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Policy promulgated at the Pastoral Center of the Diocese of Davenport–effective September 3, 2006
The Feast of St. Gregory the Great
Interim Update Effective 4-07-08
Revised Effective September 8, 2009
Revised and Renamed, Effective March 4, 2020
The Memorial of St. Casimir

Most Reverend Thomas R. Zinkula, JD, JCL
Bishop of Davenport
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As translations of sections of this policy become available, they will be posted on the diocesan website at [https://www.davenportdiocese.org/flu](https://www.davenportdiocese.org/flu).
§II-9100 Policies Relating to Planning for Pandemic Influenza

§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 [or other diocesan entity] 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.
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
- Ms. Virginia Trujillo; Office of Faith Formation

Outside consultants:
- Teresa K. Lynn, RN, BA, MSN, CLCP, LNCC
- Pat Fosarelli, MD, DMin; Pediatrician; Acting Dean, The Ecumenical Institute of Theology, Baltimore, Maryland
- Paul Rega, MD, FACEP; University of Toledo College of Medicine, Department of Public Health & Homeland Security
- Ms. Kay Temple, RD
- Bob Weis, MD; Internal Medicine Specialist

Introduction to the 2020 Rewriting of the Policy

The rewriting of this policy was undertaken for a number of reasons. First, in light of the 2009 H1N1 influenza pandemic, the CDC revised its protocols for pandemic preparedness and response. This new policy reflects those changes.

Second, the previous edition of this policy contained numerous hyperlinks to internet resources. Many of those links no longer functioned. Web-based resources are dynamic. Therefore, for example, we have simplified Appendix A to reflect the major web-based resources (which should be relatively stable) and instead urge those interested to visit the diocesan website (https://www.davenportdiocese.org/flu) for the most up-to-date resources.

Finally, in the recent past, other infectious agents have emerged as challenges to public health around the world. These include respiratory viruses such as MERS-CoV, SARS-CoV, and SARS-CoV-2 (the agent that causes COVID-19) as well as mosquito-borne viruses such as Zika. While this policy is written with influenza (seasonal and pandemic) in mind, it applies as well to outbreaks caused by other respiratory pathogens.

Therefore, while this policy will typically use “influenza” to refer to the infectious disease in question, please be aware that it does apply more broadly. In a given situation, for example, the signage and bulletin inserts provided in the Appendices (I and J) can be modified to reflect the situation at hand.

By their nature, infectious disease emergencies are dynamic, and responses to the situations being faced must remain flexible. As such, it should be noted that the specific interventions called for in each Step, and the timing of those interventions, may be modified by the Bishop or his delegate as needed or as advised by public health authorities.

Resources for addressing novel infections will be posted on the diocesan website as needed.
Preparing for an influenza pandemic – or other infectious disease emergency – 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:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BCDW</td>
<td>Bishops’ Committee on Divine Worship (of the USCCB)</td>
</tr>
<tr>
<td>c. (cc.)</td>
<td>Canon(s) from the <em>Codex Iuris Canonici</em> (Code of Canon Law)</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CoV</td>
<td>Coronavirus</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease 2019</td>
</tr>
<tr>
<td>EID</td>
<td>Emerging Infectious Disease</td>
</tr>
<tr>
<td>EMHC</td>
<td>Extraordinary Minister of Holy Communion</td>
</tr>
<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>GIRM</td>
<td>General Instruction of the Roman Missal</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>ILI</td>
<td>Influenza-like Illness</td>
</tr>
<tr>
<td>IDPH</td>
<td>Iowa Department of Public Health</td>
</tr>
<tr>
<td>MERS</td>
<td>Middle East Respiratory Syndrome</td>
</tr>
<tr>
<td>NPI(s)</td>
<td>Non-Pharmaceutical Intervention(s)</td>
</tr>
<tr>
<td>OCF</td>
<td>Order of Christian Funerals</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>PIF</td>
<td>Pandemic Intervals Framework (US)</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>PSAF</td>
<td>Pandemic Severity Assessment Framework (US)</td>
</tr>
<tr>
<td>RCIA</td>
<td>Rite of Christian Initiation of Adults</td>
</tr>
<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
</tr>
<tr>
<td>SARS-CoV-2</td>
<td>SARS Coronavirus 2</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>USCCB</td>
<td>United States Conference of Catholic Bishops</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>

¹ Cited in *Pandemic Influenza: Guidelines for planning and response by Caritas organizations* (Caritas Internationalis, April 2009).
§II-9100 Policies Relating to Planning for Pandemic Influenza

§II-9101.2 Definitions

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.

An example of a novel Influenza A virus is 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). In 2009, H1N1 (“swine” flu) was a novel virus; now it is a cause of seasonal 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.

Emerging infectious diseases (EIDs) are “infections that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threatens to increase in the near future. Emerging infections can be caused by:

- Previously undetected or unknown infectious agents
- Known agents that have spread to new geographic locations or new populations
- Previously known agents whose role in specific diseases has previously gone unrecognized.
- Re-emergence of agents whose incidence of disease had significantly declined in the past, but whose incidence of disease has reappeared. This class of diseases is known as re-emerging infectious diseases.”

Influenza-like Illness (ILI) “is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza.”

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.

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3 https://www.cdc.gov/flu/weekly/overview.htm
§II-9100 Policies Relating to Planning for Pandemic Influenza

§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 Pandemic Intervals Framework (PIF), the Federal Pandemic Severity Assessment Framework (PSAF), and related documents as their guides.

Procedures
Official nomenclature systems are summarized in Appendix D.

§II-9101.4 Non-Pharmaceutical Interventions (NPIs)¹

Nonpharmaceutical interventions (NPIs) are strategies for slowing down the spread of a disease in a community, reducing the peak number of cases during a pandemic (and thus keep from overburdening the health care system), and decrease the overall number of persons who fall ill or die from the disease. NPIs buy time until a vaccine and/or medications can be developed to combat the infectious agent. NPIs fall into three categories: personal, community, and environmental.

II-9101.4 Policy
Church leaders are to be familiar with NPIs in general and with those specific NPIs called for in this policy in particular. They are to model proper use of NPIs and ensure that the materials needed to implement them are kept stocked in accord with this document.

Procedures
Information on NPIs is found in Appendix G.

¹ https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm
§II-9100 Policies Relating to Planning for Pandemic Influenza

§II-9101.5 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 Office of the Bishop.

2. This form will be filled out at any other time at the request of the Bishop or Vicar General.

3. A “Post-Disaster Reporting Form” is to be completed and submitted to the Office of the Bishop within 30 days of the end of a significant influenza outbreak, as specified in the policy below. The form will be distributed from the chancery at the proper time.

§II-9101.6 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 “[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.

Avoiding Stigmatization

“Human societies have a long history of singling out, shunning, or avoiding groups of people with a particular attribute or characteristic that is viewed as undesirable or threatening to others. Symptoms of disease or the perception that an individual may be a carrier or simply exposed to those with a serious illness can be stigmatizing.”

This is especially true if a disease becomes associated with a particular people or part of the world.

Catholic social teaching requires that we protect the dignity of all persons; discrimination in any form has no place in the Church. Therefore, diocesan entities should keep the following in mind when communicating about infectious disease emergencies:

Before an Outbreak
• Remember: products, animals, places, and people can be stigmatized.
• Avoid geographic mentions of past infectious disease outbreaks; instead, substitute dates.
• Avoid constant use of visuals that portray only 1 ethnic group in briefing and education/outreach materials.
• Avoid typefaces and symbols that evoke a specific ethnic group.
• Ask staff members who share the ethnic background of persons experiencing the earliest outbreaks whether the proposed materials are offensive. If no staff members share the ethnic background, reach out to trusted partners.
• If a particular parasite, virus, bacteria, or toxin evokes an instant association with a particular ethnic/racial/age/gender group – stigmatization is already occurring.

• Teach response officials and communication staff as broadly as possible about the harm that results from stigmatization – people may literally hide their illness to avoid the stigma, which could hamper containment measures.
• Share with media the concern about stigmatization, and work together to create visuals that tell the story without targeting 1 group.
• Address the issue in preplanning community checklists and guides. The more people who are aware that this could occur, the more people who can help guard against it.
• Have a mechanism in place that allows people to seek the help of public health experts in determining real risks versus imaginary or theoretical risks.
• Have a mechanism in place to allow people who are feeling stigmatized to express their concern and ask for help.

During an Outbreak
• All of the above continue to apply.
• Ensure that the environmental scanning process being used is able to discern and alert communication staff to stigmatizing visuals, statements, or behaviors.
• Monitor misperceptions in the community regarding real risks versus imagined or theoretical risks in relation to products, animals, places, and people.
• When stigmatization occurs in the community, counter it immediately with emotional appeals for fairness, justice, and sound scientific facts.

After an Outbreak
• Continue to do all of the activities above.
• Ensure that historical accounts of the event do not unfairly show any 1 ethnic group. The potential is high for historical accounts that cover the early part of the outbreak to unintentionally perpetuate the stigmatization.
• If stigmatization does occur in the community, reach out to the stigmatized community to learn when it started, what led to it, how it manifested, and how they coped or countered it themselves. Learn the lessons and engage them in the future for help.

§II-9101.7 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. Principals and staff must be familiar with this policy.

While school in the Diocese must be in compliance with this policy, a school plan to respond to pandemic influenza is also required by the State of Iowa. This document is intended to assist schools meet that requirement. Other resources are available from the CDC and US Department of Education.

Please note that the policies regarding liturgical practices in Part Two below apply to liturgies in school and faith formation programs as well.
§II-9100 Policies Relating to Planning for Pandemic Influenza

§II-9101.8 Introduction: Diocesan Entities as Workplaces

Diocesan entities, such as parishes and schools, are also employers—and therefore have a special responsibility to care for their employees in times of crisis and to have just and compassionate policies in place for such occurrences. In the event of an infectious disease emergency, the CDC typically issues interim guidance for employers. While the individual infectious agent may vary, and thus affect some recommendations made by the CDC, in general the following principles apply:

- Actively encourage sick employees to stay home:
  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are fever free (less than 100.4°F) for at least 24 hours without use of a fever reducing medication.
  - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
  - Maintain flexible policies that permit employees to stay home and care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than usual.
  - Work creatively to find ways to ensure employees continue to be paid (and keep their benefits, especially health insurance), even if prolonged closures or time away becomes necessary.

- Separate sick employees:
  - The CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. They should also put on a facemask if possible.

- Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:
  - Place posters that encourage staying home when sick, cough and sneeze etiquette and hand hygiene around the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - Provide tissues and no-touch trash cans for use by employees.
  - Instruct employees to clean their hands with alcohol based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds.
  - Provide soap and water and alcohol based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.

- Perform routine environmental cleaning:
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - Provide disposable wipes so that commonly used surfaces (i.e. doorknobs, keyboards, desks) can be wiped down by employees before each use.

- Advise employees before traveling to take certain steps:
  - Check the CDC’s Travelers Health Notices https://wwwnc.cdc.gov/travel for the latest guidance and recommendations for each country to which they will travel.
  - Advise employees to check themselves for symptoms of acute respiratory illness before starting to travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.

- Plan for the financial impact of an infectious disease emergency:
  - Prepare for loss of income; consider postponing non-essential expenditures
  - Prepare for reducing staff or work hours, furloughs, etc.
  - Develop policies to account for employees who run out of sick leave or vacation time
§II-9102 PART TWO: DIOCESAN PROTOCOLS

§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 cleaned and disinfected regularly. Schools should follow their policies and public health requirements in this regard. All entities should be doing this at least weekly.

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6 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 handwashing 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:
   - 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.
   - 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. Sufficient pressure should be used when wiping (enough that one could hold the chalice with those fingers alone).
   - 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.
   - 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.
   - 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 and from communion on the tongue. 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 communion services, funeral rites, or other liturgies.

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.
e) The water in holy water stoups and fonts with standing water should be changed weekly. Sponges should not be used. Regular cleaning and maintenance of immersion fonts (with circulating water) should follow manufacturer’s recommendations.

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.

b) Planning at all diocesan entities should address the following issues:

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Planning Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care</td>
<td>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 (including vaccination against seasonal flu) and to ensure that chronic health problems are well controlled.</td>
</tr>
<tr>
<td>Absence of Priest &amp; Staff Reductions</td>
<td>Develop contingency plans and prepare sick leave policy. - presume that up to 40% of staff, including the pastor, may be absent. - include provisions for working at home - include provisions for employees who run out of PTO (sick leave, vacation days)</td>
</tr>
<tr>
<td>Material Needs (stockpile 3-week supply)</td>
<td>Non-perishable food and water (see checklist in Appendix H)³ 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 (cotton balls, gauze, bedding, gowns, 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)</td>
</tr>
<tr>
<td>Finances</td>
<td>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.</td>
</tr>
<tr>
<td>Education of community</td>
<td>Develop local plan for educating the parish; take into consideration those for whom English is a second language. See Appendices I and J.</td>
</tr>
<tr>
<td>Pastoral Care</td>
<td>Make plans for providing care to the homebound and quarantined (e.g., regular contact by phone, e-mail, or text). 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?</td>
</tr>
<tr>
<td>Communication</td>
<td>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).</td>
</tr>
</tbody>
</table>

³ It is important to stress that food, bottled water, and some 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.

⁸ “Meals Ready to Eat” (MREs) may be useful, but are costly and may be difficult to find (even on the Internet).
§II-9100 Policies Relating to Planning for Pandemic Influenza

<table>
<thead>
<tr>
<th>Travel</th>
<th>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. Follow CDC travel guidance. Prepare for disruptions to travel within the US, within Iowa, and even within the Diocese and local community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanery-level issues</td>
<td>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 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)? 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 a severe 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.</td>
</tr>
</tbody>
</table>

§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, seasonal influenza, or other infectious agent. The focus shifts from preparation to response, with the emphasis placed on hygiene and social distancing interventions (NPIs).

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 and severity of the illness being. These procedures focus on personal hygiene and social distancing. The steps are incremental and cumulative, and may be adapted as called for by the specific situation by the Bishop or his delegate.

Using the information that is available, and 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.

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 (low to low-moderate severity)
- 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.

Personal NPIs

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.


Environmental NPIs

d) The frequency of cleaning and disinfecting door handles and other commonly touched solid surfaces is to be reviewed and increased if necessary. These surfaces should be cleaned and disinfected daily (at a minimum). Disinfectant wipes should be available for staff/volunteers to use in their offices.

e) Holy water fonts/stoup(s) (with standing water) are emptied, cleaned/disinfected, and refilled after each liturgical celebration and at least once daily.

Community NPIs

f) 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.9

g) Schools should finalize plans for possible closure. Parents should be asked to prepare for this possibility, and should be reminded that:
   1. If students are dismissed from schools, they should be encouraged not to re-congregate outside of school in large numbers.
   2. 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 (5 or fewer) while their parents are at work.

h) Parishes and diocesan offices should be aware that planned gatherings (conferences, special liturgies, etc.) may also need to be cancelled and begin planning for that possibility. Heed official travel alerts.

Specific NPIs related to Liturgy

i) No specific changes to liturgical practice are called for in this stage. As in previous Steps, all Mass vessels (chalices, patens, and ciboria) are to be carefully washed in hot, soapy water after each Mass.

j) While communion from the chalice, and the sharing the sign of peace, are not required, pastors should not stop these practices without just cause. If a particular area seems especially hard-hit by the flu (high absentee rates from school, high hospitalization rates, etc.)—that is, if it seems that the flu in a place is moving into the more moderately severe range—pastors are encouraged to call the chancery to review the options that are available. If the chalice is withdrawn, parishioners should also be told that communion on the tongue is not advised.

Specific NPIs related to Pastoral Care

k) Remind diocesan staff, clergy, and parish/school communities of possible future steps.

Reporting

l) 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).

Managing Supplies

m) Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.

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9 Eligibility for Confirmation is not adversely affected by the inability to take part in a Confirmation retreat.
Procedures: Step 2 (implement at the mandate of the Bishop)

Possible Triggers

- Seasonal flu outbreak increasing in severity (moderate to moderate-high)\(^{10}\)
- Suspected cases of novel influenza are being reported in the 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

Personal NPIs

a) 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.

b) In addition, signs describing what practices are in effect are to be posted. Include information in newsletters, bulletins and, if applicable, on websites. Announce practices from the pulpit. See Appendices I and J.

c) Set up hand-washing stations in all buildings: tissues, trash receptacles, hand sanitizer, instructions (signage).

Environmental NPIs

d) The frequency of cleaning and disinfecting door handles and other commonly touched solid surfaces is to be reviewed and increased if necessary. These surfaces should be cleaned and disinfected at least twice per day (mid-day and end of the day); these surfaces should be cleaned/disinfected in the morning as well if the building was used at night. Disinfectant wipes should be available for staff/volunteers to use in their offices.

e) 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. Personal water bottles are permitted. However, they should not be filled from water fountains out of which someone would drink. They should be opened to be filled (not filled through the same opening one drinks through).

f) Holy water fonts/stoups (with standing water) are emptied. Large immersion fonts with circulating water are to be emptied and cleaned/disinfected weekly; those that do not circulate water are to be emptied. Parishes should have pre-filled bottles of holy water available if necessary.

Community NPIs

g) As in Step One, continue preparations for possible closures and cancellations. School closures may take place as ordered by public health officials. If an outside speaker is being invited, be in regular communication with them regarding contingency plans. Consider use of web-based meeting options.

h) Be aware of travel restrictions, and the risks of travel to areas of concern (such as not being able to return or of being quarantined). Be ready to cancel trips to such areas (either within or outside the US).

\(^{10}\) Local severity is gauged by absenteeism, emergency room/clinic usage, hospitalizations, school closures, etc.
Specific NPIs related to Liturgy

h) In addition to previous provisions, the following changes are made

1. In addition to careful handwashing, the person preparing wine and hosts for Mass may wear a mask (see Appendix G) and use food-service gloves. The vessels containing the bread and wine are to remain covered until placed on the altar.
   a. 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 #182], if present) are to commune from the Chalice—and then from opposite sides of the rim.\footnote{11}
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.
9. The communal celebration of the Anointing of the Sick is not recommended. If the decision is made to celebrate this rite, then the individuals to be anointed should wash their hands (or use hand sanitizer) between each individual.

Specific NPIs related to Pastoral Care

i) As far as pastoral visits to the sick are concerned, ministers should practice meticulous handwashing.

j) The advice of public health officials in regards to the use of masks (and other PPE) should be followed. Absent such guidance, or if left to individual discretion, the following steps are to be taken:
   1. If the person being visited is ill with the infectious agent causing the outbreak, they should be offered a mask. The minister may also wear a mask.
   2. If the person being visited is not ill with the infectious agent causing the outbreak, the minister may choose to wear a mask in order to protect that individual.

Reporting

k) 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. Reports (Appendix E) should be submitted when Step 2 is declared and then every 2 weeks thereafter.

Managing Supplies

l) Supplies are assessed twice per week by maintenance, kitchen, and office staff. Supplies are replenished weekly.\footnote{12}

\footnote{11}{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).}

\footnote{12}{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.}
Procedures: Step 3 (implement at the mandate of the Bishop)

Possible Triggers

- Seasonal influenza of high to very-high severity.
- 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

Personal NPIs

a) People are asked to stay home if ill or someone in their household is ill. Post signs describing what practices are in effect; announce changes using various media (newsletter, bulletin, website, at Mass). See Appendices I and J.

Environmental NPIs

b) 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. Disinfectant wipes should be available for staff/volunteers to use in their offices.
   1. Disinfecting should be done in churches and chapels after each Liturgy (at least daily)
   2. Disinfecting should be done in schools and faith formation or other programs after each class transfer or after each gathering.

c) 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 below.

Community NPIs

d) Large group meetings should be postponed if at all possible. If not, participants should be seated with at least a 6’ distance between individuals. Consider holding meetings using web-based platforms.

e) Schools and Faith Formation / Other Group Gatherings
   1. Directives from public health authorities regarding closures or other modifications are to be followed.
   2. 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 and Appendix K).
   3. Social Distancing (it is recommended that a distance of 6 feet be maintained between all individuals)
      a. School ought to use e-mail for attendance and lunch counts and configure classroom seating to maintain 6’ 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.

f) Be aware of travel restrictions, and the risks of travel to areas of concern (such as not being able to return or of being quarantined). Be ready to cancel trips to such areas (either within or outside the US).
   1. All non-essential travel outside of the Diocese by clergy is suspended.
   2. All non-essential business travel by lay staff is also suspended.
Specific NPIs related to Liturgy

g) In addition to previous provisions, the following changes are made:

1. Practices at Mass
   a. The person preparing wine and hosts for Mass is to wear a mask; non-latex gloves may be used (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.
   g. The communal celebration of the Anointing of the Sick at Mass is strongly discouraged. If celebrated, a single-use instrument (such as a cotton swab) is used for the anointing (see below).

2. Reconciliation
   a. The use of “box” confessionals is suspended.
   b. A distance of 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 (and offering a mask to those who are ill). (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
   a. Only immediate family and witnesses are to attend (only if they have not been exposed to the flu).
   b. 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,
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 Coordinators (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.

Specific NPIs related to Pastoral Care

h) In providing pastoral care to the sick:

1. Activate the deanery 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.
   a. The activation of Step 3 includes permission, if necessary, 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.

2. The advice of public health officials in regards to the use of masks (and other PPE) is to be followed. Absent such guidance, or if left to individual discretion, the following steps are to be taken:
   a. If the person being visited is ill with the infectious agent causing the outbreak, gloves and masks are worn for pastoral visits, including for the Anointing of the Sick.
      i. If able to be worn safely and correctly, the use of an N95 respirator should be considered.
      ii. 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).
   b. If the person being visited is not ill with the infectious agent causing the outbreak, the minister will wear a mask in order to protect that individual.

Reporting

i) 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. Reports (Appendix E) should be submitted weekly.

Managing Supplies

j) Supplies are assessed daily by maintenance, kitchen, and office staff. Supplies are replenished 3 times/week
Procedures: Step 4 (implement at the mandate of the Bishop)

Possible Triggers

- Influenza outbreak of very high severity.
- 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

Personal NPIs

a) Continue with precautions as in Step 3 and as directed by public health officials.

Environmental NPIs

b) Continue with frequent cleaning and disinfecting of surfaces as in Step 3.

Community NPIs

c) Schools and Faith Formation / Other Group Gatherings

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) Be aware of travel restrictions, and the risks of travel to areas of concern (such as not being able to return or of being quarantined). Be ready to cancel trips to such areas (either within or outside the US).
   1. All travel outside of the Diocese, and all non-essential travel within the Diocese, by clergy is suspended.
   2. All business travel by lay staff is also suspended.

Specific NPIs related to Liturgy

e) 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. Reconciliation\textsuperscript{14}
   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 \textit{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 emergency baptism of those less than seven years of age, the ritual \textit{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 emergency baptism of those who are 7-years-old and older, the rite for \textit{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 those clerics who otherwise do not have the faculty to celebrate baptism in the home, to be able to do so at the discretion of the local pastor (c. 860).
   d. The baptism must be recorded in the parish sacramental register as soon as possible an in accord with diocesan policy.

4. Weddings
   In extreme circumstances (danger of death, the expected absence of an ordinary minister [priest or deacon] 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 waived\textsuperscript{15} and all canonical requirements for validity apply. The marriage must be recorded in the parish sacramental register as soon as possible an in accord with diocesan policy.

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 \textit{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).

\textsuperscript{14} 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.

\textsuperscript{15} 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.
e. A record of those who die during the pandemic is to be kept, and memorial Masses offered once the pandemic has resolved. The information should be added to the parish sacramental records as soon as possible an in accord with diocesan policy.

Specific NPIs related to Pastoral Care

f) In providing pastoral care to the sick:
   1. The advice of public health officials in regards to the use of masks (and other PPE) is to be followed.
   2. Absent such guidance, the following steps are to be taken:
      a. Gloves and masks are mandated for all pastoral visits, including for the Anointing of the Sick. (See Appendix G)
         i. If able to be done safely and correctly, an N95 respirator should be used.
         ii. 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. Goggles and/or gowns may need to be used when visiting those ill with the infectious agent causing the emergency. Ministers may use such PPE at their discretion if not required to do so by public health authorities.
   3. 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.

Reporting

g) 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.

h) 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).

Managing Supplies

i) Supplies are assessed daily by maintenance, kitchen, and office staff. Supplies are replenished daily (if possible).
§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 Faith Formation 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: https://www.davenportdiocese.org/flu

Resources on the internet are constantly changing. The chancery will endeavor to keep the above diocesan webpage as up-to-date as possible. Below are links to organizations and institutions that provide resources for responding to infectious disease emergencies, especially pandemic influenza.

The Centers for Disease Control (CDC)

https://www.cdc.gov/
The home page for the Centers for Disease Control. Many of the pages on the CDC website are also available in Spanish.

https://www.cdc.gov/flu/index.htm
The CDC page for information about seasonal influenza, including communication resources, current flu activity, and prevention/treatment strategies.

https://www.cdc.gov/flu/pandemic-resources/index.htm#map
This site provides information about pandemic influenza, including resources for helping with planning and preparedness.

https://www.cdc.gov/other/language-assistance.html
Language assistance available from the CDC.

http://www.cdc.gov/h1n1flu/deaf.htm
Videos in American Sign Language (an archived page; some information may be outdated).

Other US Government Resources (for disaster preparation)

https://www.fema.gov/

https://www.ready.gov/
Resources for planning ahead for disasters, from the Department of Homeland Security.

https://www2.ed.gov/admins/lead/safety/crisisplanning.html
Crisis planning resources for schools from the Department of Education.

State of Iowa

https://idph.iowa.gov/
The homepage for the Iowa Department of Public Health.

https://idph.iowa.gov/cade/disease-information/influenza
Information about seasonal influenza.

World Health Organization (WHO)

https://www.who.int/emergencies/diseases/en/
WHO webpage on pandemic and epidemic diseases. From here, specific information regarding avian influenza, H1N1, and other infectious diseases can be accessed.
Other Infectious Disease Resources

http://www.cidrap.umn.edu/
CIDRAP: The Center for Infectious Disease Research and Policy.

http://www.centerforhealthsecurity.org/
The Johns Hopkins Center for Health Security.

United States Conference of Catholic Bishops (USCCB)

http://usccb.org

Faith Formation Resources

http://www.faithfirst.com/
Resources for use with children.

https://www.smp.org/
Under “complementary resources,” one may find activities and prayer services for adolescents and their families.

http://www.usccb.org/bible/index.cfm
This website of the U.S. Bishops provides access to each day’s readings.
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 (see below) 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). The 2009-H1N1 virus (previously known as “swine” flu) which caused a pandemic in 2009 was a novel virus then; it is a cause of seasonal flu now.
The key differences between seasonal and pandemic influenza include:

<table>
<thead>
<tr>
<th>Seasonal Influenza</th>
<th>Pandemic Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caused by influenza viruses that are similar to those already affecting people.</td>
<td>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.</td>
</tr>
<tr>
<td>Symptoms include fever, cough, runny nose, and muscle pain. Deaths can be caused by complications such as pneumonia.</td>
<td>Symptoms similar to the common flu may be more severe and complications more serious.</td>
</tr>
<tr>
<td>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).</td>
<td>Healthy adults may be at increased risk for serious complications.</td>
</tr>
<tr>
<td>Generally causes modest impact on society (e.g., some school closings, encouragement of people who are sick to stay home).</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

**Other Infectious Agents**

In the recent past, other infectious agents have emerged as challenges to public health around the world. These include respiratory viruses such as MERS-CoV, SARS-CoV, and SARS-CoV-2 (the agent that causes COVID-19) as well as mosquito-borne viruses such as Zika. While this policy is written with influenza (seasonal and pandemic) in mind, it applies as well to outbreaks caused by other respiratory pathogens.
## Appendix C: Table—Preparing for Pandemic Flu

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

WHO Phases / Definitions

“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.”

<table>
<thead>
<tr>
<th>WHO Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote Preparation (Interpandemic Phase)</td>
<td>Mostly animal infections; few human infections.</td>
</tr>
<tr>
<td><strong>Phase 1</strong></td>
<td>No animal influenza virus circulating among animals has been reported to cause infection in humans.</td>
</tr>
<tr>
<td><strong>Phase 2</strong></td>
<td>An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.</td>
</tr>
<tr>
<td><strong>Phase 3</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Immediate Preparation (Alert Phase)</td>
<td>Sustained human-to-human transmission of a new virus.</td>
</tr>
<tr>
<td><strong>Phase 4</strong></td>
<td>Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.</td>
</tr>
<tr>
<td>Response to Threat (Pandemic Phase)</td>
<td>Widespread Human Infection</td>
</tr>
<tr>
<td><strong>Phase 5</strong></td>
<td>The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 6</th>
<th>In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.</th>
</tr>
</thead>
</table>

**Recovery (Transition Phase)**

Levels of influenza infection drop

**Post-Peak Period**

Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.

**Possible New Wave**

Level of pandemic influenza activity in most countries with adequate surveillance rising again.

**Post-Pandemic Period**

Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

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.

**Pandemic Intervals Framework (PIF)**

While the WHO describes pandemic phases in terms of global spread (space), the CDC’s Pandemic Intervals Framework (PIF) describes the progression of an influenza pandemic using six intervals (time).

<table>
<thead>
<tr>
<th>Interval</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Investigation of cases of novel influenza A virus infection in humans</td>
<td>When novel influenza A viruses are identified in people, public health actions focus on targeted monitoring and investigation. This can trigger a risk assessment of that virus with the Influenza Risk Assessment Tool (IRAT), which is used to evaluate if the virus has the potential to cause a pandemic.</td>
</tr>
<tr>
<td>2) Recognition of increased potential for ongoing transmission of a novel influenza A virus</td>
<td>When increasing numbers of human cases of novel influenza A illness are identified and the virus has the potential to spread from person-to-person, public health actions focus on control of the outbreak, including treatment of sick persons.</td>
</tr>
<tr>
<td>3) Initiation of a pandemic wave</td>
<td>A pandemic occurs when people are easily infected with a novel influenza A virus that has the ability to spread in a sustained manner from person-to-person.</td>
</tr>
<tr>
<td>4) Acceleration of a pandemic wave</td>
<td>The acceleration (or “speeding up”) is the upward epidemiological curve as the new virus infects susceptible people. Public health actions at this time may focus on the use of appropriate non-pharmaceutical interventions in the community (e.g. school and child-care facility closures, social distancing), as well the use of medications (e.g. antivirals) and vaccines, if available. These actions combined can reduce the spread of the disease, and prevent illness or death.</td>
</tr>
<tr>
<td>5) Deceleration of a pandemic wave</td>
<td>The deceleration (or “slowing down”) happens when pandemic influenza cases consistently decrease in the United States. Public health actions include continued vaccination, monitoring of pandemic influenza A virus circulation and illness, and reducing the use of non-pharmaceutical interventions in the community (e.g. school closures).</td>
</tr>
<tr>
<td>6) Preparation for future pandemic waves</td>
<td>When pandemic influenza has subsided, public health actions include continued monitoring of pandemic influenza A virus activity and preparing for potential additional waves of infection. It is possible that a 2nd pandemic wave could have higher severity than the initial wave. An influenza pandemic is declared ended when enough data shows that the influenza virus, worldwide, is similar to a seasonal influenza virus in how it spreads and the severity of the illness it can cause.</td>
</tr>
</tbody>
</table>

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This can be shown graphically as follows:

<table>
<thead>
<tr>
<th>Interval</th>
<th>State/Local</th>
<th>Indicators</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Investigation</td>
<td>Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health.</td>
<td>Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health.</td>
<td></td>
</tr>
<tr>
<td>2) Recognition</td>
<td>Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission.</td>
<td>Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics indicating increased potential for ongoing human-to-human transmission.</td>
<td></td>
</tr>
<tr>
<td>3) Initiation</td>
<td>Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission.</td>
<td>Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission.</td>
<td></td>
</tr>
<tr>
<td>4) Acceleration</td>
<td>Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission.</td>
<td>Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission.</td>
<td></td>
</tr>
<tr>
<td>5) Deceleration</td>
<td>Consistently decreasing rate of pandemic influenza cases in the state.</td>
<td>Consistently decreasing rate of pandemic influenza cases in the United States.</td>
<td></td>
</tr>
<tr>
<td>6) Preparation</td>
<td>Low pandemic influenza activity with possible continued outbreaks in the state.</td>
<td>Low pandemic influenza activity with possible continued outbreaks in certain jurisdictions.</td>
<td></td>
</tr>
</tbody>
</table>

18 https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a2.htm#Tab1
In its planning documents, the CDC describes incident management, surveillance and epidemiology, laboratory, community mitigation, medical care and countermeasures, vaccine, risk communication, and state/local coordination components to its response. As the community mitigation steps will have the most impact on diocesan entities, these are listed here:

<table>
<thead>
<tr>
<th>Interval</th>
<th>Community Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State/Local</strong></td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td><strong>1) Investigation</strong></td>
<td>Promote community mitigation preparedness activities, especially voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control. Review all guidance documents and update as needed for the situation (e.g., recommendations on community mitigation measures and other nonpharmaceutical interventions designed to slow the spread of the virus in the community or within certain populations and settings at high risk for infection). Provide guidance for border health and travelers' health activities as appropriate for the situation. Evaluate the need to implement border controls, travel advisories, or both; conduct travel volume and pattern analyses.</td>
</tr>
<tr>
<td>Emphasize the importance of personal protective measures (e.g., voluntary isolation by staying home when ill, respiratory etiquette, and hand hygiene) in limiting spread of influenza. If human-to-human transmission is suspected, consider recommending isolation of ill persons and voluntary quarantine of close contacts (e.g., household members). Enhance all usual influenza pandemic preparedness activities with schools and businesses.</td>
<td></td>
</tr>
<tr>
<td><strong>2) Recognition</strong></td>
<td>Review all guidance documents and update as needed for the situation (e.g., recommendations on community mitigation measures and other nonpharmaceutical interventions designed to slow the spread of the virus in the community or within certain populations and settings at high risk for infection). Provide updated guidance for border health and travelers' health activities, including travel health notices, as appropriate for the situation. Evaluate and implement required border control measures (entry, exit, or both) as appropriate for the situation; continue to conduct travel volume and pattern analyses.</td>
</tr>
<tr>
<td>Prepare for implementation of community mitigation measures, in addition to voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control. These might include voluntary home quarantine of contacts, use of face masks, temporary closure of child care facilities and schools, and social distancing measures.</td>
<td></td>
</tr>
<tr>
<td><strong>3) Initiation</strong></td>
<td>Maintain situation-appropriate border and travelers' health measures. Evaluate recommendations for appropriate community mitigation measures.</td>
</tr>
<tr>
<td>Consider implementing appropriate community mitigation measures* in selected affected locations or institutions as indicated by the results of the Pandemic Severity Assessment Framework.</td>
<td></td>
</tr>
<tr>
<td><strong>4) Acceleration</strong></td>
<td>Maintain situation-appropriate border and travelers' health measures. Continue or initiate exit screening if appropriate. Provide, evaluate, and revise recommendations for use of community mitigation measures. Deploy federal responders or assist states in other ways to evaluate the effectiveness and potential adverse effects of community mitigation measures.</td>
</tr>
<tr>
<td>Consider activating (if not already implemented) or expanding (if already implemented) appropriate community mitigation measures for affected communities (such as temporary closure of child care facilities and schools, school and workplace social distancing measures, and postponement or cancellation of mass gatherings). Monitor effectiveness of community mitigation measures.</td>
<td></td>
</tr>
</tbody>
</table>
Monitor adverse impact of community mitigation measures on society, and coordinate with local response agencies to address the impact if possible.

5) Deceleration
Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate.

Provide planning assistance with cessation of community mitigation and border health measures.

6) Preparation
Modify community mitigation measures as necessary.
Continue to promote community mitigation preparedness activities on standby for a subsequent wave.

Provide assistance with cessation or modification of community mitigation measures.

### Pandemic Severity Assessment Framework (PSAF)

In addition to geographic spread, an outbreak of influenza may also be categorized according to severity, in order to better allocate public health resources. “The PSAF is based on transmissibility and clinical severity parameters and uses different scales for 1) initial assessments and 2) more refined assessments when more data become available.

The initial assessment, performed early in the outbreak when there might be uncertainty about viral characteristics resulting from limited epidemiologic data, uses a dichotomous scale of low-to-moderate versus moderate-to-high transmissibility and severity.

The refined assessment, performed when more reliable data are available, uses a 5-point scale for transmissibility and a 7-point scale for clinical severity. After available data are assessed on these scales, the overall results are plotted as a two-dimensional chart, with the measures of transmissibility along the y-axis and the measures of severity along the x-axis (51).”

The scales which are used are as follows:

| Table 2. Scaled measures of transmissibility and clinical severity for the refined assessment of pandemic influenza effects |
|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Parameter no. and description | Scale | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Transmissibility | | | | | | | | |
| 5. R0, basic reproductive no. | $<$1 | 1.0–1.3 | 1.4–1.5 | 1.6–1.7 | 1.8–1.9 | 2.0–2.1 | 2.2–2.3 | $>$2.3 |
| 6. Peak % outpatient visits for influenza-like illness | 1–3 | 4–6 | 7–9 | 10–12 | 13–15 | 16–18 | $>$18 |
| Clinical severity | | | | | | | | |
| 1. Case-fatality ratio, % | $<$0.02 | 0.02–0.05 | 0.06–0.1 | 0.1–0.25 | 0.25–0.5 | 0.5–1 | $>$1 |
| 2. Case-hospitalization ratio, % | $<$0.5 | 0.5–0.8 | 0.8–1.5 | 1.5–3 | 3–5 | 5–7 | $>$7 |
| 3. Ratio, deaths: hospitalization, % | $<$3 | 4–6 | 7–9 | 10–12 | 13–15 | 16–18 | $>$18 |

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21 https://wwwnc.cdc.gov/eid/article/19/1/12-0124_article
The two-dimensional chart used to plot results is as follows:

![Two-dimensional chart](image_url)

**CDC Severity Classification (Seasonal Flu)**

In addition, because some of the data required for the PSAF may be lacking, the CDC has adopted the use of routine and near real-time indicators to gauge the severity of seasonal flu. The CDC notes that this method may also be used in pandemic situations.

This method uses what are called “intensity thresholds” for outpatient visits for the percentage of visits to outpatient clinics for ILI, the rates of influenza-associated hospitalizations, and the percentage of deaths resulting from pneumonia or influenza that occurred during each season.

An intensity threshold is a value developed using data from past flu seasons that helps assess the chance that a system will go above a certain threshold. In this instance, intensity thresholds (ITs) are important because they help researchers classify flu severity based on the level of flu activity at the peak of the season. For the method being used here, ITs were developed for the overall population and further separated into three age groups: children, adults, and older adults. The ITs correspond to a 50% (1 in 2), 10% (1 in 10) and 2% (1 in 50) chance of exceedance during an influenza season.

A flu season is considered to be of “low” severity if ≥2 systems peaked below IT\(_{50}\), moderate if ≥2 peaked between IT\(_{50}\) and IT\(_{90}\), high if ≥2 peaked between IT\(_{90}\) and IT\(_{98}\), and very high if ≥2 peaked above IT\(_{98}\).

---

Table 1. Intensity Thresholds for the Percentage of Visits to Outpatient Clinics for Influenza-Like Illness, the Rates of Influenza-Associated Hospitalizations, and the Percentage of Deaths Resulting From Pneumonia or Influenza, According to Age Group, United States, 2003–2004 through 2014–2015

<table>
<thead>
<tr>
<th>Intensity Threshold, %</th>
<th>OutpatientIllness</th>
<th>Hospitalization</th>
<th>Mortality</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ILINet, %</td>
<td>Range of Peak Values</td>
<td>FluSurv-NET, Adjusted Rate Per 100,000 Population</td>
<td>Range of Peak Values</td>
<td>122 Cities, % Over Baseline</td>
<td>Range of Peak Values</td>
<td>NCHS, % Over Baseline</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>4.4</td>
<td>8.6</td>
<td>23.4</td>
<td>2.7–30.0</td>
<td>2.71</td>
<td>0.31–3.04</td>
<td>3.31</td>
</tr>
<tr>
<td>90</td>
<td>6.6</td>
<td>2.4–7.7</td>
<td>42.8</td>
<td>4.97</td>
<td>7.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>8.6</td>
<td>42.8</td>
<td>42.8</td>
<td>4.97</td>
<td>7.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>7.1</td>
<td>3.8</td>
<td>3.8</td>
<td>0.86</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>10.6</td>
<td>4.4–13.9</td>
<td>6.9</td>
<td>2.2–16.2</td>
<td>2.01</td>
<td>0.55–3.75</td>
<td>1.87</td>
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<tr>
<td>98</td>
<td>13.5</td>
<td>9.8</td>
<td>9.8</td>
<td>3.04</td>
<td>2.52</td>
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<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>2.6</td>
<td>3.8</td>
<td>3.8</td>
<td>1.01</td>
<td>0.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>4.4</td>
<td>1.9–4.26</td>
<td>9.8</td>
<td>1.1–9.3</td>
<td>1.94</td>
<td>0.67–3.85</td>
<td>3.29</td>
</tr>
<tr>
<td>98</td>
<td>6.0</td>
<td>16.8</td>
<td>16.8</td>
<td>2.86</td>
<td>8.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>1.4</td>
<td>39.2</td>
<td>39.2</td>
<td>1.30</td>
<td>0.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>2.7</td>
<td>0.7–3.50</td>
<td>124.7</td>
<td>8.9–160.5</td>
<td>2.82</td>
<td>0.73–3.43</td>
<td>3.42</td>
</tr>
<tr>
<td>98</td>
<td>3.9</td>
<td>250.5</td>
<td>250.5</td>
<td>4.51</td>
<td>7.49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: 122 Cities Mortality Reporting System; FluSurv-NET, Influenza Hospitalization Network; ILINet, US Outpatient Influenza-like Illness Surveillance Network; NCHS, National Center for Health Statistics Mortality Surveillance System.

* Children were defined as aged 0–17 years in FluSurv-NET and the NCHS and aged 0–24 years old in ILINet and the 122 Cities. Older adults were defined as aged > 64 years.
Appendix E: Diocesan Entity Status Report Form

Diocesan Entity Name: | City: | Pastor / PLC / Administrator:
--- | --- | ---

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);
- An initial report when step 2 is declared, and then every 2 weeks thereafter;
- Weekly reports after step 3 is declared;
- Twice weekly reports after step 4 is declared.
- Weekly reports in the Post-Peak Period and Post-Pandemic Period (every 2 weeks if only step 2 was reached)

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: bishop@davenportdiocese.org; or Fax: 563-324-5842.

<table>
<thead>
<tr>
<th>Confirmation of Change in the Diocesan Response Step:</th>
<th>Dates When Corresponding Steps in Diocesan Policy are Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Received from Chancery</td>
<td>Date</td>
</tr>
<tr>
<td>Step 1 (single report in the context of a pandemic or other emergency)</td>
<td></td>
</tr>
<tr>
<td>Step 2 (initially and then every 2 weeks)</td>
<td></td>
</tr>
<tr>
<td>Step 3 (weekly)</td>
<td></td>
</tr>
<tr>
<td>Step 4 (2x / week)</td>
<td></td>
</tr>
<tr>
<td>Post – Peak Period (weekly)</td>
<td></td>
</tr>
<tr>
<td>Post – Pandemic Period (single report)</td>
<td></td>
</tr>
</tbody>
</table>

| Estimated Number of Cases of Influenza in the Entity Population* | Number of Deaths Due to Influenza | Significant Changes in Operation |
| --- | --- | Notes |
| Date | Number | Date | Number | Date | Notes |

* Parishioners should be encouraged to report cases of influenza (or the infectious disease in question) 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 (and other Infectious Disease Outbreaks)
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. In addition to pandemic influenza, we have also seen infectious disease outbreaks from other novel viruses. 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.

Guidance: Phases, PIF, PSAF

Our policy uses the nomenclature adopted by the CDC and WHO. It is important to understand what these mean if you are going to use the policy effectively.

In essence, these three “scales” tell us about global spread (unfolding of the pandemic in space), how the pandemic is progressing (unfolding of the pandemic in time), and the severity of the outbreak (how sick people are getting and how easy is it to catch).

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 pandemic INTERVALS describe how a particular pandemic is unfolding in time. In addition, the CDC uses different methods to assess the SEVERITY of an influenza outbreak, whether seasonal or pandemic. These are most helpful retrospectively, but the Diocese will use this data to help guide decisions regarding implementation of the policy.

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 (and other infectious risks)
Begin or update stockpiling of needed resources
Make sure that the proper cleaning and disinfection of common surfaces and of fonts is taking place

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, conferences, etc.)
☐ Bring stockpiles up to levels that would allow for three weeks of activity.
☐ Set up handwashing stations (tissues, hand sanitizer, trash receptacle) whenever there is a large group gathering (such as in the
church)
☐ Increase frequency of cleaning and disinfecting commonly touched surfaces
☐ Holy water fonts/stoup (with standing water) are emptied, cleaned/disinfected, and refilled after each liturgy (min. daily).
☐ No specific liturgical changes are called for at this time.

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)
  ☐ The frequency of cleaning and disinfecting of common surfaces, and of fonts, is increased.
  ☐ Turn off water fountains.
  ☐ Be aware of travel risks and restrictions. Prepare for possible school closures / event cancellations.
☐ 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.
  ☐ Empty holy water stoups/fonts; empty, clean and disinfect immersion fonts with circulating water once/week
☐ Reports are submitted initially and then every 2 weeks.

Step 3

☐ General
  ☐ Stay home if anyone at home is ill. Post appropriate signs.
  ☐ Empty all baptismal and holy water fonts.
  ☐ Begin more aggressive disinfection of surfaces.
  ☐ Begin using masks and gloves in high-risk situations
  ☐ Travel restrictions
☐ Liturgical changes:
  ☐ Discontinue use of collection baskets passed person-to-person, hymnals, missalettes
  ☐ Alternate-row seating (if possible)
  ☐ Discontinue non-essential gatherings (e.g., Children’s Liturgy of the Word; after-Mass refreshments)
  ☐ Discontinue use of “box” confessional
  ☐ 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 weekly.

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 Non-Pharmaceutical Interventions (NPIs) and Possible Policy Triggers

<table>
<thead>
<tr>
<th>SUMMARY</th>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>STEP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal NPIs</strong></td>
<td>Sick persons stay home; Proper cough &amp; sneeze etiquette; Hand-washing stations for large group gatherings; Post signage</td>
<td>As Step One.</td>
<td>As Step One.</td>
<td>As Step3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Handwashing stations in all buildings.</td>
<td>Stay home if caring for ill family member.</td>
<td></td>
</tr>
<tr>
<td><strong>Environmental NPIs</strong></td>
<td>Frequency of cleaning and disinfecting increased if needed (min. daily) Holy water fonts/stoup (with standing water) are emptied, cleaned/disinfected, and refilled after each liturgical celebration and at least once daily.</td>
<td>Frequency of cleaning and disinfecting increased if needed (2-3x per day); Turn off water fountains; Holy water fonts/stoup (with standing water) are emptied. Large immersion fonts with circulating water are to be emptied and cleaned/disinfected weekly; have pre-filled bottles of holy water available.</td>
<td>Increase frequency of cleaning and disinfecting.</td>
<td>As Step 3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase frequency of cleaning and disinfecting. Empty all baptismal and holy water fonts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community NPIs</strong></td>
<td>Plan for possible cancellations of events and school closures. Heed official travel alerts.</td>
<td>As Step One. Consider use of web-based meeting options. Be aware of travel restrictions and risks. Be prepared to cancel travel.</td>
<td>Large group meetings should be postponed if at all possible. If not, participants should be seated with at least a 6’ distance between individuals. Travel restrictions in place.</td>
<td>Greater restrictions on large group gatherings and on travel.</td>
</tr>
<tr>
<td><strong>Specific NPIs related to Liturgy</strong></td>
<td>No changes called for. Communion from the chalice and on the tongue suspended. Shaking hands for the Sign of Peace, or holding hands at Lord’s Prayer, stopped.</td>
<td>Stop use of collection baskets passed person-to-person, hymnals, missallettes; Alternate-row seating (if possible); Stop non-essential gatherings (e.g., CLOW, refreshments); Stop use of “box” confessional; No large-group baptisms, weddings, funerals; Adjust practices for pastoral care to the sick</td>
<td>Possibility of the celebration of Mass being suspended. Permission for general absolution. Further adjustments and allowances regarding the celebration of baptisms, weddings, and funerals.</td>
<td></td>
</tr>
<tr>
<td><strong>Specific NPIs related to Pastoral Care</strong></td>
<td>Prepare for possible future steps. Heed public health advice regarding use of PPE. Possible use of masks.</td>
<td>Activate deanery plan. Heed advice re: PPE. Possible use of masks and gloves.</td>
<td>As Step 3, with consideration for additional protective measures.</td>
<td></td>
</tr>
<tr>
<td><strong>Reporting (App. E)</strong></td>
<td>Initial report if Step 1 for an emergency (not seasonally).</td>
<td>Initial report and then every 2 weeks.</td>
<td>Submit weekly.</td>
<td>Submit 2x/week.</td>
</tr>
<tr>
<td><strong>Managing Supplies</strong></td>
<td>Ensure 3 week supply. Replenish weekly</td>
<td>Replenish 3x/week.</td>
<td>Replenish daily.</td>
<td></td>
</tr>
</tbody>
</table>
### Possible Triggers for the Implementation of Diocesan Policy

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Details</th>
</tr>
</thead>
</table>
| **9102.1** Remote Preparation | - Ongoing / In-between seasonal outbreaks  
- WHO Phases 1-3  
- 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. |
| **9102.2** Immediate Preparation | - Seasonal flu in the community (low to low-moderate severity)  
- Suspected cases of a novel flu infection are being reported in Iowa as well as elsewhere.  
- Clusters of ILI in 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. |
| **9102.3** Response – Step 1 | - Seasonal flu outbreak increasing in severity (moderate to moderate-high severity)  
- 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 2 | - Seasonal influenza of high to very-high severity.  
- 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 3 | - Influenza outbreak of very high severity.  
- 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 | - 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 |

*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.

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23 Local severity is gauged by absenteeism, emergency room/clinic usage, hospitalizations, school closures, etc.
Appendix G: Non-Pharmaceutical Interventions

Overview

<table>
<thead>
<tr>
<th>TABLE 1. Nonpharmaceutical interventions for personal and community preparedness to prevent pandemic influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NPI category</strong>*</td>
</tr>
<tr>
<td>Personal protective measures for everyday use</td>
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<tr>
<td></td>
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<tr>
<td>Personal protective measures reserved for pandemics</td>
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<td></td>
</tr>
<tr>
<td>Community</td>
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<tr>
<td>School closures and dismissals(^3)</td>
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<tr>
<td>Social distancing measures (examples)</td>
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<tr>
<td></td>
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<tr>
<td>Environmental</td>
</tr>
<tr>
<td>Environmental surface cleaning measures</td>
</tr>
</tbody>
</table>

**Abbreviation:** NPI = nonpharmaceutical intervention.

*Personal, community, and environmental NPIs should be 1) initiated early in a pandemic before local epidemics begin to grow exponentially, 2) targeted toward the nexus of transmission (in affected areas where the novel virus circulates), and 3) layered together to reduce community transmission to the greatest extent possible.

\(^1\)If the incubation period for the next pandemic influenza virus is longer or shorter than 3 days, CDC will amend the recommendation.

\(^2\)A school closure involves closing a school and sending all the students and staff members home. A school dismissal could involve a school staying open for staff members while the students stay home.

\(^3\)Preemptive, coordinated dismissals might be implemented early during a pandemic to decrease the spread of influenza before many students and staff members become ill. Selective dismissals might be implemented by schools that serve students at high risk for complications from infection with influenza. Reactive dismissals might be implemented when many students and staff members are ill and not attending school or when many students and staff members are arriving at school ill and being sent home. Selective and reactive dismissals do not help slow disease transmission in the community.

**Personal NPIs**

**Summary of CDC Recommendations**

*Voluntary home isolation:* CDC recommends voluntary home isolation of ill persons (staying home when ill) year-round and especially during annual influenza seasons and influenza pandemics.

*Respiratory etiquette and hand hygiene:* CDC recommends respiratory etiquette and hand hygiene in all community settings, including homes, child care facilities, schools, workplaces, and other places where people gather, year-round and especially during annual influenza seasons and influenza pandemics.

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24: [https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm](https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm)

25: [https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.html#T1_down](https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.html#T1_down)
Voluntary home quarantine: CDC might recommend voluntary home quarantine of exposed household members as a personal protective measure during severe, very severe, or extreme influenza pandemics in combination with other personal protective measures such as respiratory etiquette and hand hygiene. If a member of the household is symptomatic with confirmed or probable pandemic influenza, then all members of the household should stay home for up to 3 days (the estimated incubation period for seasonal influenza), starting from their initial contact with the ill person, to monitor for influenza symptoms.

Use of face masks by ill persons: CDC might recommend the use of face masks by ill persons as a source control measure during severe, very severe, or extreme influenza pandemics when crowded community settings cannot be avoided (e.g., when adults and children with influenza symptoms seek medical attention) or when ill persons are in close contact with others (e.g., when symptomatic persons share common spaces with other household members or symptomatic postpartum women care for and nurse their infants). Some evidence indicates that face mask use by ill persons might protect others from infection.

Use of face masks by well persons: CDC does not routinely recommend the use of face masks by well persons in the home or other community settings as a means of avoiding infection during influenza pandemics except under special, high-risk circumstances (https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm). For example, during a severe pandemic, pregnant women and other persons at high risk for influenza complications might use face masks if unable to avoid crowded settings, especially if no pandemic vaccine is available. In addition, persons caring for ill family members at home (e.g., a parent of a child exhibiting influenza symptoms) might use face masks to avoid infection when in close contact with a patient, just as health care personnel wear masks in health care settings.

Hand Washing
The CDC26 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 your hands with soap and water:
- **Wet** your hands with clean running water and apply soap. Use warm water if it is available.
- **Lather** your hands by rubbing them together with the soap (include the backs of hands, between fingers, under nails).
- **Scrub** your hands for 20 seconds. Need a timer? Sing the “Happy Birthday” song twice.
- **Rinse** hands well under clean, running water.
- **Dry** your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.

Hands should be washed…
- 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

What about “antibacterial” soaps? They do not add anything to the cleaning/disinfecting effects of soap itself, and may encourage the breeding of resistant organisms (and may adversely affect the immune system). Their use is not recommended.27

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26 [https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/handwashing/when-how-handwashing.html)
Hand Sanitizers

Hand sanitizers should be used if soap and water are not available.

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.

Alcohol-free hand sanitizers (such as sporicidin or chlorhexidine) are also commercially available.

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.

Cough and Sneeze Etiquette

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 above) 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

NOTE: Recommendations for the use of masks are fluid; for the latest information, it is best to visit the CDC website (https://www.cdc.gov/).

*In the context of seasonal influenza.*

Outside of the healthcare setting, the routine use of masks is not recommended.

Persons who are diagnosed with influenza by a physician or who have a febrile respiratory illness during a period of increased influenza activity in the community should remain at home until the fever is resolved for 24 hours (without fever-reducing medications) and the cough is resolving to avoid exposing other members of the public. If such symptomatic persons cannot stay home during the acute phase of their illness, consideration should be given to having them wear a mask in public places when they may have close contact with other persons. In addition, masks are recommended for use by symptomatic, post-partum women while caring for and nursing their infant.

In these situations, facemasks (as defined below) suffice.

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28 [https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html) and [https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm](https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm)

29 [https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm](https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm)
No recommendation can be made at this time for mask use in the community by asymptomatic persons, including those at high risk for complications, to prevent exposure to influenza viruses. If unvaccinated high-risk persons decide to wear masks (facemasks or N95 respirators; see below) during periods of increased respiratory illness activity in the community, it is likely they will need to wear them any time they are in a public place and when they are around other household members.

In the context of pandemic flu or other emergency.

During the 2009 H1N1 pandemic, the CDC provided the following guidance; such guidance is expected to be updated in the context of a new influenza or other pandemic.

Table 1. CDC Interim Recommendations for Facemask and Respirator Use for Home, Community, and Occupational Settings for Non-Ill Persons to Prevent Infection with 2009 H1N1

<table>
<thead>
<tr>
<th>Setting</th>
<th>Persons not at increased risk of severe illness from influenza (Non-high risk persons)</th>
<th>Persons at increased risk of severe illness from influenza (High-Risk Persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No 2009 H1N1 in community</td>
<td>Facemask/respirator not recommended</td>
<td>Facemask/respirator not recommended</td>
</tr>
<tr>
<td>2009 H1N1 in community: not crowded setting</td>
<td>Facemask/respirator not recommended</td>
<td>Facemask/respirator not recommended</td>
</tr>
<tr>
<td>2009 H1N1 in community: crowded setting</td>
<td>Facemask/respirator not recommended</td>
<td>Avoid setting. If unavoidable, consider facemask or respirator</td>
</tr>
<tr>
<td><strong>Home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver to person with influenza-like illness</td>
<td>Facemask/respirator not recommended</td>
<td>Avoid being caregiver. If unavoidable, use facemask or respirator</td>
</tr>
<tr>
<td>Other household members in home</td>
<td>Facemask/respirator not recommended</td>
<td>Facemask/respirator not recommended</td>
</tr>
<tr>
<td><strong>Occupational (non-health care)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No 2009 H1N1 in community</td>
<td>Facemask/respirator not recommended</td>
<td>Facemask/respirator not recommended</td>
</tr>
<tr>
<td>2009 H1N1 in community</td>
<td>Facemask/respirator not recommended but could be considered under certain circumstances</td>
<td>Facemask/respirator not recommended but could be considered under certain circumstances</td>
</tr>
<tr>
<td><strong>Occupational (health care)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring 2 for persons with known, probable or suspected 2009 H1N1 or influenza-like illness</td>
<td>Respirator</td>
<td>Consider temporary reassignment. Respirator</td>
</tr>
</tbody>
</table>

1. The effectiveness of respirators and facemasks in preventing transmission of 2009 H1N1 (or seasonal influenza) in various settings is not known. Use of a facemask or respirator is likely to be of most benefit if used correctly and consistently when exposed to an ill person.
2. For the purpose of this document, respirator refers to N95 or any other NIOSH-certified filtering face piece respirator.
3. Persons at increased risk of severe illness from influenza (i.e. high-risk persons) include those groups at higher risk for severe illness from seasonal influenza, including: children younger than 5 years old; persons aged 65 years or older; children and adolescents (younger than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have pulmonary, including asthma, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders, such as diabetes; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and, residents of nursing homes and other chronic-care facilities.
4. The optimal use of respirators requires fit testing, training, and medical clearance. Proper use is recommended to maximize effectiveness. The use of facemasks may be considered as an alternative to respirators, although they are not as effective as respirators in preventing inhalation of small particles, which is one potential route of influenza transmission. There is limited evidence available to suggest that use of a respirator without fit-testing may still provide better protection than a facemask against inhalation of small particles. Respirators are not recommended for children or persons who have facial hair.

1. The effectiveness of respirators and facemasks in preventing transmission of 2009 H1N1 (or seasonal influenza) in various settings is not known. Use of a facemask or respirator is likely to be of most benefit if used correctly and consistently when exposed to an ill person.
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30 [https://www.cdc.gov/h1n1flu/masks.htm](https://www.cdc.gov/h1n1flu/masks.htm)
5. Use of N95 respirators or facemasks generally is not recommended for workers in non-healthcare occupational settings for general work activities. For specific work activities that involve contact with people who have influenza-like illness (ILI) (fever plus at least either cough or sore throat and possibly other symptoms like runny nose, body aches, headaches, chills, fatigue, vomiting and diarrhea), such as escorting a person with ILI, interviewing a person with ILI, providing assistance to an individual with ILI, the following are recommended: a) workers should try to maintain a distance of 6 feet or more from the person with ILI; b) workers should keep their interactions with the ill person as brief as possible; c) the ill person should be asked to follow good cough etiquette and hand hygiene and to wear a facemask, if able, and one is available; d) workers at increased risk of severe illness from influenza infection (see footnote 3) should avoid people with ILI (possibly by temporary reassignment); and, e) where workers cannot avoid close contact with persons with ILI, some workers may choose to wear a facemask or N95 respirator on a voluntary basis. (See footnote 1). When respirators are used on a voluntary basis in an occupational work setting, requirements for voluntary use of respirators in work sites can be found on the OSHA website.

6. See case definitions of confirmed, probable, and suspected 2009 influenza A (H1N1). Also see infection control in the health care setting. When respiratory protection is required in an occupational setting, respirators must be used in the context of a comprehensive respiratory protection program as required under OSHA’s Respiratory Protection standard (29 CFR 1910.134). This includes fit testing, medical evaluation and training of the worker. (N.B. links are to archived pages, which may contain outdated information.)

7. “Caring” includes all activities that bring a worker into proximity to a patient with known, probable, or suspected 2009 H1N1 or ILI, including both providing direct medical care and support activities like delivering a meal tray or cleaning a patient’s room.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (when sharing common spaces with other household members)</td>
<td>Facemask preferred, if available and tolerable, or tissue to cover cough/sneeze</td>
</tr>
<tr>
<td>Health care settings (when outside of patient room)</td>
<td>Facemask, if tolerable</td>
</tr>
<tr>
<td>Non-health care setting</td>
<td>Facemask preferred, if available and tolerable, or tissue to cover cough/sneeze</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Facemask preferred, if available and tolerable, or tissue to cover cough/sneeze</td>
</tr>
</tbody>
</table>

1. See definitions for confirmed, probable, and suspect 2009 influenza A (H1N1) infection. Also see information on infection control in health care settings. (N.B. links are to archived pages, which may contain outdated information.)

2. Ill persons should be placed in well ventilated areas when possible and placed in areas where at least 6 feet distance can be maintained between the ill person and other well and ill persons.

Types of masks.

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

In summary, 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, 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. Both 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.

Facemasks: Unless otherwise specified, the term “facemasks” refers to disposable facemasks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Such facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type of facemask is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by the FDA for use as medical devices have been determined to have specific levels of protection from penetration of blood and body fluids. Facemasks help stop droplets from being spread by the person wearing them. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the facemask. They are not designed to protect against breathing in very small particle aerosols that may contain viruses. Facemasks should be used once and then thrown away.

31 Refers to masks that meet or exceed the NIOSH (National Institute for Occupational Safety and Health) N95 standard.
§II-9100 Policies Relating to Planning for Pandemic Influenza

Respirators: Unless otherwise specified, "respirator" refers to an N95 or higher filtering face piece respirator certified by the CDC/National Institute for Occupational Safety and Health (NIOSH). A respirator is designed to protect the person wearing the respirator against breathing in very small particle aerosols that may contain viruses. A respirator that fits snugly on the face can filter out virus-containing small particle aerosols that can be generated by an infected person, but compared with a facemask it is harder to breathe through a respirator for long periods of time. Respirators are not recommended for children or people who have facial hair. Disposable respirators should be used once and then thrown away in the trash.

Where respirators are used in a non-occupational setting, fit testing, medical evaluation and training are recommended for optimal effectiveness. At the same time, recent research suggests that facemasks may be just as effective as N95 respirators at preventing influenza and other respiratory illnesses in health care professionals. Therefore, given all these factors, when our diocesan policy calls for the use of a mask, our intention is that a facemask should be used unless an N95 respirator or other equipment is explicitly called for by public health authorities. 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 (see below) should be completed and returned to the entity administrator (i.e. pastor, principal) to be filed.

<table>
<thead>
<tr>
<th>Information for employees and volunteers using respirators when not required under the standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 respirator 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:</td>
</tr>
<tr>
<td>1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.</td>
</tr>
</tbody>
</table>

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

Employee’s Signature ........................................ Date ........................................

Print Name ........................................ Company Name ........................................

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32 When respiratory protection is required in an occupational setting, respirators must be used in the context of a comprehensive respiratory protection program as required under OSHA’s Respiratory Protection standard (29 CFR 1910.134). This includes fit testing, medical evaluation and training of the worker. When required in the occupational setting, tight-fitting respirators cannot be used by people with facial hair that interferes with the face seal. Guidance for voluntary use in an occupational setting is also available.


47
Use of Gloves, Protective Eyewear, and Gowns

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.

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.

In certain situations, protective disposable gowns may be indicated.

Community NPIs

Summary of CDC Recommendations

School closures and dismissals: CDC might recommend the use of preemptive, coordinated school closures and dismissals during severe, very severe, or extreme influenza pandemics. This recommendation is in accord with the conclusions of the U.S. Community Preventive Services Task Force (https://www.thecommunityguide.org/findings/emergency-preparedness-and-response-school-dismissals-reduce-transmission-pandemic-influenza), which makes the following recommendations:

- The task force recommends preemptive, coordinated school dismissals during a severe influenza pandemic.
- The task force found insufficient evidence to recommend for or against preemptive, coordinated school dismissals during a mild or moderate influenza pandemic. In these instances, jurisdictions should make decisions that balance local benefits and potential harms.

Social distancing measures: Even though the evidence base for the effectiveness of some of these measures is limited, CDC might recommend the simultaneous use of multiple social distancing measures to help reduce the spread of influenza in community settings (e.g., schools, workplaces, and mass gatherings) during severe, very severe, or extreme influenza pandemics while minimizing the secondary consequences of the measures. Social distancing measures include the following:

- Increasing the distance to at least 3 feet between persons when possible might reduce person-to-person transmission. This applies to apparently healthy persons without symptoms. In the event of a very severe or extreme pandemic, this recommended minimal distance between people might be increased.
- Persons in community settings who show symptoms consistent with influenza and who might be infected with (probable) pandemic influenza should be separated from well persons as soon as practical, be sent home, and practice voluntary home isolation.
Environmental NPIs

Summary of CDC Recommendations

*Environmental surface cleaning measures:* CDC recommends environmental surface cleaning measures in all settings, including homes, schools, and workplaces, to remove influenza viruses from frequently touched surfaces and objects. Use of these measures might help prevent transmission of various infectious agents, including seasonal and pandemic influenza ([https://www.cdc.gov/nonpharmaceutical-interventions/environmental/index.html](https://www.cdc.gov/nonpharmaceutical-interventions/environmental/index.html); [https://www.cdc.gov/oralhealth/infectioncontrol/questions/cleaning-disinfecting-environmental-surfaces.html](https://www.cdc.gov/oralhealth/infectioncontrol/questions/cleaning-disinfecting-environmental-surfaces.html)).

Additional guidance is available from CDC for schools ([https://www.cdc.gov/flu/school/cleaning.htm](https://www.cdc.gov/flu/school/cleaning.htm)).

Cleaning and Disinfecting Surfaces

**Cleaning** removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Disinfecting** kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

**Dwell time** refers to the amount of time that a disinfectant must remain wet on a surface to kill microorganisms.

Therefore, surfaces are to be BOTH cleaned AND disinfected (2 steps; see below), and the disinfecting agent must remain wet on a surface for the prescribed amount of time to be effective.

The frequency of cleaning/disinfecting will depend on which step in this policy we are in, and may also depend (in schools) on existing policies, procedures, and state requirements. The following is general advice from the CDC:

> Clean and disinfect surfaces and objects that are touched often

Follow your school’s standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

> Simply do routine cleaning and disinfecting

It is important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for up to 48 hours after being deposited on a surface. However, it is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu. Also, if students and staff are dismissed because the school cannot function normally (e.g., high absenteeism during a flu outbreak), it is not necessary to do extra cleaning and disinfecting.

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34 [https://www.cdc.gov/flu/school/cleaning.htm](https://www.cdc.gov/flu/school/cleaning.htm)
Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.

> Clean and disinfect correctly

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

> Use products safely

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

> Handle waste properly

Follow your school’s standard procedures for handling waste, which may include wearing gloves. Place no-touch waste baskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

Agents:

There are a number of excellent, EPA-approved commercial disinfectants available. Intended for use on hard, non-porous surfaces, most are not recommended for wood surfaces. Read the labels carefully. They must specify the agents against which they are effective (make sure pandemic influenza is mentioned) or include a statement that the product qualifies for emerging viral pathogen claims per the EPA’s “Guidance to Registrants: Process for Making Claims Against Emerging Viral Pathogens not on EPA-Registered Disinfectant Labels” when used according to directions. Use products that provide the appropriate level of disinfection for the agents you are targeting. Examples include:

- Lysol® All Purpose Cleaner / Disinfectant - [https://www.lysol.com/](https://www.lysol.com/)

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35 [https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants](https://www.epa.gov/pesticide-registration/selected-epa-registered-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 (as well as more difficult-to-kill organisms).

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 ¾ cup bleach in 1 gallon of water. Bleach must be used in a well-ventilated area and gloves should be worn.

**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. While there is no published research to support this particular claim, Tea tree oil has been shown to have antiseptic properties, and is safe for external use (though, rarely, rash has been reported). It should never be taken internally. The oil is commercially available in the U.S., usually from establishments specializing in alternative health care or aromatherapy.

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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 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:

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

*please check on food allergies
Appendix I: Signage

Signs and flyers instructing individuals on cough and sneeze etiquette and hygiene issues can be found at:

- https://www.cdc.gov/handwashing/posters.html
- https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm

Parishes and schools should reproduce these resources and post them in appropriate places (such as washrooms, classrooms, and waiting areas).

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

✓ Holy water fonts/stoups (with standing water) have been emptied. Large immersion fonts with circulating water will be emptied and cleaned/disinfected weekly. [We have pre-filled bottles of holy water available.]
Pandemic Influenza Response: 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 missalettes will not be used
✓ Seating will be in alternate rows (as much as possible)
✓ The “box” confessionals will no longer be used
✓ All stoup/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

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 and other infectious disease outbreaks. 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 (https://www.davenportdiocese.org/flu) for additional information and resources.

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

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 (rather than on the tongue), 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

Why Changes at Mass? [this is a generic explanation; specifics should be included]
Because of the current flu situation (infectious disease outbreak), a number of changes are being made at Mass. These changes are intended to try to limit the spread of (the flu), not only to keep us healthy as individuals but to protect the community at large. By slowing the spread of (the flu), we help keep our health care system from getting overwhelmed and allow time for the development of any needed vaccines or treatments. Thank you for your cooperation!

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
✓ Holy water fonts/stoups (with standing water) are emptied. Large immersion fonts with circulating water will be emptied and cleaned/disinfected weekly. Pre-filled bottles of holy water will be available if necessary.

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 missalettes will not be used
✓ Seating will be in alternate rows (as much as possible)
✓ The “box” confessionals will no longer be used
✓ All 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 [will be made available in later Steps]
The following booklets, produced by the Diocese are available at the back of church or on the diocesan website (https://www.davenportdiocese.org/flu):
‡ 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 taking 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: Resources

In accord with c. 839.2, the Diocese of Davenport will produce the following resources, and post them on the diocesan website (https://www.davenportdiocese.org/flu) when the need arises:

**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).37

**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 USCCB. *Administration of Communion & Viaticum to the Sick* (rev. ed.) (ISBN: 9781601373359) contains the rites in both English and Spanish.

The ritual book for clergy is entitled *Pastoral Care of the Sick: Rites of Anointing and Viaticum*. Bilingual versions are available from Liturgy Training Publications and Catholic Book Publishing.

Liturgical Press produces a similar collection of texts for laypersons: *A Ritual for Laypersons* (ISBN 0814621503); it is available only in English. Some of the language needs updating in light of the new Missal.

The *Book of Blessing* is available in a “pocket” or “shorter” edition from both Liturgical Press and Catholic Book Publishing. This ritual book includes a Blessing of the Sick.

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