



DIOCESE OF ONTARIO
The Anglican Church of Canada

Influenza Pandemic Response Plan

2008

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Acknowledgements

The reality that we face is that such a document as this influenza pandemic preparedness plan is necessary. Sadly, history teaches us, and most recently the SARS event of 2003, compels us as a community of faith to anticipate and prepare for, as best we are able, profound events of disease and illness. Being called as Christians to be good stewards of God’s creation, requires us to bring together our resources of science, medicine and social services so as to develop an appropriate template or protocol which might assist the Diocese of Ontario in responding to the implications and impact of a influenza pandemic.

This document came into being at the direction of the Ven. Wayne Varley, Diocesan Executive Officer, and building on the shared work of the Tri-Diocesan working group charged with the responsibility of developing this pandemic response plan for the dioceses of Huron, Niagara, and Toronto. We are indebted to their work and are grateful for their permission to translate that work into an appropriate fit for us in the Diocese of Ontario.

This document has also been guided and shaped by the “*Guide To Influenza Pandemic Preparedness For Faith Groups*” (Ontario Ministry of Health and Long-Term Care, May 2006) which was developed in consultation with the Ontario Multifaith Council on Spiritual and Religious Care.

A Message from Bishop George Bruce

We are all called to ministry by our baptism. We are called to care and to serve and to be ministers of God's love and healing where possible. When faced with the very real possibility of a Pandemic Influenza we will each have an opportunity to care in very essential ways to one and another and to each member of God's family. Part of that caring is being prepared and part of our preparation as a diocese is to prepare this Pandemic Response Plan. I commend it to each of you and to your congregations and invite and exhort you to embrace its contents in a very serious manner for the sake of each of us and the ministries to which calls us.

It begins with very simple steps such as looking at the ways that we cover our mouth when we sneeze or wash our hands that we each can observe as good stewards of each others health. You will also find herein many suggested steps so that you as parishes, congregations, as well as families and individuals can follow to be better prepared. In that way we as a diocese will be better prepared and that is our hope and prayer.

One of the most important ways we can all help to prevent the spread of disease is to keep our hands clean, especially during worship and while visiting the sick and shut-ins. With this in mind I expect that all clergy will ensure:

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

By following these steps we will not only help protect the health of our congregation - especially the most vulnerable - but may also keep ourselves healthier. I believe that if we as a church are prepared for a Pandemic event, we will also be prepared for a snow or ice storm or other emergency. For example, your parish telephone fan out list can be used for a multitude of purposes including: keeping your parish list up to date; notifying folks about parish events; organizing small neighbourhood groups or coffee parties; or finding out if vulnerable parishioners are able to cope with a prolonged power outage.

This is ultimately about good stewardship and the pastoral care of our people and not just about emergency planning, pandemic events or good hygiene. Every one of our congregations must be prepared in order to continue to be able to care for our people in the rich tradition of being servants of Christ. May God bless you in this endeavour.

Yours Faithfully in Christ,
The Right Reverend George Bruce
Bishop of Ontario
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Overview

This Diocesan Pandemic Plan provides guidelines for the Diocese of Ontario to prepare for and respond to an influenza pandemic. Many of these same resources can be adapted to deal with the effects of other emergencies. It is anticipated that this document will be a living document that will need annual review and updating as is appropriate.

Health experts agree that it is a matter of when, not if, a pandemic strikes. The important role that faith groups will play during a future pandemic is widely agreed upon and was underscored repeatedly at the Faith Community Summit on Pandemic Preparedness at Canadian Mennonite University (CMU) in Winnipeg in 2006 which brought together healthcare experts, government officials and faith community leaders from across the country. At that conference, Dr. Joel Kettner, Chief Medical Officer for the Province of Manitoba, told participants, “When the next flu pandemic strikes, the very first people to get anti-virals—drugs like Tamiflu that can prevent the illness—should be clergy.” Kettner was joking—sort of. But he was also trying to make the serious point that, during a pandemic, “we will need people to keep us calm and help us not to panic.” Clergy, he said, will be counted on to help perform that role. A faithful response for us is not one springing out of fear but rather one of good stewardship through thoughtful and intentional planning in anticipation of both the ministry challenges and genuine opportunities in such a situation.

It is proposed that a Diocesan Pandemic Coordinator be established and one of the main responsibilities be to monitor World Health Organization (WHO) Pandemic Periods and Phases and inform the Diocesan Bishop when Phase 4 may be imminent. At WHO Phase 4, the Diocesan Bishop, in consultation with the Bishops Advisory Council (comprised of the Archdeacons, Diocesan Executive Officer, Dean of the Cathedral) as well as the Diocesan Physician shall prepare to activate the Influenza Pandemic Response Plan. Following a declaration by the Ministry of Health and Long Term Care, it is the responsibility of the Diocesan Bishop to declare that the Diocesan Influenza Pandemic Plan will be put in place and that the following protocols be executed.

Background

The following questions and answers may provide a helpful background and context for this document.¹

What is influenza?

Influenza, more commonly known as the flu, is a highly contagious respiratory illness caused by a virus.

What is a pandemic?

A pandemic is distinguished by its scope. It becomes a worldwide epidemic, or pandemic, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads.

What is avian influenza?

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. The vast majority of avian influenza viruses do not infect humans. However, some of these viruses can infect humans and potentially cause significant illness.

How does an influenza pandemic start?

The viruses that cause influenza are constantly changing. A pandemic starts when a new strain of influenza virus emerges that is different from common strains of influenza. Because people have no immunity to the new virus, it can spread quickly and infect hundreds of thousands of people. Pandemic influenza strains often develop when an animal or bird virus mixes with a human virus to form a new virus.

What is the contagious period?

Influenza can be contagious for 24 to 48 hours before any symptoms arise and for five days after the onset of symptoms. This means you could spread the virus without knowing you are infected.

What is the difference between ordinary influenza and pandemic influenza?

A pandemic influenza can appear very similar to seasonal influenza. Because people have little or no immunity to a pandemic influenza virus, the spread of the disease can occur more quickly than with an ordinary influenza. The symptoms are the same: fever, headache, aches and pains, tiredness, stuffy nose, sneezing, sore throat and cough. However, they can be much more severe with a pandemic influenza and affect people who do not normally suffer as much from seasonal influenza – such as younger, healthy adults. For example, in the 1918 and 1919 pandemic, the death rate was highest among healthy adults. Both ordinary influenza and pandemic influenza are spread in the same way. The influenza virus is spread when someone with influenza coughs or sneezes, and droplets containing the virus come in contact with another person's nose, mouth or eyes. It can also be spread when people with influenza cough or sneeze into their hands and

¹ Excerpts from “*Guide To Influenza Pandemic Preparedness For Faith Groups*” (Ontario Ministry of Health and Long-Term Care, May 2006)

contaminate things they touch, such as a door handle. Other people can become infected if they touch the same object and then touch their face.

What are the phases of an influenza pandemic?

The World Health Organization (WHO) has identified six phases of an influenza pandemic. These phases allow a step-wise approach to preparedness planning and response leading up to declaration of the start of a pandemic. Canada and Ontario are using the WHO pandemic periods and phases. Figure 1 identifies and describes the pandemic periods and phases.

Period	Phase	Description
Interpandemic Period*	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk* of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period**	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.
Postpandemic Period		Return to interpandemic period

Source: World Health Organization, 2005.

* The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.

** The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic.

Figure 1 - WHO Pandemic Period and Phase Chart

Diocesan Influenza Pandemic Plan Protocols

A - Communications

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

Website

The Diocesan website www.ontario.anglican.ca will be the primary communication tool for the Diocese. The website will be updated frequently with all relevant information as it becomes available and can be updated off-site by the diocesan websteward or his/her designate. Each update will include the date and time of the update. The website will also be updated with prayers and devotions. The Pandemic Coordinator will be responsible for providing the websteward with updates of relevant information.

Diocesan Telephone and E-mail Systems

A designated telephone extension could be established for brief information updates and to receive messages. Messages are retrieved and responded to daily by appointed staff members. All Diocesan staff are capable of retrieving phone and e-mail messages off-site.

Press Relations

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

B - Leadership

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

- ▷ The Bishop of Ontario is the primary contact for the Diocese.
- ▷ The Pandemic Coordinator, on behalf of the Bishop, will:
 1. maintain contact with the Ministry of Health
 2. act as liaison with other Diocesan offices
 3. coordinate the implementation of the Diocesan Influenza Pandemic Plan
- ▷ Commissaries are appointed by the Bishop in the event that he is unable to fulfill his/her duties. Commissaries have direct land line, cell phone and e-mail contact information with the Bishop and each other.
- ▷ The following provide leadership support to the Bishop of Ontario
 - The Diocese Executive Officer
 - The Dean
 - The Bishops Advisory Committee

▷ The Bishops Advisory Committee and Regional Deans will have a regularly scheduled conference call (on a weekly or other such occurrence as may be deemed timely) to facilitate broad and timely communication amongst diocesan leadership. This meeting may include the Pandemic Plan Coordinator, the Diocesan Physician and other such people on the invitation of the Bishop.

C - Pastoral Care

▷ The Diocesan Bishop holds the primary role regarding pastoral care for the Diocese.

▷ The Diocesan Bishop shall determine when and if particular liturgies require suspension and when such liturgies shall be re-instated.

▷ The Diocesan Bishop approves prayers and devotions for the Diocesan website.

▷ The Diocese Executive Officer provides pastoral care for the Diocesan Centre staff.

D - Finance & Administration

▷ The Diocesan Bishop will request that the Financial Officer make provision for access to funds for emergency situations.

▷ The Diocesan Bishop or his designate will authorize emergency funds.

▷ The Diocesan Bishop will designate responsibility to an appropriate person or group for yearly review of this Plan.

E - Parish Ministries

1. Communication

▷ Every parish will maintain up to date contact details for all key parish leaders for their Regional Dean, Regional Archdeacon, and the Bishop including but not limited to: Clergy, Churchwardens and Treasurers, Congregational pastoral care networks, e.g. parish nurses, key outreach ministry people, etc.

▷ Establish regular daily contact with Regional Dean via incumbent or designate.

▷ Develop and maintain a means of quickly contacting all parishioners.

2. Leadership

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

▷ Identify back up coverage for

- Clergy

- Wardens
- Key lay leaders

- ▷ Maintain a hard copy of an up to date congregation membership list.
- ▷ Identify essential congregation functions and ensure they are adequately provided for. (See Appendix D—Checklist for Congregations.)
- ▷ Notify their Regional Dean of all essential ministries.

3. Pastoral Care

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

4. Finance

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

5. Special Needs

All our parishes have people with special needs. Therefore it is critical for us to be aware of the special needs of some people. Do not use the elevators in an emergency. People with disabilities who are self-sufficient under normal circumstances may have to rely on the help of others in a disaster. You should not carry persons with special needs down the

stairs unless absolutely necessary. Fire Services personnel will be directed to assist with the evacuation of those with impaired mobility.

However, in the event of, and during an emergency, we have a responsibility to respond to the particular evacuation requirements of person(s) with special needs. Examples of disabilities that fall within the boundaries of 'special needs' are: Visual impairments (reduced vision or blindness); Hearing impairments (some degree of hearing loss or deafness); Mobility impairments (those using walkers, crutches, motorized scooters, wheelchairs, canes for short term or long term usage); Other medical conditions that pose a functional limitation; Documented learning disabilities; Limited English (first language is not English); Mothers with young children; Mothers-to-be. Other issues for consideration are that people with disabilities often need extra time to make necessary preparations during an emergency and that the needs of older people are often similar to those of persons with disabilities. In the event of a Pandemic they may require assistance to attend influenza assessment/treatment centers if ill and pandemic influenza vaccination centers when a vaccine is available. People with impaired mobility are often concerned about being dropped when being lifted or carried. Learn the proper way to transfer or move someone in a wheelchair, and know what exit routes are best to use.

6. Liturgical Conduct

General Health Guidelines in a normal setting:

- ▷ Hand sanitizers should be available at strategic locations and particularly at entrances of the Church. Parishioners should be encouraged to use them before attending worship or other activities on church property as well as upon exiting.

- ▷ All liturgical ministers will use proper hand hygiene. Proper hand washing techniques and hand sanitizer techniques posters will be posted in washrooms and above hand sanitizer dispensers. See Appendix G for these posters.

- ▷ All persons involved in the distribution or handling of the elements must wash their hands or use hand sanitizers prior to handling the elements and the setting of the table.

- ▷ Liturgical ministers who distribute the common cup must be trained in appropriate etiquette and in the proper methods for wiping the vessels between communicants.

- ▷ Fresh purificators need to be used for each service and for each communion cup; purificators may need to be changed more frequently depending upon the size of the congregation. The purificator should be opened up and repositioned so that a fresh spot is used each time it is used to wipe the common cup.

Current literature and expert medical advice concludes that sipping from the common cup and sharing a handshake represent minimal risk of transmission of contagion and fall within the parameters of the normal risks of daily living. On the other hand, the practice of intinction is a higher risk activity; fingertips coming in contact with the bread which is then dipped in the wine or fingertips coming in direct contact with the wine may

contaminate the shared wine with pathogens other than those found in saliva. It is imperative that parishes take the following seriously and follow it faithfully.

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

General Health Guidelines during a Pandemic:

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

Liturgical Guidelines: Peace, Greetings and the Common Cup

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

F - Pastoral Care & Visitation

General Overview

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

It is expected that an influenza pandemic will quickly overwhelm government, social and healthcare resources in most communities. In even the most positive of scenarios, Ontario

does not and never will have the capacity to adequately respond to a pandemic event. Therefore, it is reasonable to anticipate that Diocesan resources will likewise be stretched beyond capacity.

- Not only will there be the overwhelming health care needs of those who are ill, the Diocese will face additional challenges of providing pastoral care while responding to:
- ▷ Influenza pandemic related deaths necessitating postponed or adapted funeral liturgies.
 - ▷ Significant absenteeism by those who are anxious or worried about being exposed to the influenza virus, and/or who have been quarantined or restricted in travel by public health officials.
 - ▷ Providing pastoral care to those who have been seconded by the government or Ministry of Health and Long Term Care: nurses, physicians, the military etc.
 - ▷ Maintaining a faith presence within a rapidly changing social environment of fear, anxiety and desperation.

Public Institutions

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

Pastoral Care Workers

The Pandemic Coordinator will act as information officer for the Diocesan Bishop regarding public health directives and restrictions as relates to pastoral care in public institutions. The Pandemic Coordinator will consult with the Diocesan Bishop regarding the determination of resuming regular pastoral visiting. Normative pastoral care and liturgical practice will be modified or suspended by the Diocesan Bishop in response to directives from the Department of Public Health.

G - General Preparations

Clergy can prepare for a pandemic event by:

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

Congregations can prepare for a pandemic event by:

- ▷ Identifying parishioners who are at risk, e.g. elderly living alone, unemployed single parents of small children, etc.

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

APPENDIX A—A Pastoral Reflection

by The Rt. Rev. Victoria Matthews

Since our experience of SARS in 2003 we have heard that a new pandemic, most likely of an influenza virus, is on the horizon. Public health officials warn us that as much as 30% - 38% of the population will be unable to work inside or outside the home. There is growing pressure to have an emergency response plan in place if and when the hospitals and medical centers no longer are adequate to meet the needs.

Canadian Christians need to ask what this will mean for them and what their vocation in Christ is in terms of response. At the first level of distress it means one in three priests and licensed lay ministers may be unable to work. It means budgets may have to be cut drastically due to lower attendance. We know some people will stay away because of fear of contagion. But that is really only the first level of consideration.

We know that all our communities are dependant upon volunteer support. This is particularly true in areas where the population is marginalized and at risk. Just think of the volunteers involved in local food banks, out of the cold programs, lunch programs, community suppers and drop-in centers. The list goes on and on. In the event of an influenza pandemic which is able to spread from person to person, both the fear and the critical shortage of volunteers will escalate.

And who will be most at risk? In many ways, no one within society will be left untouched. Nursing homes in large urban centers already discourage visiting when there are certain outbreaks in the institution. It is easy to understand why. But many of the residents are dependant, not only on being fed and assisted with self-care, but also upon the daily visit from a family member or close friend. Questions about quality of life come immediately to mind. In one instance where visiting was strenuously discouraged by a long-term care centre, I witnessed a frail but very alert 90-year-old retreat into herself more and more because she was denied the love and stimulation of frequent visits.

Each person and every community will have difficult decisions to make. For example, after the first exposure to such a contagion, will you place yourself voluntarily in isolation? Or, will you wait until it is required? What will your parish do to ensure the local homeless population—presently dependant on community centers, shelters and drop-in centers—are not suddenly abandoned without shelter, food or medical care? If you minister or volunteer alongside many others, have you discussed an emergency plan? You need to have it in place before the pandemic strikes.

No one needs or wants fear mongering, but denial of what the World Health Organization sees as a probable threat, is also dangerous and wrong. As Christians our calling to love our neighbour includes the lost, the least and the last. Now is the time to talk to family, friends and fellow Christians about how you and your community of faith will respond in the event of a pandemic.

(This article follows upon a discussion of the Human Life Task Force of Faith, Worship and Ministry and was written at its request, 2006.)

APPENDIX B—Influenza Pandemic: Opportunity & Challenge

A Theological Reflection by the Rt. Rev. Dr. Linda Nicholls

The looming threat of a pandemic immediately sparks both memories and fears. For some it opens up memories of the influenza pandemics of 1918, 1957 or 1968 and the SARS crisis in 2003. Memories of quarantines, illness, deaths and social disruption vie with the fears for personal safety and family care. Governments and health care providers are currently preparing plans to deal with a potential pandemic giving serious consideration to how best to manage the pragmatic and ethical challenges that will be faced. The whole of society will be affected, including the Church, and it behooves us to reflect both pragmatically and theologically on how we will respond. Although the pragmatic response is often the easiest and quickest to deal with, it is especially important to reflect on the theological roots for our response.

I am sure that neither death nor life . . . can separate us from the love of God in Christ Jesus our Lord (Romans 8:38). In the face of life and death, illness and health we root ourselves in the conviction of God's love for us—a love willing to offer life itself for us. Yet, we do live in a broken world in which illness is a common feature. Though gifted with intelligence and wisdom to seek both cure and care in the midst of illness, human beings are subject to diseases that remain outside our control. We uphold the love of God—stronger than death (Song of Solomon 8:6-7)—using the wisdom we have acquired to cure and care, while acknowledging our limits. We bring God's love and comfort to alleviate suffering and restore health wherever possible while acknowledging our mortality. Jesus proclaimed God's reign in his teaching, preaching and healing ministry and sent the disciples to carry on the same. We follow that example by offering healing through prayer, sacramental ministry, pastoral care and practical support (Matthew 25:34-40).

For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ (1 Corinthians 12:12). Important in our considerations is our collective responsibility and response. God's relationship with us is not only with individuals, it is with the church and the world. We are called, like the early disciples, to work together for the good of the Christian community (1 Corinthians 12:7). We are given gifts for the common good and invited to use them to build up, strengthen and encourage. The early disciples balanced concern for the community with their mission in the world (Acts 6:1-7).

You are the light of the world . . . (Matthew 5:14). The Church does not exist to serve itself only. We are called to be the light of Christ in the world (Matt 5:14-16). How can the Church witness to God's care and love in the midst of the anxieties, fears and needs of a world in crisis? What resources do we have to offer? For example, we have pragmatic resources such as our buildings as public spaces, our parishioners as volunteers, our communication networks for education and information sharing, our clergy and laity as pastoral support. We are also the symbolic presence of God in the midst of a community. Our proactive involvement witnesses to the love of God for all.

Perfect love casts out fear (1 John 4:18). Anxiety and fear will be the greatest enemies in this situation—fear for our own personal safety, fear for the safety of our family and anxiety for the future in a society disrupted by illness and possible deaths. Some anxiety is normal in the face of uncertainty; however, unchecked fears can cause anger, isolation and withdrawal from others. It will be important to remain rooted in the knowledge of the love of God that is stronger than anything we may fear, even death itself. The Christian community will need to demonstrate the love of God that reaches out beyond self to others and does not allow fear to rule all decisions. Common sense and care in following guidelines for health and safety will need to be partnered with a willingness to risk that is founded in the self-giving example of Jesus Christ (Philippians 2:5-11).

Throughout history the church has been a focal point for healing and hope. The possibility of a pandemic in our midst is an opportunity to proclaim our message of healing and hope anew. Will we be ready?

(Human Life Task Force of Faith, Worship & Ministry,
Anglican Church of Canada, 2006)

APPENDIX C—The Ethics of Risk

by The Rev. Canon Eric B. Beresford

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

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

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

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

First, we need reliable and timely information about the true nature and extent of the risks we face. This would be helped by more effective communication and cooperation between health authorities and the churches. When a new disease enters the population we do not have complete information. This means that health authorities will need to err on the side of caution. However, the use of inaccurate or misleading information can have long-term negative consequences. To this day, I am aware of some people who will not shake hands with an HIV infected person because of fear. In the recent outbreak of

SARS, the Chinese communities of Toronto were the ones who bore the brunt of an unreasoned fear that expressed itself often in racism, and resulted in disproportionate losses for Chinese businesses.

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

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

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

With regard to the management of risk, we need to be clear that the desire to eliminate all risk is to ask the impossible. It would not only close churches, it would take us off public transit, keep us away from all stores and restaurants, all sports and entertainment events, and, indeed, any place where we come into contact with other people. This would make normal life insupportable and reminds us that there are problems with the attempt of many in our society to seek risk free lives. There can be no such thing. Human life is full of risks and the task is to be able to recognize those risks that need to be accepted and those risks that need to be avoided. When the fear of risk grows out of bounds, it becomes a prison that constrains our lives and a barrier to relationships with others.

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

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

APPENDIX D—Checklist for Congregations

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

Item	Started	In-Progress	Completed
<p>These steps are guidelines to assist congregations in their individual preparations and should not be construed as hard and fast rules for proceeding. Congregations should feel free to complete the checklist as best suits their needs.</p>			
<i>Initial Steps</i>			
Identify someone within the congregation as a Pandemic Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify the essential functions of the congregation, e.g. liturgy, pastoral care, outreach, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Determine the potential impact of a pandemic on the congregation's usual activities and services.</p> <ul style="list-style-type: none"> • Plan for situations likely to require increasing, decreasing or altering the activities of the congregation. • If possible, have computer access of working documents available to those holding essential positions in off-site locations. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend workshops provided by the Diocese and other related educational events that may be provided by local health units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Second Stage Steps</i>			
Identify essential positions in relation to the essential functions, including paid and volunteer positions, needed to carry on the work of the congregation during a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine the potential impact of a pandemic on outside resources that the congregation depends upon to facilitate its activities, e.g. liturgical and cleaning supplies, outsourced services especially janitorial services, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be in contact with local municipal health units to establish safe practices for sanitizing classrooms, food handling and safety, cleansing of nursery toys and children's toys, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train all congregational staff and liturgical ministers in basic health procedures, such as proper hand washing techniques, cough etiquette, distribution of communion elements, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluate the congregation's usual activities and identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Third Stage Steps</i>			
Develop back up plans for essential functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-train people for essential positions so that if a person is ill, others are available to complete tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine the protocol for activating the congregation's response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outline what the organizational structure would be during an emergency and revise periodically. Identify key contacts with multiple back-ups, roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and maintain contact listings for those individuals providing essential functions and their back-up, including back-up for clergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage use of pre-authorized giving as a means of mitigating the impact of reduced attendance on the congregation's income. Discuss ability to access a line of credit with the bank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine which and the quantity of supplies that will be required to promote good hygiene during a pandemic; have these supplies on hand, keeping in mind that the predicted length of the first wave of an influenza pandemic is three months. Establish a protocol for reviewing these supplies and replacing those which have outlasted their expiry dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock Sunday School Rooms with hand washing or hand sanitizer supplies, waste receptacles, tissues; stock nurseries with washable or disposable baby supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that all those using the congregation's facilities follow the congregation's protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Educating Parishioners</i>			
Advise parishioners that the congregation will be following Diocesan protocol by adhering to guidelines provided by the Ministry of Health and Long Term Care and local health units as well as their emergency management agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, include basic information about pandemic influenza in public meetings, e.g. sermons, small group meetings and announcements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encourage the congregation’s leaders to attend Ministry of Health, public health units or Diocesan training sessions on pandemic preparedness and general health procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Staff Protocol</i>			
Be familiar with Diocesan Human Resource policies regarding clerical staff during a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop policies for non-clerical staff for: <ul style="list-style-type: none"> • Absences for personal or family illness due to influenza, including compensation for such absences • A code of conduct for leaving and returning to work for a personal or family illness due to influenza • Providing information for access to community health resources and Local Health Integration Networks 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop strategies for allowing staff to work from their homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with local health authorities to encourage yearly influenza vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Greater Community</i>			
Maintain contact with local health authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide space or other resources for local authorities as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with local ministerial associations for joint efforts for community support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX E—Worship Resources

The following resources are recommended for parish use:

Worship Needs and Resources

Daily prayer

BAS - Morning Prayer p. 47

BAS Ministry to the Sick p. 555

BCP - Morning Prayer p. 4

Daily prayer web resources:

- Church of England Daily Prayers

BCP Morning Prayer:

http://daily.commonworship.com/daily.cgi?today_mp=1&book=bcp

CW Morning Prayer:

http://daily.commonworship.com/daily.cgi?today_mp=1

BCP Evening Prayer:

http://daily.commonworship.com/daily.cgi?today_ep=1&book=bcp

CW Evening Prayer

http://daily.commonworship.com/daily.cgi?today_ep=1

Night Prayer (Traditional)

http://daily.commonworship.com/daily.cgi?today_np=1&book=bcp

Night Prayer (Contemp.)

http://daily.commonworship.com/daily.cgi?today_np=1

- Presbyterian Church of Canada: <http://daily.presbycan.ca>
- Irish Jesuits: www.sacredspace.ie
- Oremus: Church of England – Daily Offices: www.oremus.org/cofe.html
- Mission St. Clare – Daily Office: <http://www.missionstelare.com/english/index.html>

Lectionary Reading Resources

- Lectionary – Daily Oremus – Anglican - www.oremus.org/lectionary.html
- Evangelical Lutheran:
www.renewingworship.org/resources/daily_prayer/download.html
- Episcopal Church Lectionary: <http://satucket.com/lectionary/>

Devotionals

- Anglican GospelCom.net: www.gospelcom.net/spiritual_walk/devotionals
- Canadian Bible Society:
www.biblesociety.ca/free_scriptures/todays_scripture/index.html

Prayers for those severely ill or dying

- BAS Ministry of the Sick p. 556ff
- BCP p. 57ff

Funeral Services

- Occasional Celebrations of ACC - Burial of One who did not profess the Christian Faith
- ECUSA Book of Occasional Services p. 156 - Burial of One who did not profess the Christian Faith
- Avon & Somerset - The Faith Communities' Major Emergency Plan: A Multi-Faith Response to a Major Emergency or Disaster: Appendix, nov. 2004 ed.

Index:

BAS- Book of Alternative Services
BCP- Book of Common Prayer
ACC- Anglican Church of Canada
ECUSA- Episcopal Church of USA
NZ- New Zealand

APPENDIX F—Web Links

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

▶ **World News**

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

▶ **Government of Ontario News** - Provides basic information on influenza pandemics.

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

▶ **Hastings and Prince Edward Counties Health Unit**

www.hpechu.on.ca

▶ **Kingston, Frontenac and Lennox & Addington Health Unit**

www.healthunit.on.ca

▶ Kingston, Frontenac and Lennox & Addington Health Unit – Influenza Resources

<http://www.kflapublichealth.ca/Content.aspx?ThemeId=1&CategoryId=14&TopicId=17&ContentId=90>

▶ Pandemic Influenza Guide – *Very Good*

http://www.kflapublichealth.ca/Files/Resources/PANDEMIC_INFLUENZA_GUIDE.pdf

▶ **Leeds, Grenville and Lanark District Health Unit**

www.healthunit.org

▶ Tri-County Pandemic Influenza Plan – *Helpful posters and guides

<http://www.healthunit.org/infectious/pandemic/pandemic.htm>

▶ **Public Health Units of Ontario** - This site lists all of the local public health units in Ontario by region.

www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html

▶ **FGI World—The Diocesan Employment Assistance Program Provider** - This site provides practical advice on how to prepare for and understand a pandemic.

www.fgiworld.com/eng/preparing_for.asp

▶ **Diocese of Niagara Pandemic Resources**

<http://www.niagara.anglican.ca/pandemic/index.cfm>

APPENDIX G—General Resources, Posters and Handouts

Included Resources that are *recommended* for Distribution with this plan:

1 - KFLA Health Unit Pandemic Influenza Guide

 KFLA_PANDEMIC_INFLUENZA_GUIDE.PDF

2 – Handwashing Bulletin

 HandwashingBulletin.PDF

3 – Cover Your Cough – Clean your Hands Poster

 covercoughflyer-English.PDF

4 – Pandemic Family Checklist

 pandemic_family_checklist_june06.PDF

Other Reference Resources

1 -- Guide To Influenza Pandemic Preparedness For Faith Groups - Ontario Ministry of Health and Long-Term Care May 2006

 Faith_Group_Planning_Template_May_2006.PDF

2 -- The Pandemic Planner - A Monthly Newsletter for Health Care Professionals (sample April 2007 Edition)

 MOHLTC_pan_plan_0407.PDF

3 – US Department of Health and Human Services - Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist

 faithbasedCommunityChecklist.PDF