be consulted in this process.

⁴ “Meals Ready to Eat” (MREs) may be useful, but are costly and difficult to find (even on the Internet).

	<p>resources could be put at the disposal of public health authorities (for example, are there buildings which could be used as vaccination sites, clinics, hospitals, or even morgues)?</p> <p>It is recommended that in each deanery at least 2 priests and at least 2 deacons (if available) be given the sole responsibility to care for the sick and dying, and of burying the dead, during an outbreak of pandemic flu. This ministry should be undertaken on a volunteer basis. If any of these become ill or succumb, the next names on the list would rotate in. These clerics should live separately from others, in order to prevent cross-infection. In their absence, the other priest and deacons of the deanery would cover their other pastoral duties at the parish. Lay persons may also volunteer for this ministry.</p>
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§II-9102.2 Immediate Preparation

At this point, events outside of the diocese suggest the increased risk for a pandemic—prompting the need to review plans and preparations for such an emergency. The same steps should also be taken in anticipation of each flu season.

II-9102.2 Policy
 The Diocese, deaneries, and parishes are to ensure that all resources and protocols are in place for a pandemic. The Diocese will assist in keeping clergy and parishes informed. The following procedures, focusing on local preparation and planning, are followed.

Possible Triggers

- In anticipation of seasonal flu
- Clusters of ILI in multiple locations on one continent other than North America, suggesting human-to-human transmission of a novel virus (e.g., WHO Phase 4)
- Clusters of an outbreak in multiple locations in North America (other than the diocese) suggestive of human-to-human transmission
- A particularly serious outbreak (with significant morbidity/mortality) in nearby states. Human-to-human transmission is possible.

General Procedures:

- a) Review and update existing plans and protocols at all levels (parish/schools, deanery, Diocese).
- b) Remind parishioners of what changes to parish practices to expect in case of an influenza emergency.
- c) Remain alert for changes in the situation and heed mandates from Public Health authorities.
- d) Complete any tasks from Policy §II-9102.1 that remain undone.
- e) In case of a pandemic threat, Diocesan offices prepare and distribute resources to be used during a pandemic (for example, a home prayer book to be used in case of quarantine, prayer and catechetical materials for children, etc.).
- f) If any community is distributing communion by intinction, such a practice stops at this point.
- g) Snacks served at gatherings (especially in regards to schools and youth ministry activities) should be in the form of single-serve, individually-wrapped foods. The use of a common food source (such as a bowl of candy, chips, popcorn) should cease at this point.

§II-9102.3 Response to Threat

At this point, there is a growing and immediate threat to the diocese, or entities within the diocese, due to an outbreak of either novel (pandemic) or seasonal influenza. The focus shifts from preparation to response, with the emphasis placed on hygiene and social distancing interventions.

II-9102.3 Policy

The Diocese, deaneries, and parishes are to ensure that all resources and protocols are in place for a pandemic. The Diocese will assist in keeping clergy, parishes, and schools informed. The following procedures are followed depending on geographic distribution of the outbreak (for example, by following public health reports, such as surveillance reports from the CDC) and severity of the illness being caused (for example, by following the Pandemic Severity Index). These procedures focus on personal hygiene and social distancing. The steps are incremental and cumulative.

Given the rapidity of change in a pandemic situation, there may not be a declared PSI and an uneven distribution of disease across the US would make the Federal Response Stages inapplicable. Therefore, in consultation with public health officials, the Bishop will implement an incremental approach to interventions. The Bishop may specify interventions for particular parishes or areas of the diocese, or for the entire diocese, depending on the local situation. Pastors are asked to consult with the chancery before imposing restrictions on their own.

Likewise, it may be that an outbreak begins in the US or affects our communities prior to an official designation of Phase 6 by the WHO. Taking the local situation into account, the Bishop may call for implementation of the diocesan plan prior to such a declaration. At all times, pastors and others in leadership should remain alert for changes in the situation and heed the mandates of Public Health authorities.

Examples of triggers are listed under each Step. In the event of seasonal flu in a community, the declaration of Phase 5 by the WHO, or at the mandate of the Bishop, Step 1 interventions should be enacted by the pastor. The local situation, or the emergence of a more severe strain of seasonal flu, may precipitate the enactment of Step 2, 3, or 4 protocols by the Bishop. However, since local situations may vary considerably, local pastors may need to enact particular measures before others. Pastors are asked to consult with the chancery before imposing these restrictions on their own. Possible scenarios and a summary of Steps 1-4 are found in Appendix L.

Procedures: Step 1

Possible Triggers

- Seasonal flu in the community
- Suspected cases of a novel flu infection are being reported in Iowa as well as elsewhere.
- Clusters of ILI on more than one continent other than North America (e.g. WHO Phase 5)
- Increased numbers of suspect cases located in multiple locations within the U.S. highly suggestive of human-to-human transmission
- Scattered numbers of suspected cases around the U.S. and the nearby states, but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is likely.

Interventions

- a) Review and update existing plans and protocols; complete any tasks from §§II-9102.1 and 9102.2 that remain undone.
- b) Parish/institutional leadership are to remind staff, students, and parishioners of proper cough and sneeze etiquette, hygiene, and social distancing measures (See Appendices I and J for bulletin contents and signs)
- c) Set up hand-washing stations (tissues, trash receptacles, hand sanitizer, instructions/signage) whenever there is a large group gathering (including at church entrances); especially if there are insufficient washroom facilities.

- d) Review and increase frequency of sanitizing door handles and other commonly touched solid surfaces.
- e) Remind diocesan staff, clergy, and parish/school communities of possible future steps. It is crucial that everyone be prepared for what to expect in the event of a pandemic.
- f) Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.
- g) Faith formation programs should be aware that camps, retreats, and other large youth gatherings may need to be postponed or cancelled, depending on local conditions. Youth ministers and catechists should keep up to date with the latest advice from public health authorities concerning such gatherings.⁵
- h) Schools should finalize plans for possible closure. Parents should be asked to prepare for this possibility, and should be reminded that:
- If students are dismissed from schools, they should be encouraged not to re-congregate outside of school in large numbers.
 - If childcare facilities close and there is a need for childcare, families could plan to work together with two to three other families to supervise and provide care (using the same caregivers each day) for a small and consistent group of infants and young children while their parents are at work (studies suggest that childcare group size of five or fewer children may be associated with fewer respiratory infections).
- i) Reporting
1. Parishes, deaneries, and schools are to keep the Diocese informed re: status of their preparations and their communities. The chancery is to review the information submitted.
 2. An initial Diocesan Entity Status Report Form (Appendix E) should be submitted within a week of this Step being activated in the context of a threatened pandemic (not in the context of annual flu).

Procedures: Step 2 (implement at the mandate of the Bishop)

Possible Triggers

- Seasonal flu outbreak increasing in severity⁶
- Suspected cases of novel influenza are being reported in diocese as well as elsewhere. Human-to-human transmission is possible.
- Clusters of ILI are being reported in North America and elsewhere (e.g., WHO Phase 6).
- Increased numbers of suspect cases located in multiple locations within the U.S. highly suggestive of human-to-human transmission and beginning to increase in numbers throughout Iowa, but not necessarily within the diocese.
- Multiple scattered suspected/definitive cases around the U.S., but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is probable.

Interventions

a) Buildings

1. All sick individuals, including clergy, are to stay home. Signs are posted on chancery, church, and parish/school doors instructing those with fever or other flu-like symptoms not to enter. See Appendix I.
2. In addition, post signs describing what practices are in effect. Include information in newsletter, bulletin and, if applicable, on website. Announce practices from the pulpit. See Appendices I and J.
3. Supplies are assessed twice per week by maintenance, kitchen, and office staff. Supplies are replenished

⁵ Eligibility for Confirmation is not adversely affected by the inability to take part in a Confirmation retreat.

⁶ Local severity is gauged by absenteeism, emergency room/clinic usage, hospitalizations, school closures, etc.

weekly.⁷

4. Set up hand-washing stations in all buildings: tissues, trash receptacles, hand sanitizer, instructions (signage).
5. Holy water fonts/stoops are emptied and refilled after each liturgical celebration and at least once daily.⁸

b) Liturgy: in addition to previous provisions, the following changes are made

1. In addition to careful handwashing, the person preparing wine and hosts for Mass is to wear a mask (see Appendix G). The vessels containing the bread and wine are to remain covered until placed on the altar.
 - If a parish uses a large vessel at the entrance(s) of the church from which individual parishioners move hosts to the paten/ciborium, such a practice needs to stop at this point.
2. Communion from the Cup is suspended. Only the priest (and deacon [see GIRM #128], if present) are to commune from the Chalice—and then from opposite sides of the rim.⁹
3. In distributing communion, the Host shall be placed in the communicant's hand without the minister touching the communicant. Communion on the tongue is discontinued (c.223).
4. The practice of touching a non-communicant for a blessing is also to be discontinued.
5. After being properly purified (in order to prevent cross-contamination, this should be done by the priest or deacon who has already received from the Cup), All Mass vessels (chalices, patens, and ciboria) are to be carefully washed in hot, soapy water after each Mass.
6. Sharing of the Sign of Peace by handshake or hug is suspended; rather, a simple bow/nod to one another will be used. Holding hands during Lord's Prayer or any other part of the Mass is suspended. Ministers (incl. clergy and ministers of hospitality) are asked not to shake hands when they greet parishioners.
7. Priests, deacons, readers, and servers—since they will be touching items in common—are to sanitize their hands before and after Mass, and during Mass if their hands become contaminated.
8. On Good Friday, the Cross will be venerated by bow or genuflection, not by touch or kissing. In those places where it is the practice to venerate icons with a touch or kiss, that practice, too will be replaced with a bow.

c) As far as pastoral visits to the sick are concerned, ministers should practice meticulous handwashing and—if the parishioner has an ILI—consideration should be given to wearing masks and gloves.

d) Reporting

1. Parishes, deaneries, and schools are to keep the Diocese informed re: status of their preparations and their communities. The chancery is to review the information submitted.
2. Reports (Appendix E) should be submitted weekly.

Procedures: Step 3 (implement at the mandate of the Bishop)

Possible Triggers

- Infectious disease outbreak or epidemic has reached the diocese/parish. Confirmed cases are few, but there is a surge of medical visits to the hospitals, clinics, and medical offices.
- Major increase of ILI cases of novel influenza in and around the community (e.g., as part of a declared pandemic [WHO Phase 6])
- A declared severe pandemic (WHO Phase 6) involving Iowa and/or the Midwest.

Interventions

a) Buildings

1. People are asked to stay home if ill or someone in their household is ill. Post signs describing what practices are in effect. Include information in newsletter, bulletin and, if applicable, on website. Announce practices from the pulpit. See Appendices I and J.

⁷ For the purposes of this policy, the minimum frequency for checking and replenishing stockpiles is given. More frequent assessment and replenishment may be needed based on local circumstances.

⁸ This does not apply to baptismal fonts that have circulating water (e.g., fonts which allow for full immersion).

⁹ If concelebrants are present, they commune by intinction (as is done at Papal Masses; source: USCCB BCDW (the risk for infection is low since there are not a large number of individuals intincting and they are placing the host only in their own mouths).

2. Turn off water fountains or mark them as not to be used. Bottled water should be available in case of necessity. Schools are required to supply bottled water.
3. Empty all baptismal and holy water fonts, including those that allow for full immersion; parishes should have pre-filled bottles of holy water available. See section on Baptisms (b.3.) below.
4. Staff or volunteers to clean door handles and other hard surfaces (such as pews, water fountains, desks, tables, countertops washrooms) with disinfectants; to wear masks, gloves, and goggles when doing so and when emptying trash receptacles.
 - a. Disinfecting should be done in parishes and chapels after each Liturgy (at least daily)
 - b. Disinfecting should be done in schools and faith formation programs after each class transfer
5. Supplies are assessed daily by maintenance, kitchen, and office staff. Supplies are replenished 3 times/week.
6. Large group meetings should be postponed if at all possible. If not, participants should be seated with at least a 3' distance between individuals.

b) Liturgical-Pastoral

1. Practices at Mass

- a. The person preparing wine and hosts for Mass is to wear a mask and non-latex gloves (see Appendix G). The vessels containing the bread and wine are to remain covered until placed on the altar.
- b. Distribute diocesan home prayer booklet and other resources in case large group gatherings are suspended by Public Health authorities. See Appendix K.
- c. Collection baskets are not to be passed person-to-person. It is preferred that a collection basket or locked "poor box" be placed at the entrance(s) of the church; alternatively, baskets with handles may be used (in which case ushers are to wear gloves and immediately wash their hands after the collection). Because the influenza virus can remain viable on surfaces for some time, the money collected is to be "quarantined" for 3 days before being counted. Those removing money from the collection baskets or boxes are to wear gloves and wash their hands afterwards. The collection is not carried in procession as part of the preparation of the gifts and altar.
- d. Worship aids, if used, should be printed for each occasion and then destroyed. Applicable copyright laws ought to be followed. Missalettes and song books should not be used.
- e. To the extent possible, the assembly will be seated in alternating rows, thereby increasing distance between individuals. In addition, it may become necessary to limit the number of individuals present for any one Mass.
- f. Non-essential gatherings—such as Children's Liturgy of the Word and post-Mass social gatherings / refreshments—are to be cancelled.

2. Reconciliation

- a. The use of "box" confessionals is suspended.
- b. A distance of 3 to 6 feet is to be maintained between penitent and confessor. Hard surfaces in the room used for reconciliation, including the screen, are to be disinfected after each visit.
- c. Penitents who are ill should arrange for the priest to celebrate the sacrament in their homes.
- d. At home or at church, if the person is infected he/she should have tissues and be asked to cover his/her mouth and nose when coughing and to put the tissues into a wastepaper basket or box. The priest and penitent may consider wearing a mask. (See Appendix G)

3. Baptisms

- a. Only immediate family and godparents are to attend (only if they have not been exposed to the flu).
- b. There are to be no large group baptisms.
- c. Fresh water is to be used for each baptism, and then discarded properly afterwards. If more than one person is being baptized, the water is to be blessed in individual vessels and then poured over the candidate into the font.

4. Weddings

Only immediate family and witnesses are to attend (only if they have not been exposed to the flu). Clergy are not to attend related social functions; parishes are not to host receptions.

5. Funerals

- a. Be aware that there could be an increased need for funeral services and pastoral care to the bereaved.
- b. The liturgical celebrations may need to be altered, both to prevent spread of influenza and because of time and energy constraints:
 - i. the Funeral Vigil may be omitted, or the time at a “wake” shortened, in order to prevent prolonged group gatherings,
 - ii. the Funeral Liturgy outside of Mass should be used,
 - iii. the Rite of Committal is used (outdoors if possible); if not celebrated in conjunction with the Funeral Liturgy, it may be celebrated with the rite of Final Commendation (see OCF #224-233).
 - iv. priests should make use of deacons and lay Parish Life Administrators (who may preside over the vigil, funeral liturgy, and rite of committal) and trained lay leaders of prayer (who may preside over the vigil and rite of committal) in order to prevent becoming overwhelmed (see OCF #14).
- c. Only immediate family is to attend the funeral liturgies. Plans for memorial Masses after the pandemic resolves should be made.

6. Pastoral Care to the Sick

- a. Activate plan to care for those who are quarantined or home-bound, such as regular phone or e-mail contact. Coordinate with parish nurse(s) and other outreach ministries. Stress the importance of thorough handwashing.
- b. Gloves and masks are worn for pastoral visits, including for the Anointing of the Sick. Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g., a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial. If gloves are not worn for the anointing, meticulous handwashing will be necessary. Consider adding Tea Tree Oil to the Oil of the Sick (see Appendix G).
- c. The activation of Step 3 includes permission for a priest other than the pastor to anoint the sick (c. 1003.2) and for another priest, deacon, or EMHC to celebrate the *Rite of Viaticum* in the pastor’s absence (c. 911). See Appendix K.

c) Schools and Faith Formation

1. If large groups are prohibited from meeting, parish and school administrators, with their staffs, should prepare and distribute catechetical or academic resources (for example, lesson plans and catechetical materials for children, as well as home prayer resources; see Appendix A for internet resources and Appendix K for diocesan resources).
2. Social Distancing (it is recommended that a distance of three feet be maintained between all individuals)
 - a. School ought to use e-mail for attendance and lunch counts and configure classroom seating to maintain 3’ distance (e.g. every other desk, if possible). Expect that this will be difficult for children to do consistently. Also, be aware that children will need repeated reminders and explanations as to why these measures are necessary. Reminders and explanations should be delivered in a calm manner, so as not to be frightening.
 - b. Contact sports (competition and practice), dances, retreats, youth rallies, and the like will be suspended.
 - c. Thought should be given to also canceling plays, concerts, lectures/assemblies, and non-contact sporting events. In the event that they are held, seating is to be limited to every other row.

d) Reporting

1. Parishes, deaneries, and schools are to keep the Diocese informed re: status of their preparations and their communities. The chancery is to review the information submitted.
2. Reports (Appendix E) should be submitted weekly.

Procedures: Step 4 (implement at the mandate of the Bishop)

Possible Triggers

- The infrastructure of the community has been severely compromised in the wake of an epidemic/pandemic caused by a novel virus, virulent seasonal influenza, or infectious disease outbreak with high morbidity and mortality.

Interventions

a) Supplies are assessed daily by maintenance, kitchen, and office staff. Supplies are replenished daily.

b) Liturgical-Pastoral

1. Celebration of the Mass

- a. If not already done so, distribute diocesan home prayer booklets and other resources in case large group gatherings are suspended by Public Health authorities.
- b. If Public Health authorities mandate that all large-group gatherings be suspended, parishes will comply and stop offering the Mass and other sacraments to groups. If such were to occur, the Bishop dispenses from the Sunday obligation to attend Mass.
- c. The Bishop, or, in his absence, the Vicar General, may also order the suspension of Masses and public celebration of the sacraments and other liturgical rites. If such occurs, the Bishop (or Vicar General) also dispenses from the Sunday obligation to attend Mass.
- d. If public celebration of the sacraments is suspended, signs to that effect will be posted at entrances to the church and parish offices. See Appendix I.

2. Reconciliation¹⁰

- a. In accord with c. 961, once Step 4 is activated, the Bishop grants permission for Form III of the Sacrament of Reconciliation (“General Absolution”) at the discretion of the local pastor. Pastors should instruct their parishioners that anyone who receives general absolution has the responsibility to make an integral confession (Form I) as soon as it is possible to do so. The appropriate rite from the *Rite of Penance* is to be used.
- b. The faithful should be instructed in how to make an act of perfect contrition in the event of danger of death, and the unavailability of a priest. Deacons and lay ministers should be instructed in how to assist individuals in making an act of perfect contrition while avoiding simulation of the sacrament of reconciliation. See Appendix K.

3. Baptisms

- a. In keeping with c. 861.2, the faithful are to be aware of the special forms of the rite of baptism to be used in the danger of death or if in an emergency an ordinary minister is not available. The Diocese prayer booklet will contain the minimal rite for baptism in case of danger of death. See Appendix K.
- b. For the baptism of those less than seven years of age, the ritual *Rite of Baptism for Children in Danger of Death When No Priest or Deacon Is Available* (# 157ff) is to be used, and the lay minister is to ensure that the baptism is recorded at the parish after the pandemic resolves. For the baptism of those who are 7-years-old and older, the rite for *Christian Initiation of a Person in Danger of Death* is to be used (RCIA #375ff).
- c. Once Step 4 is activated, the Bishop grants permission for baptism to be celebrated in the home, at the discretion of the local pastor (c. 860).

¹⁰ The validity of the Sacrament of Reconciliation requires the bodily presence of both the priest and penitent. All are therefore reminded that phones, e-mail and other electronic media may not be used to celebrate the sacrament. In these situations, the penitent should be assisted in making an act of perfect contrition.

4. Weddings

In extreme circumstances (danger of death, the expected absence of an ordinary minister for over a month), canon law (c.1116.1) allows for an extraordinary form of marriage before witnesses only. Recourse to such an option should not be made before exhausting all possibilities of having an ordinary minister present, and then only after contacting the pastor, dean, or Vicar General. The civil requirement of a wedding license is not waived¹¹ and all canonical requirements for validity apply.

5. Funerals

- a. Activate deanery-wide plans naming select clerics to be solely responsible for ministry to the sick and dying and to move priests to individual housing. Ensure that these ministers have a support network in place.
- b. In those parishes where the pastor is named as one of the clerics assigned solely to minister to the sick and dying, another priest is to be named as administrator, in the following order: (1) another priest residing at the parish (a retired priest, a parochial vicar); (2) the Dean of the deanery; and (3) the Vicar General. The name of the priest is communicated to the chancery, and the individual is granted the faculties of a pastor until the pastor is able to resume his duties or a new pastor is named.
- c. Depending on Public Health directives, it may not be possible to gather for the Funeral Liturgy, or at the graveside for the Rite of Committal. If the body is not present, the proper rites are used and adaptations made.
- d. In order to assist them in their pastoral care to the dead and the bereaved, ministers are to familiarize themselves with the options available in the *Order of Christian Funerals*. For example, it may be necessary to simply celebrate the Rite of Committal with Final Commendation as the only rite (OCF #224-233).
- e. A record of those who die during the pandemic is to be kept, and memorial Masses offered once the pandemic has resolved.

6. Pastoral Care to the Sick

- a. Gloves and masks mandated for pastoral visits, including for the Anointing of the Sick. (See Appendix G) Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g., a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial.
- b. Those ministering to the sick should plan on removing street clothes immediately upon returning home. The clothes should be handled with gloves and washed immediately. The minister should then shower/bathe before having contact with others.

c) Schools and Faith Formation

1. Events allowed in Step 3 (plays, concerts, lectures/assemblies, and non-contact sporting events) are now to be cancelled.
2. If Public Health authorities mandate that all large-group gatherings be suspended, schools and parishes will comply.
 - a. If large groups are prohibited from meeting, parish and school administrators, with their staffs, should prepare and distribute catechetical or academic resources (for example, lesson plans and catechetical materials for children, as well as home prayer resources; see Appendix A for internet resources and Appendix K for diocesan resources).
 - b. If schools or faith formation programs are suspended, signage to that effect will be posted at entrances to the parish or school offices. See Appendix I.

d) Reporting

1. Parishes, deaneries, and schools are to keep the Diocese informed re: status of their preparations and their communities. Reports (Appendix E) should be submitted twice per week.
2. If necessary, and if permissible, the Diocese may request that resources be shifted to best respond to influenza outbreaks (for example, ask for volunteers to minister in a community that is particularly hard hit).

¹¹ In the State of Iowa, those entering marriage without a license, their two witnesses, and the officiant are each subject to a \$50.00 fine. The officiant avoids the fine by completing the necessary registration after the fact.

§II-9102.4 Recovery

During this period, the emphasis is on recovery, as well as on learning from experiences during the past crisis and preparing for the next possible wave of influenza.

II-9102.4 Policy

In the post-pandemic phase, church response will focus on (1) ministry to the bereaved and those suffering from the physical and psychological after-effects of a pandemic, (2) restoring normal functioning at the diocesan, deanery, and parish/school levels, (3) critiquing response to the pandemic and updating policies as needed, and (4) preparing for the next wave of the pandemic.

Triggers

- Conclusion of annual influenza season
- The community, state, and US are witnessing a drop in ILI. CDC declares the pandemic is waning.
- WHO Post-Peak Period and WHO Post-Pandemic Period

General Procedures:

- a) Guided by directives from local Public Health authorities, the Diocese will provide directives for a graded return back to pre-pandemic practices begins. For example, Step 2 protocols may be discontinued while Step 1 interventions remain in place.
- b) Ministry to the bereaved and those suffering from the physical and psychological effects of the pandemic is the Church's first priority. This priority includes ministry to those clerics and lay volunteers who were on the "front lines" during the outbreak as well as children who cannot understand what has happened in their families, schools, and communities. Referrals to specialized counseling should be made when needed.
- c) The Diocese, deaneries, parishes, and schools will review their response to the pandemic. The appropriate information / forms are returned to the chancery (Post-Disaster reporting Form, found in the Disaster Preparedness and Response Planning Guide). Policies will be updated accordingly.
 1. During the post-peak period, weekly status report form (Appendix E)
 2. Once the post-pandemic phase is declared, a final status report form is submitted (Appendix E)
 3. Once the post-pandemic phase is declared, the post-disaster reporting form is submitted.
- d) Preparations for the next wave of the pandemic take place, including replenishing stockpiles.

Specific Procedures: Liturgical-Pastoral

- a) Once it is safe to do so, parishes are to celebrate memorial Masses for those who died in the pandemic. The Office of Liturgy will produce materials to assist with planning such liturgies.

Specific Procedures: Schools and Faith Formation

- a) Schools and faith formation programs must be able to assist students and their families in accessing any specialized care that they may need to be able to integrate their grief. The Diocesan Office of Education will prepare a list of possible resources. It may be helpful to ritualize the mourning that students are experiencing. The Office of Liturgy will produce materials to assist with planning such liturgies.

Appendix A: Internet Sources of Information

Diocese of Davenport: <http://www.davenportdiocese.org/disaster/flu.htm>

Nationwide Planning Resources

www.pandemicflu.gov/#map

This site provides “one-stop access to U.S Government and pandemic flue information.”

www.cdc.gov/

The home page for the Centers for Disease Control.

<http://www.cdc.gov/flu/weekly/fluactivity.htm>

Influenza surveillance nationally and from around the world.

www.fema.gov

The FEMA homepage. See <http://training.fema.gov/EMIWeb/IS/is100.asp> for a free online course about the FEMA Incident Command System.

Posters

<http://www.cdc.gov/germstopper/materials.htm>

Posters (in English, Spanish, Vietnamese) can be downloaded from this site.

State of Iowa

<http://www.idph.state.ia.us/default.asp>

The homepage for the Iowa Department of Public Health

www.protectionwahealth.org/documents/Exec_Summary_Pandemic_Annex.pdf

This is the executive summary of Iowa’s plan in case of pandemic influenza.

World Health Organization

<http://www.who.int/csr/disease/en/>

The WHO Epidemic and Pandemic Alert and Reponse (EPR) webpage. From here, specif information regarding avian influenza, H1N1, and other infectious diseases can be accessed.

Church / Liturgy

<http://usccb.org/liturgy/>

USCCB’s Committee on Divine Worship’s very basic and general information on the flu and liturgical celebrations.

<http://www.churchresponse.org/>

Resources for churches dealing with emergency preparedness, including preparations for a possible influenza pandemic. Canadian and ecumenical.

Faith Formation Resources

www.faithfirst.com/

Resources for use with children.

<http://your.harcourtreligion.com/home/index.html>

The Harcourt Publishing website offer access to the Sunday readings with related activities and faith-sharing questions (such as the “Question of the Week”). These resources are geared to learners of all ages.

www.smp.org/

Under “complementary resources,” one may find activities and prayer services for adolescents and their families.

www.usccb.org/nab/

This website of the U.S. Bishops provides access to each day’s readings.

Resources in Other Languages

<http://www.cdc.gov/h1n1flu/deaf.htm>

Videos in American Sign Language.

<http://www.cdc.gov/h1n1flu/espanol/info-general.htm>

CDC information in Spanish (Información general sobre la influenza H1N1 en español)

<http://www.cdc.gov/other/languages/>

CDC website available in all the major languages used in the US.

<http://www.idph.state.ia.us/espanol.asp>

Documentos del Departamento de Salud Pública de Iowa y sus Organizaciones Afiliadas

Other Resources

<http://www.cidrap.umn.edu/index.html>

CIDRAP: The Center for Infectious Disease Research and Policy.

<http://www.pandemicprep.org/>

Includes a collection of helpful presentations and planning tools.

Signing Up for E-Mail Alerts

- Google News Alerts: <http://www.google.com/alerts>
- CIDRAP: <http://www.cidrap.umn.edu/services/email>
- PandemicPrep.Org: <http://www.pandemicprep.org/>
- Government Agencies
 - CDC: <http://www.cdc.gov/emailupdates/index.html>
 - HHS: <http://www.hhs.gov/news/email/index.html>
 - FEMA: <http://www.fema.gov/help/getemail.shtm>

Appendix B: An Introduction to Influenza

Influenza (or, the “flu”) is a respiratory illness caused by a number of different subtypes of viruses. Typically, those with influenza have high fevers, headache, muscle aches, malaise, cough, and a sore throat—though not every person will have every symptom. Flu viruses are transmitted from one person to another through respiratory droplets (from coughing, sneezing, or talking). In some cases, the virus is spread directly from one person to another through these droplets. In other cases, individuals become infected by touching surfaces on which these droplets have landed and then touching their own eyes, mouth, or nose. Therefore, good personal hygiene and cough/sneeze etiquette are crucial for preventing the spread of influenza. Please see Appendix G for details.

Seasonal Influenza

“*Seasonal*” (or *common*) *influenza* is caused by influenza type A, B, and C viruses. Subtypes of the influenza A viruses are named for H and N, two proteins on the surface of the virus. For example, the two most common subtypes of seasonal influenza A are H1N1 (not the “swine” flu strain) and H3N2. Each subtype can also be divided into different strains.

Each year, the influenza A and B viruses causing seasonal flu change slightly, leading to new strains and requiring that a new vaccine be developed. Our current practice is to use a “trivalent” vaccine against the three most common strains of influenza virus circulating at the time (two strains of A and one of B). There is no vaccine against influenza C, but this virus usually causes a mild illness.

Each flu season, between 5% and 20% of the population gets sick and more than 200,000 people require hospitalization. In a typical flu season, there are about 36,000 deaths due to the flu and its complications. Health care and lost productivity cost the U.S. economy about \$37.5 billion each flu season.

While seasonal influenza is most common in children and teens, it is the elderly, the very young, and those with underlying medical conditions (such as diabetes and lung or heart disease) that are at the highest risk for complications, including death.

Novel Influenza A and Pandemics

As mentioned above, both influenza A and B viruses change slowly over time. This “antigenic drift” is due to the accumulation of mutations over time, and is the reason why we have to develop a new vaccine each flu season. Because the changes are relatively small, most people develop immunity to these viruses over time.

However, every so often, there is a major change in the influenza A virus due to “reassortment,” or the mixing of genes from different strains of the virus. This type of change is called “antigenic shift” and results in a new influenza A virus with very different H and/or N proteins on its surface. No one would be immune to this “novel” virus. Therefore, these new viruses have the possibility of causing an influenza pandemic, or global outbreak of the disease. It is important to keep in mind that the term “pandemic” refers to geographic spread, not severity; the disease caused by the novel strain of influenza virus may range from relatively mild to very severe.

Examples of *novel influenza A* viruses include the H5N1 virus (which is one cause of *avian [or bird] flu* that occur naturally among wild birds; this variant is deadly to domestic fowl and can be transmitted from birds to humans and, very rarely, from person-to-person as well, causing severe disease in people) and the 2009-H1N1 virus (previously known as “swine” flu) which is currently causing a pandemic. While a great deal of attention is being paid to 2009-H1N1, it is important to remember that influenza A/H5N1 remains a risk.

2009-H1N1

In March of 2009, a novel strain of influenza A was found to be causing an outbreak of the flu in Mexico. This strain quickly spread throughout North America and then across the world, leading the WHO to declare a pandemic on June 11. As of July 24, this novel strain of influenza A was causing outbreaks in 160 countries, resulting in over 800 deaths.

2009-H1N1 is known as a “quadruple reassortment” virus, containing genetic material from human, avian, and two swine influenza strains. Therefore, most of the world’s population has no natural immunity to it. A vaccine against it is currently being developed.

In addition to seasonal influenza, a surge in cases of 2009-H1N1 is probable this fall and winter. Therefore, it is important to prepare for the possibility that local health-care resources may become strained or overwhelmed. In addition, because pandemics tend to come in waves the stresses on public health and social service agencies may be prolonged. While predictions are very difficult to make, those preparing for the upcoming flu season may want to keep these concerns in mind.

In terms of both how it is spread and the symptoms it causes, 2009-H1N1 resembles seasonal influenza. A notable exception is that 25% of individuals report vomiting and/or diarrhea as a symptom, which are rare in adults with seasonal flu.

Typically, the time between being exposed to the illness and beginning to show symptoms is 1 to 4 days, but may be as high as 7 days. Individuals can be infectious for up to a day before showing symptoms and remain infectious as long as they are symptomatic. Therefore, current recommendations call for those who are ill to stay away from others until they are free of fever (100°F or 37.8°C) or the signs of fever, without the use of fever-reducing medicines, for 24 hours. Recommendations are subject to change as more information becomes available.

This novel virus, like the virus which caused the 1918 influenza pandemic, seems to have the ability to attach to cells deep in the lungs (rather than just to cells in the upper airways, as seasonal flu viruses do). Therefore, the potential for more severe illness (including pneumonia) is present.

To date, the clinical course of 2009-H1N1 has been most severe for pregnant women. Underlying medical conditions (such as asthma and diabetes), as well as possibly obesity, seem to be risk factors for more serious disease. Those over 65 do not seem to be as susceptible to 2009-H1N1 as younger individuals, and, if they become ill, do not seem to have as severe a course. Therefore, this group was not included among those given priority for vaccination against this strain of influenza. Preparations for the upcoming influenza season should take into account that the situation is fluid and that the behavior of the virus is unpredictable. Readers should look to <http://www.cdc.gov/flu/> and www.flu.gov for the latest information.

Seasonal Influenza	Pandemic Influenza
Caused by influenza viruses that are similar to those already affecting people.	Caused by a new influenza virus that people have not been exposed to before. Likely to be more severe, affect more people, and cause more deaths than seasonal influenza because people will not have immunity to the new virus.
Symptoms include fever, cough, runny nose, and muscle pain. Deaths can be caused by complications such as pneumonia.	Symptoms similar to the common flu may be more severe and complications more serious.
Healthy adults usually not at risk for serious complications (the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications).	Healthy adults may be at increased risk for serious complications.
Generally causes modest impact on society (e.g., some school closings, encouragement of people who are sick to stay home).	A severe pandemic could change the patterns of daily life for some time. People may choose to stay home to keep away from others who are sick. Also, people may need to stay home to care for ill family and loved ones. Travel and public gatherings could be limited. Basic services and access to supplies could be disrupted.

A comparison of seasonal and pandemic influenza, from the *National Strategy for Pandemic Influenza: Implementation Plan*

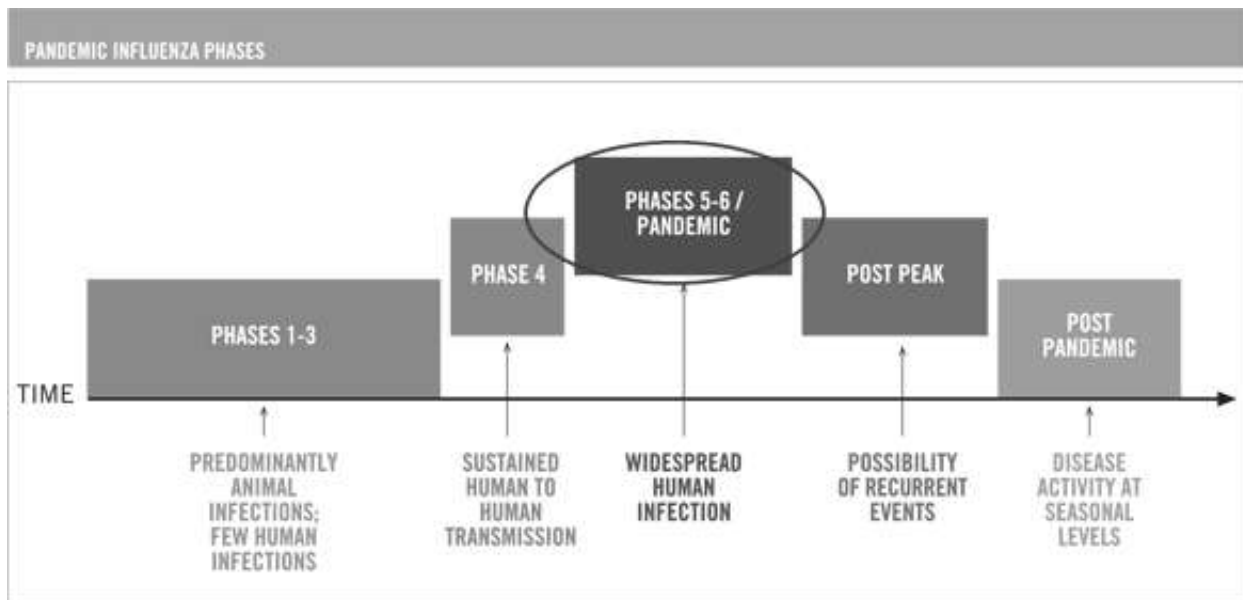
Appendix C: Table—Summary of Government Pandemic Flu Response Plan
 (From the *National Strategy for Pandemic Influenza: Implementation Plan*)

Response	Individuals and Families	At School	At Work	Faith-Based, Community, and Social Gatherings
Be Prepared	Review the <i>Individual and Families Planning Checklist</i> www.pandemicflu.gov	Review the <i>School Planning Checklist</i> www.pandemicflu.gov	Review the <i>Business Planning Checklist</i> www.pandemicflu.gov	Review the <i>Faith-Based and Community Organizations Preparedness Checklist</i> www.pandemicflu.gov
Be Aware	Identify trusted sources for information; stay informed about availability/use of anti-viral medications and vaccines.	Review school pandemic plan; follow pandemic communication to students, faculty, and families	Review business pandemic plan; follow pandemic communication to employees and families	Stay abreast of community public health guidance on the advisability of large public gatherings and travel
Don't Pass it On	If you are ill—stay home; practice hand hygiene/cough and sneeze etiquette; model behavior for your children; consider voluntary home quarantine if anyone ill in household	If you are ill—stay home; practice hand hygiene/cough and sneeze etiquette; ensure sufficient infection control supplies	If you are ill—stay home; practice hand hygiene/cough and sneeze etiquette; ensure sufficient infection control supplies	If you are ill—stay home; practice hand hygiene/cough and sneeze etiquette; modify rites and religious practices that might facilitate influenza spread
Keep Your Distance	Avoid crowded social environments; limit non-essential travel	Prepare for possible school closures; plan home learning activities and exercises; consider childcare needs	Modify face-to-face contact; flexible worksite (telework); flexible work hours (stagger shifts); snow days	Cancel or modify activities, services, or rituals; follow community health social distancing recommendations
Help Your Community	Volunteer with local groups to prepare and assist with emergency response; get involved with your community as it prepares	Contribute to the local health department's operational plan for surge capacity of health care (if schools designated as contingency hospitals)	Identify assets and services your business could contribute to the community response to a pandemic	Provide social support services and help spread useful information, provide comfort, and encourage calm

Appendix D: Pandemic Classification Schemes – Detail

WHO Phases / Definitions¹²

“In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.”



WHO Phase	Description
Remote Preparation	Mostly animal infections; few human infections.
Phase 1	“In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.”
Phase 2	“In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.”
Phase 3	“In Phase 3 , an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.”

¹² Information from: http://www.who.int/csr/disease/avian_influenza/phase/en/index.html.

Immediate Preparation	
Sustained human-to-human transmission of a new virus.	
Phase 4	<i>“Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause ‘community-level outbreaks.’ The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.”</i>
Response to Threat	
Widespread Human Infection	
Phase 5	<i>“Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.”</i>
Phase 6	<i>“Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.”</i>
Recovery	
Levels of influenza infection drop	
Post-Peak Period	<i>“During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.</i> <i>“Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate ‘at-ease’ signal may be premature.”</i>
Post-Pandemic Period	<i>“In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.”</i>

Please note: The WHO assesses the severity (mild, moderate, severe) of a pandemic based in a number of factors, including properties of the virus and population vulnerability (including the availability of local resources). As a global agency, the WHO looks at the overall worldwide situation; severity may vary considerably from location to location.

Federal Response Stages¹³

The WHO describes pandemic phases in terms of global spread. The US Federal Response Stages “characterize the stages of an outbreak in terms of the immediate and specific threat a pandemic virus poses to the U.S. population” (CDC Interim Guidance, p. 21). As seen in the 2009 H1N1 outbreak, spread within the US can be uneven and the outbreak can even begin here before spreading overseas. Therefore, these stages are less helpful and are included here more for information.

Federal Response Stage	Description
Stage 0	New domestic animal outbreak in at-risk country.
Stage 1	Suspected human outbreak overseas (human-to-human transmission)
Stage 2	Confirmed human outbreak overseas
Stage 3	Widespread human outbreaks in multiple locations overseas
Stage 4	First human case in North America
Stage 5	Spread throughout United States
Stage 6	Recovery and preparation for subsequent waves

Pandemic Severity Index⁹

In addition to geographic spread, an outbreak of influenza may also be categorized according to severity, in order to better allocate public health resources. However, data used to calculate the PSI may not be available early in an outbreak.

Pandemic Severity Index (PSI)					
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (%)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	>2.0
[est. # deaths]	[< 90,000]	[90-450,000]	[450-900,000]	[0.9-1.8 million]	[> 1.8 million]
Example	Seasonal influenza	1957 & 1968 Pandemics			1918 Pandemic
Interventions by Setting:					
Home: Voluntary isolation of the ill	Recommended	Recommended		Recommended	
Home: Voluntary quarantine of contacts	Generally not recommended	Consider		Recommended	
School: Child social distancing	Generally not recommended	Consider		Recommended	
Workplace / Community: Adult social distancing	Generally not recommended	Consider		Recommended	
Typical Duration of Interventions	7-10 days	≤ 4 weeks		≤ 12 weeks	

¹³ From: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (CDC, 2007); available on the web at <http://www.pandemicflu.gov/plan/community/commitigation.html> or in PDF at http://www.pandemicflu.gov/plan/community/community_mitigation.pdf.

Appendix E: Diocesan Entity Status Report Form

Diocesan Entity Name:	City:	Pastor / PLA / Administrator:
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The purpose of this form is to track the status of Diocesan entities that are affected by pandemic influenza. Entities shall complete the applicable parts of this report and send it to the Chancery when the status of the entity changes significantly. This includes: confirming the change in the Diocesan steps, reporting of illness and deaths due to influenza, and significant changes in operation. Reporting schedule:

- A single report within a week after step 1 is declared (in the context of a pandemic; not annual flu season);
- Weekly reports after step 2 or 3 is declared;
- Twice weekly reports after step 4 is declared.
- Weekly reports in the Post-Peak Period and Post-Pandemic Period

Make a copy to send to the Chancery and retain the original. Additional information should be added to the original and copies sent as needed. E-mail to: communication@davenportdiocese.org; or Fax: 563-324-5842.

Confirmation of Change in the Diocesan Response Step:				Dates When Corresponding Steps in Diocesan Policy are Implemented	
	Message Received from Chancery				
	Date	By	Via		
Step 1 (single report)					
Step 2 (weekly)					
Step 3 (weekly)					
Step 4 (2x / week)					
Post – Peak Period (weekly)					
Post – Pandemic Period (single report)					
Estimated Number of Cases of Influenza in the Entity Population*		Number of Deaths Due to Influenza		Significant Changes in Operation	
Date	Number	Date	Number	Date	Notes

* Parishioners should be encouraged to report cases of influenza in their households to the parish regardless of whether a home visit is requested or not. This information should be kept confidential to the pastoral care team and health officials unless the ill person or their caretaker abdicates confidentiality.

Appendix F: Preparing for Pandemic Flu—An Overview of our Diocesan Policy

Why a diocesan flu policy?

We live in an increasingly interconnected world: what affects a community in one part of our globe affects all of us. This observation is especially true in regards to infectious diseases. The availability of relatively easy world travel has made the possibility of world-wide spread of infectious diseases a significant possibility.

Among the infectious diseases that pose a particular risk is influenza (flu). Due to its ability to mutate and spread easily, it has been the source of three major pandemics in the 20th century. There is increasing concern that we are approaching the conditions necessary for another world-wide pandemic. It is therefore incumbent upon all of us to begin planning and preparing for the possibility of an influenza pandemic.

It is important to note that the planning that takes place in response to the threat of pandemic influenza will benefit overall emergency preparedness. It is our hope that by attending to the issues raised by our policy our parishes and schools, our lay and ordained ministers, and all the faithful of the Diocese will be better prepared for a natural or human-made disaster.

Phases, Stages, and PSI

Our policy refers to phases, stages, and the Pandemic Severity Index (PSI). It is important to understand what these mean if you are going to use the policy effectively.

The World Health Organization (WHO) uses PHASES in their planning. In phases 1-3, infections are mostly in animals with rare human cases at most. Phase 4 signals that spread between humans is increasing while phase 5 means that human-to-human spread is becoming more common in at least two countries. Finally, phase 6 refers to a pandemic: sustained spread in various parts of the world.

The U.S. uses STAGES to refer to what the government is doing to respond to an outbreak of flu around the world and in this country. Again, the higher the number the more immediate the problem. At the same time, the US adjusts its interventions based on the SEVERITY of an outbreak (the PSI).

The PSI is a five-point scale, with 1 = seasonal flu and 5 = a severe flu like the 1918 pandemic.

Therefore, when we prepared our policy we took all these factors—where the infection is located, how widespread it is becoming and how rapidly, and how severe individual cases seem to be—in planning our response.

An overview of the diocesan plan:

Readers are referred to the full plan, available on the diocesan website, for detailed information. But, in general, our plan calls for the following steps:

Remote Preparation

Reinforce proper hygiene (including washing of hands by communion ministers before and after distributing communion)
Remind all that those who are ill should stay home
Planning at diocesan, school, and parish levels
Education of all clergy, staff, students, and parishioners regarding pandemic influenza
Begin or update stockpiling of needed resources

Immediate Preparation

Ensure that all resources and protocols are in place for a pandemic
Complete any tasks from Phases 1-3 that were left undone

Response to Threat

Step 1

Complete any tasks from the previous phases/stages that remain undone

Remind people of cough and sneeze etiquette and good hygiene, and to stay home if ill.

Remind schools and parishes as to what will need to be done in future stages.

(For example, schools should have finalized plans for possible closure; programs need to anticipate the postponement or cancellation of youth rallies, camps, retreats.)

Bring stockpiles up to levels that would allow for three weeks of activity.

Step 2

General

All sick individuals (including clergy, staff and volunteers) are to stay home.

Post appropriate signs and set up handwashing stations (especially if inadequate washroom facilities)

Liturgical changes:

Communion from the cup and on the tongue are suspended; adjust practices for preparing bread and wine.

Sharing the sign of peace with a handshake and holding hands at the Lord's Prayer are discontinued.

Change holy water in fonts after each liturgy (at least once daily).

Weekly reports are submitted.

Step 3

General

Stay home if anyone at home is ill. Post appropriate signs.

Turn off water fountains. Empty holy water fonts.

Begin more aggressive disinfection of surfaces.

Begin using masks and gloves in high-risk situations

Liturgical changes:

Discontinue use of collection baskets passed person-to-person, hymnals, misallettes

Alternate-row seating (if possible)

Discontinue non-essential gatherings (e.g., Children's Liturgy of the Word; after-Mass refreshments)

Discontinue use of "box" confessionals

No large-group baptisms, weddings, funerals

Adjust practices for pastoral care to the sick

Schools/Faith Formation

Social distancing interventions

Contact sports, dances, retreats, youth rallies and the like are suspended.

Reports submitted twice per week.

Step 4

Liturgical changes:

Anticipate that large group gatherings will be cancelled, including Mass.

Form III of Reconciliation allowed.

Emergency provisions for baptisms and weddings in force.

Adjust practices for funeral and pastoral care to the sick.

Schools/Faith Formation

Anticipate school closure.

All extracurricular gatherings are now suspended.

Reports submitted twice per week.

Recovery (e.g., Post-Peak/Post-Pandemic Phases)

Heed public health and diocesan directives as to when to return to pre-pandemic practices in a graded fashion, providing for post-trauma pastoral care and counseling needs, providing for memorial liturgies for victims of the pandemic, and critiquing responses to the past wave of the pandemic and preparing for the next.

Summary of Incremental Interventions and Possible Scenarios

SUMMARY	STEP 1	STEP 2	STEP 3	STEP 4
Buildings	Review plans and complete tasks; reinforce hygiene; make stockpiles ready	Sick to stay home; signage; hand-washing stations	Stay home if family ill; water fountains off; signage; empty holy water fonts; disinfection; postpone meetings	
Liturgical	Announcements	No chalice or communion on tongue; adjust practices for preparing bread and wine; no shaking or holding hands; change water in fonts after each Mass (at least daily)	No passing collection baskets person-to-person, hymnals, or misallettes; no “box” confessions; no large group baptisms, weddings, funerals; empty fonts	Anticipate suspension of large group gatherings; if so, Sunday obligation dispensed; Form III allowed; emergency provisions for baptisms and weddings
Pastoral			Ensure that homebound are receiving care; gloves and masks	Continue with provision of care to the homebound / quarantined
Schools / Formation	Finalize plans for possible closure / cancellations or postponing of large group gatherings (e.g., retreats, camps)		Social distancing (incl. cancelling of most events)	All extracurriculars cancelled; anticipate closures
Reporting	Initially	Weekly	Weekly	2x/week
Supplies	Ensure 3-week stockpile	Check 2x/week replenish weekly	Check daily; replenish 3x/week	Check and replenish daily

Possible Triggers for the Implementation of Diocesan Policy	
9102.1 Remote Preparation	<ul style="list-style-type: none"> • Ongoing / In-between seasonal outbreaks • WHO Phases 1-3
9102.2 Immediate Preparation	<ul style="list-style-type: none"> • In anticipation of seasonal flu • Clusters of ILI in multiple locations on one continent other than North America, suggesting human-to-human transmission of a novel virus (e.g., WHO Phase 4) • Clusters of an outbreak in multiple locations in North America (other than the diocese) suggestive of human-to-human transmission • A particularly serious outbreak (with significant morbidity/mortality) in nearby states. Human-to-human transmission is possible.
9102.3 Response – Step 1	<ul style="list-style-type: none"> • Seasonal flu in the community • Suspected cases of a novel flu infection are being reported in Iowa as well as elsewhere. • Clusters of ILI on <u>more than one</u> continent other than North America (e.g. WHO Phase 5) • Increased numbers of suspect cases located in multiple locations within the U.S. highly suggestive of human-to-human transmission • Scattered numbers of suspected cases around the U.S. and the nearby states, but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is likely.
9102.3 Response – Step 2	<ul style="list-style-type: none"> • Seasonal flu outbreak increasing in severity¹⁴ • Suspected cases of novel influenza are being reported in diocese as well as elsewhere. Human-to-human transmission is possible. • Clusters of ILI are being reported in North America and elsewhere (e.g., WHO Phase 6). • Increased numbers of suspect cases located in multiple locations within the U.S. highly suggestive of human-to-human transmission and beginning to increase in numbers throughout Iowa, but not necessarily within the diocese. • Multiple scattered suspected/definitive cases around the U.S., but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is probable.
9102.3 Response – Step 3	<ul style="list-style-type: none"> • Infectious disease outbreak or epidemic has reached the diocese/parish. Confirmed cases are few, but there is a surge of medical visits to the hospitals, clinics, and medical offices. • Major increase of ILI cases of novel influenza in and around the community (e.g., as part of a declared pandemic [WHO Phase 6]) • A declared severe pandemic (WHO Phase 6) involving Iowa and/or the Midwest.
9102.3 Response – Step 4	<ul style="list-style-type: none"> • The infrastructure of the community has been severely compromised in the wake of an epidemic/pandemic; caused by a novel virus, virulent seasonal influenza, or infectious disease outbreak with high morbidity and mortality.
9102.4 Recovery	<ul style="list-style-type: none"> • Conclusion of annual influenza season • The community, state, and US are witnessing a drop in ILI. CDC declares the pandemic is waning. • WHO Post-Peak Period / WHO Post-Pandemic Period
<p>*It may be that an outbreak begins in the US or affects our communities prior to an official designation of Phase 6. Taking the local situation into account, the Bishop may call for implementation of the diocesan plan prior to a WHO declaration that a pandemic is occurring. The evaluation of severity will take into consideration such factors as the PSI (1, 2/3, 4/5), the WHO’s declaration of severity (mild, moderate, severe), and the local situation.</p>	

¹⁴ Local severity is gauged by absenteeism, emergency room/clinic usage, hospitalizations, school closures, etc.

Appendix G: Hygiene / Cough and Sneeze Etiquette / Personal Protection

Hand Washing

The CDC gives the following advice regarding hand washing:

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for 20 seconds. However, if soap and clean water are not available, use an alcohol-based product to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

When washing hands with soap and water:

Wet your hands with clean running water and apply soap. Use warm water if it is available.

Rub hands together to make a lather and scrub all surfaces.

Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend!

Rinse hands well under running water

Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

When using an alcohol-based hand sanitizer:

Apply dime-sized amount of the product to the palm of one hand

Rub hands together

Rub the product over all surfaces of hands and fingers until hands are dry.

When should you wash your hands?

Before preparing or eating food

After going to the bathroom

After changing diapers or cleaning up a child who has gone to the bathroom

Before and after tending to someone who is sick

After blowing your nose, coughing, or sneezing

After handling an animal or animal waste

After handling garbage

Before and after treating a cut or wound

Hand Sanitizers

Brand-name hand-sanitizers that contain at least 62% alcohol are recommended. Alternatively, and especially if brand-name products become cost-prohibitive or difficult to find, 70% rubbing alcohol (perhaps delivered by spray bottle/mister) can easily be used. Flammability is a risk, and the plain alcohol may be more drying.

Chlorhexidine is another possible product that can be used as a hand sanitizer; while no product is currently on the market, at least one company is in the final stages of the approval process necessary before their "Chlorhexidine Antimicrobial Hand Sanitizer" can be marketed.

Cough and Sneeze Etiquette (Source: www.cdc.gov)

If you or those around you have a respiratory infection i.e. a "cough" or the flu, please remember to protect both yourself and others by:

- **Covering your nose and mouth** with a tissue (or at least your upper sleeve) when coughing or sneezing. These illnesses spread from person to person by tiny droplets sprayed into the air when the infected person coughs or sneezes.
- **Using tissues** and disposing of them immediately in the nearest receptacle after use.
- **Always wash your hands!** Wash your hands thoroughly and often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizers (see below) when you are unable to wash your hands with soap and water.
- **Avoid touching your eyes, nose or mouth.** Germs are spread when you touch something contaminated with germs. Germs can live for two hours or more on surfaces like doorknobs, desks or chairs.
- Avoid close contact with others who are sick.

Use of Masks

There are two types of masks: (1) N95 “respirators”¹⁵ and (2) other facemasks.

N95 respirators are designed to prevent the person wearing the mask from breathing in aerosols that may contain the flu virus. While effective, they are also expensive, more difficult to use (they must be fitted, require training and medical clearance), and become uncomfortable to wear. Other facemasks—such as surgical masks or procedure masks—are much less expensive and more available, but they are not as effective at preventing exposure to aerosols. They do help, however, by preventing exposure to larger respiratory droplets and by keeping individuals from touching their mouth and nose. Masks should be discarded if they become wet, or after 4 to 6 hours. They should not be re-used or shared. Hands should be washed after tasking off a mask.

Recommendations for the use of masks are fluid; for the latest information, it is best to visit the CDC website (www.cdc.gov or <http://www.cdc.gov/h1n1flu/masks.htm>).¹⁶

When our diocesan policy calls for those visiting or caring for the sick to wear a mask, our intention is that an N95 respirator be used if possible (and can be properly fitted). Otherwise, a facemask should be used. When recommendations call for a sick person to wear a mask, then a facemask (not an N95 respirator) should be used.

Use of Gloves and Protective Eyewear

Disposable patient examination gloves should be used in situations where exposure by touch may occur. These gloves are made from latex, nitrile, vinyl or polyethylene. A number of individuals are allergic to latex, so—at a minimum—some latex-free gloves ought to be stocked. Although more expensive, thought may also be given to stocking only non-latex gloves. Gloves should be powder-free to decrease risk of allergy and irritation.

Non-medical gloves (such as Playtex® gloves) can be used for housekeeping.

Wearing gloves does not replace the need for hand washing. Hands should be washed and carefully dried immediately before putting gloves on—and immediately after they are taken off. Gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves. If the integrity of a glove is compromised (e.g., if the glove is punctured), the glove should be changed as soon as possible.

¹⁵ Refers to masks that meet or exceed the NIOSH (National Institute for Occupational Safety and Health) N95 standard.

¹⁶ Current recommendations call for the use of N95 respirators only within the health care setting. Outside of that environment, masks are generally not recommended except in certain high-risk situations.

It is important to remember that just like hands, gloves become contaminated—and infection can be spread by touching other persons or surfaces with contaminated gloves. Therefore, it is crucial to change gloves if they should become soiled, and between visits to different individuals.

Protective eyewear with solid side shields or a face shield, as well as gowns, should be worn if there is a risk of being splashed or sprayed with contaminated materials or body fluids. Protective eyewear protects the mucous membranes of the eyes from contact with microorganisms.

Surface Cleaners / Disinfectants

Inexpensive disinfectants include alcohols, hypochlorites (such as bleach), and iodines. They each have their drawbacks, however. Alcohol is flammable, bleach is corrosive and is inactivated by organic material, and iodines cannot be used to clean hard surfaces. All are effective against influenza.

Of these options, bleach (such as Clorox®) is the most versatile and easy to use, but requires significant contact time to be effective. To clean blood spills, it can be mixed 1 part bleach to 9 parts water; the solution requires 10 minutes of contact time to work. To use as a surface disinfectant, it can be diluted 1 part bleach to 50 (or 30) parts water; the solution needs 5 minutes of contact time to work. An easy recipe is $\frac{3}{4}$ cup bleach in 1 gallon of water. Bleach must be used in a well-ventilated area and gloves should be worn.

See <http://www.epa.gov/oppad001/influenza-disinfectants.html> for a comprehensive listing of EPA-approved products. The following commercially available cleaners may be considered:

There are a number of excellent disinfectants available; however, most are not recommended for wood surfaces. For use on hard, non-porous surfaces, the following may be considered:

Lysol® All Purpose Cleaner / Disinfectant

Virkon® – available on the AllMed website (www.allmed.net)

Virex® – available from Johnson Wax products (www.johnsondiversey.com)

Searching the Internet revealed a single product that is safe to use on wood and a host of other surfaces (of course, testing on any surface before large-scale use is always recommended):

Sporicidin® (www.americanairandwater.com) – a variety of products from sprays to towelettes to room foggers are available. They state that “it can be used on wood, painted walls, vinyl wall coverings and most any surface or materials that can be safely cleaned with water...[including] carpet cleaning” with the warning that one should always do a color test on fabrics (such as on upholstery) first.

The influenza virus is also sensitive to UV light, and the company that makes Sporicidin® also makes UV systems for HVAC units.

Tea Tree Oil

Fr. Marciano Baptista, an Australian Jesuit who serves in Hong Kong and ministered to patients with SARS during the epidemic, suggests that Tea Tree Oil be added to the Oil of the Sick (1 part Tea Tree Oil to 9 parts Oil of the Sick) in order to help prevent spread of viruses by touch. Tea tree oil has been shown to have antiseptic properties, and is safe for external use (though, rarely, rash has been reported). The oil is commercially available in the U.S., usually from establishments specializing in alternative health care or aromatherapy. More information is available at a number of websites, including:

<http://www.geocities.com/chadrx/teatree.html>;

<http://www.drugdigest.org/DD/PrintablePages/herbMonograph/0,11475,551982,00.html>

<http://health.enotes.com/alternative-medicine-encyclopedia/tea-tree-oil/print>

Appendix H



PANDEMIC FLU PLANNING CHECKLIST FOR INDIVIDUALS & FAMILIES

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist (based on the CDC's checklist: www.PandemicFlu.com) will help you gather the information and resources you may need in case of a flu pandemic.

1. To Plan For A Pandemic:

- Store a three week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters. You should keep enough water to give each person a gallon to a gallon-and-a-half of water per day.
- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs. Mail order prescriptions can provide a three month supply.
- Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

2. To Limit The Spread Of Germs And Prevent Infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items To Have On Hand For An Extended Stay At Home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups	<input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
<input type="checkbox"/> Protein or fruit bars	<input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash
<input type="checkbox"/> Dry cereal or granola	<input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen
<input type="checkbox"/> Peanut butter or nuts*	<input type="checkbox"/> Thermometer
<input type="checkbox"/> Dried Fruit	<input type="checkbox"/> Anti-diarreal medication
<input type="checkbox"/> Crackers	<input type="checkbox"/> Vitamins
<input type="checkbox"/> Canned juices	<input type="checkbox"/> Fluids with electrolytes
<input type="checkbox"/> Bottled water	<input type="checkbox"/> Cleansing agent/soap
<input type="checkbox"/> Canned or jarred baby food and formula	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Pet food	<input type="checkbox"/> Batteries
<input type="checkbox"/> Other nonperishable foods	<input type="checkbox"/> Portable radio
<input type="checkbox"/> Extra propane tank	<input type="checkbox"/> Manual can opener
<input type="checkbox"/> Matches	<input type="checkbox"/> Garbage bags
<input type="checkbox"/> Candles	<input type="checkbox"/> Tissues, toilet paper, disposable diapers
<input type="checkbox"/> Powdered Milk*	<input type="checkbox"/> Gloves (patient care) *beware of allergies
<input type="checkbox"/> Disposable Tableware (if hot water becomes an issue)	<input type="checkbox"/> Masks
<p>*please check on food allergies</p>	

Appendix I: Signage

Signs instructing individuals on cough and sneeze etiquette and hygiene issues can be found at: <http://www.cdc.gov/flu/protect/stopgerms.htm#PrintableMaterials>. Parishes and schools should reproduce these resources and post them in appropriate places (such as washrooms, classrooms, and waiting areas).

A poster describing avian flu is available at: <http://www.health.state.ri.us/flu/>

The following are also included in this document:

Signs:

- STOP and stay home if sick
- Changes in Mass practices (by Step)
- Church closure



PLEASE DO NOT ENTER

IF YOU HAVE SYMPTOMS OF THE FLU:

FEVER (100°F or more)

DRY COUGH / SORE THROAT

HEADACHES / BODY ACHES

NAUSEA / VOMITING / DIARRHEA

CALL _____ IF YOU HAVE ANY QUESTIONS



PLEASE DO NOT ENTER

IF YOU HAVE SYMPTOMS OF THE FLU:

FEVER (100°F or more)

DRY COUGH / SORE THROAT

HEADACHES / BODY ACHES

NAUSEA / VOMITING / DIARRHEA

CALL _____ IF YOU HAVE ANY QUESTIONS

Influenza Outbreak Response: Step 1 Reminders:

- **Cover your nose and mouth with a tissue when you cough or sneeze (or cough/sneeze into your elbow – not your hand). Throw the tissue in the trash after you use it.**
- **Wash your hands often with soap and water (using the appropriate technique for at least 20 seconds), especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.**
- **Avoid touching your eyes, nose or mouth. Germs spread that way.**
- **Stay home if you get sick. If you do come to Mass, do not drink from the chalice or receive communion on the tongue. Share the sign of peace by a bow or a wave; do not hold hands with others.**

Influenza Outbreak Response: Step 1

Participation at Mass:

- **Sunday Obligation: The Obligation to attend Mass on Sunday other Holy Days of Obligation, (Canon 1247) is the ordinary expectation of Catholics. Obviously, extraordinary circumstances such as sickness, travel, or severe weather excuse the faithful from this obligation. If you are not feeling well, especially during this time of concern, please stay at home and do not risk spreading infection to others.**
- **Sign of Peace: Members of our congregations should not be offended if someone chooses not to shake the other person's hand at the sign of peace. If you are ill (and still come to Mass), the appropriate response to someone extending a sign of peace might be to bow to them and say, "Peace be with you," to avoid bodily contact or one might wave slightly at the other person.**
- **Reception of Holy Communion: While it is the teaching of the Church that the Fullness of the Body and Blood of Christ are contained in the Holy Eucharist, under the form of the Host that is distributed at the Mass, the Church has also extended the privilege to receive communion in the form of wine. However, if you are feeling sick, please receive communion in the hand, and refrain from receiving communion under the form of the Blood of Christ.**
- **Pregnant Women and Persons with Compromised Immune Systems: Persons who have been directed by their medical advisors that they are particularly susceptible to infection (or to complications due to the flu in particular) may choose to refrain from any practices by which they might become sick, including shaking hands, receiving Holy Communion on the tongue, and drinking from the Chalice.**

Influenza Outbreak Response: Step 2

MASS CHANGES IN EFFECT:

- ✓ **If you are sick, please stay home
(notify us, and we will bring Communion to you, if possible)**
- ✓ **Communion will not be distributed under the form of wine**
- ✓ **Communion will not be distributed on the tongue**
- ✓ **The Sign of Peace will not be shared with a handshake
(rather, a bow will be used)**
- ✓ **We will not hold hands during the Lord's Prayer**
- ✓ **The Priest(s), and the other ministers, will not be shaking
hands in greeting**
- ✓ **Hand washing stations have been set up for your use**
- ✓ **We will be changing the holy water in the fonts after each
liturgy, and at least daily**

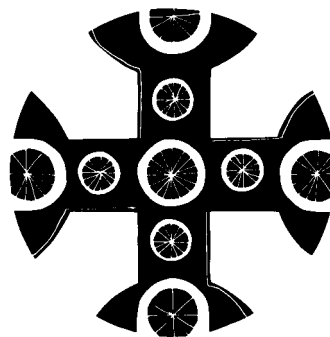
Pandemic Influenza Reponse: Steps 3/4

MASS CHANGES IN EFFECT:

- ✓ **If you are sick, or if someone at home is sick, please stay home**
(notify us, and we will bring Communion to you, if possible)
- ✓ **Communion will not be distributed under the form of wine**
- ✓ **Communion will not be distributed on the tongue**
- ✓ **The Sign of Peace will not be shared with a handshake**
(rather, a bow will be used)
- ✓ **We will not hold hands during the Lord's Prayer**
- ✓ **The Priest(s), and the other ministers, will not be shaking hands in greeting**
- ✓ **Hand washing stations have been set up for your use**
- ✓ **Collection baskets will not be passed**
- ✓ **Hymnals and misallettes will not be used**
- ✓ **Seating will be in alternate rows (as much as possible)**
- ✓ **The "box" confessionals will no longer be used**
- ✓ **Holy Water fonts will be emptied; bottles of holy water will be available**
- ✓ **There will be no large group baptisms, weddings, or funerals**
- ✓ **Children's Liturgy of the Word and after-Mass refreshments are discontinued**

**DUE TO THE INFLUENZA OUTBREAK,
LARGE GROUP GATHERINGS ARE NOT
ALLOWED.**

**THEREFORE,
THE PUBLIC CELEBRATION OF MASS
AND THE SACRAMENTS
IS TEMPORARILY SUSPENDED**



**PLEASE CALL THE PARISH AT _____
IF YOU HAVE ANY QUESTIONS
OR ARE IN NEED OF A PRIEST**

Appendix J: Bulletin Inserts/Announcements

Bulletin Inserts: Remote and Immediate Preparation (e.g., WHO Phases 1-4)

Communion from the Cup

Every so often, the question of whether or not communion from a shared cup is safe or not. What are the risks of catching an infection? Based on forty years of experience, we can say that sharing the cup *is* safe – as long as some common-sense practices are followed. First, if you have a weakened immune system and catch infections easily, it is probably better that you not drink from the cup. Second, if you are sick with a fever or other cold or flu symptoms, don't share from the cup. Finally, it is up to all ministers of communion to carefully wipe the lip of the cup and turn the cup between communicants.

What is a "Pandemic?"

A pandemic is a world-wide outbreak of an infection. A flu pandemic is caused by a flu virus that is new to humans. Therefore, no one has natural resistance (immunity) to it and there is no vaccine, or flu shot, against it. Sometimes, the flu caused by such a new virus can act like the flu we see each winter. Other times, it can cause a much more severe disease. Therefore, in preparing for a pandemic, we need to be aware of the possibility that not only would millions become ill and die, but that there would be problems with the availability of supplies (including food, water, medicines) and utilities. Schools, day care centers, and many places of business would probably be closed.

What can we be doing to get ready?

The Diocese of Davenport, after careful research, has put together a plan for the Diocese, parishes and schools to help plan for an influenza pandemic. All pastors have a copy of this plan, and are being asked to form committees to prepare for this emergency. Included in the plan is a checklist that can be used by families at home. Or, you can visit our website (<http://www.davenportdiocese.org/disaster/flu.htm>) or www.pandemicflu.gov for more information.

What can we do to avoid getting influenza?

- ✓ Wash your hands frequently with soap and water (or an alcohol-based gel)
- ✓ Avoid close contact with those who have the flu (and if you're sick, stay away from others)
- ✓ Avoid touching your eyes, nose, or mouth
- ✓ Cover your mouth and nose when you cough or sneeze; use a tissue and throw it away right away—and wash your hands; if you don't have a tissue, use the crook of your elbow
- ✓ For seasonal flu: get the flu shot every year

Bulletin Inserts: Response to Threat: Step 1 (e.g., WHO Phase 5)

Sunday Obligation: The Obligation to attend Mass on Sunday other Holy Days of Obligation, (Canon 1247) is the ordinary expectation of Catholics. Obviously, extraordinary circumstances such as sickness, travel, or severe weather excuse the faithful from this obligation. If you are not feeling well, especially during this time of concern, please stay at home and do not risk spreading infection to others.

Sign of Peace: Members of our congregations should not be offended if someone chooses not to shake the other person's hand at the sign of peace. If you are ill (and still come to Mass), the appropriate response to someone extending a sign of peace might be to bow to them and say, "Peace be with You," to avoid bodily contact or one might wave slightly at the other person.

Reception of Holy Communion: While it is the teaching of the Church that the Fullness of the Body and Blood of Christ are contained in the Holy Eucharist, under the form of the Host that is distributed at the Mass, the Church has also extended the privilege to receive communion in the form of wine. However, if you are feeling sick, please receive communion in the hand, and refrain from receiving communion under the form of the Blood of Christ.

Pregnant Women and Persons with Compromised Immune Systems: Persons who have been directed by their medical advisors that they are particularly susceptible to infection, or to complications due to flu in particular, may choose to refrain from any practices by which they might become sick, including shaking hands, receiving Holy Communion on the tongue, drinking the Precious Blood from the Chalice, etc.

Bulletin Inserts: Response to Threat Steps 2-4 (e.g., WHO Phase 6)

Changes at Mass: Step 2

- ✓ If you are sick, please stay home (notify us, and we will bring Communion to you, if possible)
- ✓ Communion will not be distributed under the form of wine
- ✓ Communion will not be distributed on the tongue
- ✓ The Sign of Peace will not be shared with a handshake (rather, a bow will be used)
- ✓ We will not hold hands during the Lord's Prayer
- ✓ The Priest(s), and the other ministers, will not be shaking hands in greeting
- ✓ Hand washing stations have been set up for your use
- ✓ We will be changing the holy water in the fonts after each liturgy, and at least daily

Changes at Mass: Step 3/4

- ✓ If you are sick, or if someone at home is sick, please stay home (notify us, and we will bring Communion to you, if possible)
- ✓ Communion will not be distributed under the form of wine
- ✓ Communion will not be distributed on the tongue
- ✓ The Sign of Peace will not be shared with a handshake (rather, a bow will be used)
- ✓ We will not hold hands during the Lord's Prayer
- ✓ The Priest(s), and the other ministers, will not be shaking hands in greeting
- ✓ Hand washing stations have been set up for your use
- ✓ Collection baskets will not be passed
- ✓ Hymnals and misallettes will not be used
- ✓ Seating will be in alternate rows (as much as possible)
- ✓ The "box" confessionals will no longer be used
- ✓ Holy Water fonts will be emptied; bottles of holy water will be available
- ✓ There will be no large group baptisms, weddings, or funerals
- ✓ Children's Liturgy of the Word and after-Mass refreshments are discontinued

Resources Available

The following booklets, produced by the Diocese are available at the back of church or on the diocesan website (www.davenportDiocese.org):

- ✦ Diocesan home prayer booklet
- ✦ Resources for children

Step 4: The Sacrament of Reconciliation

Permission has been given by the Bishop to celebrate the Sacrament of Reconciliation with General Absolution. Those talking advantage of this opportunity are reminded that they are to make a "private" confession with a priest as soon as possible, and before they receive general absolution again.

Appendix K: Liturgical Resources

In accord with c. 839.2, the Diocese of Davenport will produce the following resources, and post them on the diocesan website:

Praying at Home in Times of Crisis

This diocesan home prayer booklet from the Office of Liturgy will contain:

- (1) a Word Service and other prayers for home use in case of quarantine or closure of churches (c. 1248.2);
- (2) other prayers;
- (3) an explanation of what is meant by an “Act of Perfect Contrition” and provide an appropriate text; and
- (4) the minimal rite of baptism to be used in an emergency (danger of death).¹⁷

Prayers and Catechetical Activities for Children

This booklet, prepared by the Office of Faith Formation, will contain prayers and activities suitable for younger children.

Other Resources for Ministering to the Sick and Dying

The usual rites for bringing communion to the sick are found in a convenient booklet form from the Liturgical Press. The resource is entitled *Communion of the Sick* (ISBN 0-8146-1368-3; \$2.95) and can be ordered by phone (1-800-858-5450) or via the Web (www.litpress.org). However, that small booklet does not include the Rite of *Viaticum*. A more extensive collection, which does include the Rite of *Viaticum*, is *A Ritual for Laypersons* (ISBN 0-8146-2150-3; \$15.95). Another equivalent collection may also be used.

The USCCB publishes a booklet entitled *Pastoral Care of the Dying* that contains the rites for the Commendation of the Dying and *Viaticum*, as well as Prayers for the Dead (ISBN 1-57455-487-5; \$4.95 (\$2.95 each if ordering 25+); www.usccbpublishing.org).

In addition, Liturgy Training Publications (www.ltp.org; 1-800-933-1800) publishes small prayer books that can be used with the sick and the dying: *Rites of the Sick* (ISBN 1-56854-141-4; \$5.00) and *Prayers with the Dying* (ISBN 1-56854-115-5; \$5.00).

A Spanish language edition of *Pastoral Care of the Sick* is also available from LTP.

¹⁷ The full rites to be used in an emergency/danger of death are found in RCIA #375-399 (adults; those > 7 y/o) and Rite of Baptism for Children #157-164 (children < 7 y/o).

PANDEMIC FLU POLICY – ADDENDUM TO APPENDIX G (10/15/09)

INFLUENZA POLICY CLARIFICATION: Use of Masks

It has come to our attention that the Occupational Safety and Health Administration (OSHA) has very stringent protocols in place if the use of N95 respirators are to be required in the workplace. Therefore, we would like to take this opportunity to clarify our policy.

First, our policy does not require the use of N95 respirators.

Second, when the policy refers to masks, it means surgical facemasks.

Third, if someone (especially those providing direct care to the sick) wishes to use an N95 respirator, please note the following:

- N95 masks need to be fit-tested by a qualified individual
- Some medical conditions may make it unsafe for someone to use an N95 respirator
- The waiver on the other side of this page should be read, signed, and filed appropriately

As a result of this new information, the section on masks in Appendix G will now read (new text **bolded**):

Use of Masks

There are two types of masks: (1) N95 “respirators”¹ and (2) other facemasks.

N95 respirators are designed to prevent the person wearing the mask from breathing in aerosols that may contain the flu virus. While effective, they are also expensive, more difficult to use (they must be fitted, require training and medical clearance), and become uncomfortable to wear. Other facemasks—such as surgical masks or procedure masks—are much less expensive and more available, but they are not as effective at preventing exposure to aerosols. They do help, however, by preventing exposure to larger respiratory droplets and by keeping individuals from touching their mouth and nose. Masks should be discarded if they become wet, or after 4 to 6 hours. They should not be re-used or shared. Hands should be washed after taking off a mask.

Recommendations for the use of masks are fluid; for the latest information, it is best to visit the CDC website (www.cdc.gov or <http://www.cdc.gov/h1n1flu/masks.htm>).²

When our diocesan policy calls for the use of a mask, our intention is that a facemask should be used. Individuals who wish to use an N95 respirator in caring for the sick are cautioned that such devices need to be properly fitted and other precautions taken if they are to be used safely. An appropriate waiver (available on the diocesan website’s flu page) should be completed.

More information on N95 respirators are found on the OSHA website:

http://www.osha.gov/Publications/influenza_pandemic.html and
<http://www.osha.gov/SLTC/respiratoryprotection/index.html>

¹ Refers to masks that meet or exceed the NIOSH (National Institute for Occupational Safety and Health) N95 standard.

² Current recommendations call for the use of N95 respirators only within the health care setting. Outside of that environment, masks are generally not recommended except in certain high-risk situations.

Information for employees and volunteers using respirators when not required under the standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirators itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label statement of certification should appear on the respirators or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I certify by signing this document that I have read and understood the above information.

Employee's Signature

Date

Print Name

Company Name