



Faith Communities and Pandemic Flu:  
Guidance for faith communities and local  
influenza pandemic committees



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75% recycled paper

May 2009

Product Code: 09FRD05909

ISBN: 978-1-4098-1405-4

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# Executive Summary

The threat of a potential world-wide influenza pandemic presents a real and daunting challenge to the health, social and economic well being of any country. Planning and preparing now will help to lessen its impact and aid in the UK's recovery from an influenza pandemic. The UK Government and key partners across all of society are therefore working together now to take every practical and proportional step to ensure that the UK prepares well for the pandemic – this guidance document forms part of that effort.

Faith communities are an integral group of UK society, with the majority of the UK's population identifying themselves as having some kind of religious faith or link to religious tradition and thousands actively participating in faith communities across the country. There are in excess of 11,000 faith leaders in the UK who can coordinate communities and who have experience, expertise and assets which are a valuable resource to the public. In the event of an influenza pandemic, the role of faith communities is likely to be of particular importance.

This guidance brings together the UK's planning assumptions and the Government's response strategy for the various aspects of an influenza pandemic that will be particularly relevant to faith communities. It also draws on existing good practice across faith communities in the UK and abroad.

The guidance will help those at different levels in all faith communities in their consideration of the direct impacts that a pandemic will have on their communities and the ways in which they can protect themselves and others. It will, at the same time, help in the wider response to the pandemic and minimise its impacts for all of society.

The guidance also recognises that planning for a pandemic, and responding to one while it is happening, involves many difficult decisions which may have the potential to create tension between the needs of individuals/communities and the needs of the wider population. In some cases, this may mean that difficult decisions may have to be made for the greater good of the UK population as the benefits to be gained from these actions has been judged to outweigh its potential impacts.

In all its pandemic influenza planning, the UK has robustly applied the ethical framework<sup>1</sup> already set out by the Government for responding to this threat. This means:

- Everyone matters
- Everyone matters equally – but this does not mean that everyone is treated the same
- The interests of each person are the concern of all of us, and of society

<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)

- The harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.
- Working together to plan for, and respond to, a pandemic?
- Helping one another
- Taking responsibility for our own behaviour, for example by not exposing others to risk

The UK Government aims to ensure that its approach to influenza pandemic planning and response is open and transparent. Those issues considered contentious and the proposed government plans to deal with them are discussed openly within this document to stimulate informed planning and discussions at all levels of society including within faith communities.

Although pandemic influenza remains one of the most severe natural challenges likely to affect the UK, by working together and preparing proportionately, we can all do a great deal to lesson its potential impact on our health, social and economic wellbeing.

This document was drafted by CLG and the Cabinet Office in consultation with officials from the Health Protection Agency, Department of Health and Home Office.

Thanks are due to the Faith Communities Consultative Council flu planning working group under the Chair of Monsignor John Devine of the Catholic Bishops Conference. Specific thanks are also due to Jim McManus, Assistant Director at the Barking and Dagenham Primary Care trust, particularly for his earlier work on drafting key sections of this guidance.

# Section 1

## Introduction

### 1.1 Aim

This guidance aims to encourage and support faith communities in planning for a human influenza pandemic. It provides a brief background on pandemic flu, its potential impact on the UK, the proposed government response and the implications for faith communities. It also explains the role faith communities could play in helping to facilitate the response to a pandemic within their communities.

This document is intended to be read in conjunction with the *National Framework for Responding to an Influenza Pandemic*<sup>2</sup>, and *Key Communities, Key Resources: engaging the capacity and capabilities of faith communities in civil resilience*, which was published by CLG in July 2008<sup>3</sup>. The National Framework describes, in detail, the Government's strategic approach to and preparations for an influenza pandemic, and sets out the UK planning assumptions for the different phases of a pandemic. The Key Communities document is intended to help emergency planners and faith communities prepare for and deal with large scale incidents such as an influenza pandemic. It deals with principles and provides tools and a roadmap for good practice.

This document does not attempt to duplicate the information in the National Framework; however where necessary information has been summarised and included. Cross references to the relevant sections of the National Framework have been included where appropriate.

Emergency planners may also wish to acquaint themselves with the 2005 Home Office/ Cabinet Office guidance *The Needs of Faith Communities in Major Emergencies*<sup>4</sup>.

<sup>2</sup> <http://www.cabinetoffice.gov.uk/ukresilience/pandemicflu/guidance/national.aspx>

<sup>3</sup> <http://www.communities.gov.uk/publications/communities/civilresilience>

<sup>4</sup> <http://security.homeoffice.gov.uk/news-publications/publication-search/guidance-disasters/faith-communities>

## 1.2 Audience

This guidance is aimed primarily at all faith communities and community leaders in England. It may also be of some interest to emergency planners in central government, local authorities and the uniformed services.

Faith leaders and communities in Northern Ireland, Scotland and Wales should find it useful to refer to this guidance alongside any other that may have been published by their own devolved administrations.

## 1.3 Using this guidance

This document should be read in advance of a pandemic influenza to ensure that robust preparations/plans are in place for faith communities.

This guidance is comprised of four sections:

Section 1 – introductory remarks.

Section 2 – generic pandemic influenza background information.

Section 3 – details of the proposed government response to a pandemic which may be of particular interest to some faith communities.

Section 4 – information to facilitate planning and response within faith communities. This section is subdivided into guidance on how to protect your community, business continuity planning to maintain and expand existing functions, and information on new functions which faith communities may consider to facilitate the response.

In order to help you develop and implement your plans for a possible flu pandemic, we recommend that everyone who is responsible for faith communities planning should read this guidance and the checklist provided at Annex A. You should also take note of Annex B, which provides links to a wide range of other sources of information and guidance.

## 1.4 Further information

Annex B provides a number of links to additional information. Any further questions or feedback on this document should be directed to the Cohesion and Faiths Division in the Department for Communities and Local Government if they relate specifically to faith issues ([contactus@communities.gov.uk](mailto:contactus@communities.gov.uk)), and to the Civil Contingencies Secretariat at the Cabinet Office if they relate to emergency planning ([CCSAssessmentsTeam@cabinet-office.x.gsi.gov.uk](mailto:CCSAssessmentsTeam@cabinet-office.x.gsi.gov.uk)).

# Section 2

## Pandemic influenza background

### 2.1 What is pandemic influenza?

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

Some groups of people are more susceptible to flu than others, in particular: older people; young children and those with certain medical conditions.

Pandemic flu is different from ordinary flu because it occurs when a new flu virus emerges into the human population and spreads from person to person worldwide – all countries will be affected. As it is a new virus, the entire population will be susceptible because no one will have any immunity to it. Therefore, healthy adults as well as older people, young children and people with existing medical conditions will be affected. The lack of immunity in the UK population will mean that the virus has the potential to spread very quickly between people. This will result in many more people becoming severely ill and many more deaths.

The circumstances exist now for a new flu virus to emerge and spread worldwide. Although a pandemic has not yet started, experts warn that it could soon.

### 2.2 What will a pandemic influenza look like?

This section should be read alongside Section 3 of the National Framework.

One of the main challenges faced by those planning against an influenza pandemic is that the nature and impact of the pandemic virus cannot be known until it emerges and therefore response arrangements must be flexible enough to deal with a range of possibilities and be capable of adjustment as they are implemented.

Until then, planning should be based on the assumptions set out in '*A National Framework for Responding to an Influenza Pandemic*' and as summarised below. These assumptions have been derived from a combination of current virological and clinical knowledge, expert analysis, extrapolations from previous pandemics and mathematical modelling:

- Duration and timing – A future influenza pandemic could occur at any time. It may come in two or more waves several months apart. Each wave may last two to three months across the UK as a whole. If a pandemic flu strain emerges overseas, it will almost certainly reach the UK; while this may take around a month, planners cannot rely upon having that much forewarning. Once the pandemic arrives, it is likely to spread throughout the country in a matter of weeks.
- Depending upon the virulence of the influenza virus, the susceptibility of the population and the effectiveness of countermeasures, up to 50 per cent of the population could become ill and up to 750,000 additional deaths (that is deaths that would not have happened over the same period of time had a pandemic not taken place) could occur by the end of a pandemic in the UK.
- Increased staff absenteeism levels (resulting from illness, caring responsibilities, school closures, public transport closures, death etc) throughout the pandemic period. As a rough working guide, organisations employing large numbers of people, with flexibility of staff redeployment, should ensure that their plans are capable of handling staff absence rates of up to 15-20 per cent (in addition to usual absenteeism levels). Small organisations, or larger organisations with small critical teams, should plan for level of absence rising to 30-35 per cent at peak, perhaps higher for very small organisations with only a handful of employees.
- In the absence of early or effective interventions, society may also face much wider social and economic disruption, lower production levels, shortages and distribution difficulties.

## 2.3 Signs and symptoms of flu

It is likely that the signs and symptoms of pandemic flu will be the same as for ordinary flu but may be more severe and cause more serious complications.

The most significant symptoms are the sudden onset of:

- Fever
- Cough or shortness of breath.

Other symptoms may include:

- Headache
- Tiredness
- Chills
- Aching muscles
- Sore throat
- Runny nose
- Sneezing
- Loss of appetite.

## 2.4 Incubation and infection periods

The incubation period (time between contact with the virus and the onset of symptoms) ranges from one to four days, for most people it will be two to three days.

People are most infectious to others soon after they develop symptoms though they can continue to shed the virus, for example in coughs and sneezes, typically for up to five days (seven days in children). People become less infectious as their symptoms subside and once symptoms are gone, they are considered no longer infectious to others.

## 2.5 What should you do if you have symptoms?

If you develop symptoms:

- Stay at home
- For advice and an initial assessment of symptoms, contact the National Flu Line service in the first instance
- Phone your employer or occupational health department
- Do not go to work until you are fully recovered.

## 2.6 How is pandemic flu caught and spread to others?

Flu, including pandemic flu, is spread from person to person by close contact. Some examples of how it can be spread include:

- Coughing and/or sneezing by an infected person within a short distance (usually one metre or less) of someone
- Touching or shaking the hand of an infected person and then touching your mouth, eyes or nose without first washing your hands
- Touching surfaces or objects (e.g. door handles) that have become contaminated with the flu virus and then touching your mouth, eyes or nose without first washing your hands.

## 2.7 What should individuals do to protect themselves and others from pandemic flu?

- Use a tissue to cover your nose and mouth when coughing and/or sneezing. Dispose of the tissue promptly and then wash your hands. Tissues should be disposed of in domestic waste and do not require any special treatment. Do not use handkerchiefs or reuse tissues. This practice contaminates pockets or handbags which will recontaminate hands every time they go into those pockets or handbags.
- Clean hands frequently, especially after coughing, sneezing and using tissues. Soap and water is an effective means of cleaning hands, however handrubs (microbicidal handrubs, particularly alcohol-based) can be used as an alternative.
- Minimise touching your mouth, eyes and/or nose, unless you have recently cleaned your hands.
- Use normal household detergent and water to clean surfaces frequently touched by hands.
- Clean your hands as soon as you arrive home.

## Section 3

# How will pandemic influenza plans affect faith communities?

The UK government has been making preparations for a pandemic for many years – these preparations are based on limiting the health, social and economic impacts of a pandemic and facilitating recovery.

All government planning, including those specific aspects outlined below have been subject to widespread consultation and the feasibility, merits and ethical impacts of the specific response options have been considered fully. The fundamental principles of equal respect and concern have been applied to all policies relating to influenza pandemic.

The proposed UK response actions which may directly impact on some faiths communities are described below. Full details of the response arrangements being planned by the UK are available at: [www.cabinetoffice.gov.uk/ukresilience/pandemicflu.aspx](http://www.cabinetoffice.gov.uk/ukresilience/pandemicflu.aspx)

### 3.1 Mass gatherings

Public gatherings, particularly those involving worship, are a fundamental part of every day life for faith communities and can help maintain morale during a pandemic. Whilst close contact with others in a confined space can accelerate the influenza virus, there is little direct evidence of the benefits of cancelling such gatherings among healthy people.

For planning purposes, the presumption should be that the Government is unlikely to recommend a blanket ban on religious or other types of gatherings. However, informed judgements by community faith leaders and their respective organisations in conjunction with the regulatory authorities and local planners will help in any decision about whether to suspend gatherings.

However, as in any situation where people come into close contact, good hygiene precautions should be adhered to, including robust policies that individuals who are ill or have influenza-like symptoms remain at home. The full range on infection control and hygiene measures are described in section 4.1.

Although evidence does not support a blanket ban on public gatherings, it should also be recognised that individuals may decide not to attend them. Parents, for example, may choose not to allow children, who are particularly vulnerable, to attend religious classes.

Transport difficulties, public order, crowd safety or other similar considerations may also affect decisions on staging such events. Organisers and/or governing bodies and licensing authorities (where relevant) might therefore decide to cancel events to minimise difficulties or avoid economic or other risks. Decisions can only be taken in the light of information and the circumstances at the time.

With this in mind faith communities may wish to make plans to provide additional support to their members outside of the routine gatherings.

## 3.2 Distribution of antivirals/Flu Line

The UK government is stockpiling specific clinical countermeasures that could have a significant beneficial impact in responding to a pandemic (both by reducing the spread of the virus and reducing deaths). This includes a stockpile of antiviral medicines.

Antiviral medicines form the main clinical intervention during the initial response to a pandemic. For maximum benefit, antivirals need to be taken as soon as possible, preferably within 12 hours, but at least within 48 hours of the onset of symptoms. Using the health service to authorise antiviral medicines to all symptomatic members of the public would be unsustainable during a pandemic and, as a result, a Flu Line service is being developed to distribute antiviral medicines to symptomatic members of the public.

On contacting the Flu Line, members of the public will gain an initial assessment of their symptoms (using a clinically-based algorithm), advice, triage, and if appropriate (e.g. they are symptomatic and able to take the antivirals within 48 hours of onset of symptoms) authorisation of antiviral medicines.

On having their identity verified and being given a unique reference number, they will then be asked to send a 'Flu Friend' (a friend, family member, or carer) to a local collection point (e.g. community pharmacy) to collect their antiviral medicine for them.

Faith community representatives will want to consider the impacts of this policy on their communities. They will want to consider:

- How to help with communicating messages to individuals to inform them of the processes for accessing these drugs; and
- Forming a flu friend network within their communities to collect antivirals for vulnerable people.

### 3.3 Repatriation and overseas travel

The Foreign & Commonwealth Office (FCO) will not be assisting with the evacuation of, or supplying antiviral medicines to, British Nationals (BNs) who are overseas during a pandemic.

The FCO will issue travel advice during an influenza pandemic (both before it hits the UK and during), which will be proportionate to the risks and in line with World Health Organisation (WHO) recommendations. This is likely to recommend against all non-essential travel to affected and neighbouring countries, and advising British Nationals in those countries wishing to leave to do so without delay.

Faith communities are advised to consult the FCO website for the latest travel information and to obtain advice from the Health Protection Agency about communities going on pilgrimage (e.g. Hajj) during or before an influenza pandemic. Depending on the severity of the pandemic, it may be sensible to suspend such travel.

### 3.4 Schools and child care settings

It is possible that the Government will, through local authorities, advise schools (including faith based schools) and early years and childcare settings to close to children during a pandemic. This policy is based on mathematical modelling derived from seasonal flu epidemics that show that school closures could have an impact on the numbers of children affected at the peak of an influenza pandemic and potentially on the duration a pandemic.

Faith community representatives will want to consider how they would communicate decisions about the closure of schools and weekend classes to their faith community.

### 3.5 Management of excess deaths

During an emergency, ensuring that arrangements for those who have died are respectful of the beliefs and sensitivities of the deceased and bereaved and pragmatic in civil resilience terms remains a priority for emergency planners and faith communities alike.

In 2005 the Home Office and Cabinet Office produced *The needs of Faith Communities in Major Emergencies: Some Guidelines*. More recently CLG also published the *Key Communities, Key Resources* document referred to earlier in this guidance. These documents set out the specific needs of individual faith communities in some detail, and emphasised the need for emergency planners to consider the full impact of a crisis on the management of the dead and the care of the bereaved.

With this in mind the Home Office has published guidance specifically relating to an influenza pandemic for those involved in the deaths management process<sup>5</sup>. This document highlights the predicted impact of the additional deaths and provides a framework by which planners should manage this process. In summary the level of additional fatalities resulting from an influenza pandemic (up to 750,000 over a 15 week period) will place considerable pressure on already stretched local systems and are likely to overwhelm usual systems for managing the deaths process.

Therefore a number of processes have been proposed to increase capacity. Many of these involve minor changes to current practises such as working longer hours, which aim to maintain services as near to normal as possible for as long as practicable. However, in a worst case scenario these contingency arrangements are unlikely to be enough to cope with the demand and other more significant changes to working practices will be needed to sustain the deaths management process. In such circumstances it may become necessary for funeral directors to restrict the choices available to the bereaved.

It is clear that certain public services will be under considerable pressure to deal with those that have died. As a result of this, any specific needs faith communities may have in this area are highly unlikely to be met fully by the usual death management process. During an influenza pandemic, it will not be possible to prioritise the needs of faith communities. Doing so would be in contradiction to the overarching ethical framework, may create significant social tension and in a reasonable worst case scenario would not be possible.

Faith communities, in particular, will therefore play a key role in funeral services and in the burial/cremation process. They should be engaged by those leading local planning and may also wish to develop their own “business continuity plans”. While it is important to ensure that the proper respect and treatment of those who have died is provided according to individual faith requirements, during a pandemic there will be some specific challenges:

- At the peak of a severe pandemic, it may not be possible to bury or cremate those who have died as quickly as a particular faith may decree because of the large numbers of people who are dying. You need to ensure that you and members of your faith community understand this and do not place additional strain on essential services.
- You may wish to consider whether your community will pre-arrange memorial services at a later date as an alternative to large funeral services, particularly if faith leaders are themselves affected by the virus.
- You may need to consider what rituals or other religious or spiritual care you can give to members of your community in situations where there must be a delay in disposing of a body.

<sup>5</sup> [www.cabinetoffice.gov.uk/media/131642/flu\\_managing\\_deaths\\_framework.pdf](http://www.cabinetoffice.gov.uk/media/131642/flu_managing_deaths_framework.pdf)

- You will need to liaise closely with funeral directors about what is and is not permissible during the funeral and what is permissible about how bodies will be disposed of. In most cases the usual methods in your faith will be acceptable, unless there are particular circumstances. The funeral director should explain these to you.
- Most ritual washings should be permissible but a funeral director will need to be consulted. Those doing the washing will need to wear gloves and aprons. They will need to be supervised by an undertaker and will need to wash their hands thoroughly with soap and water afterwards.

As part of their business continuity plans, faith community representatives will also want to consider the impacts of potential changes to the deaths management process on their communities. They will want to consider:

- their duty of care to staff
- what they might do to increase their capacity to provide religious funeral services
- how these will fit in with the Different Ways of Working being implemented by the other organisations in the process
- whether they can sustain these taking place at the cemetery or crematorium chapel, chosen place of worship, home, or other setting; and
- whether they can sustain provision to support the bereaved, where required, in light of their other community responsibilities (e.g. supporting local social care services) and, if so, what alternative sources of support might be found.

# Section 4

## Planning guidance for faith communities

Faith communities offer a wide range of services to the public and as such are rightly regarded as a crucial resource to engage with in civil resilience. There are several good reasons for this including a wide network across the UK, a ready network of volunteers and experience with dealing with people at difficult times.

Given the far reaching consequences of a pandemic it is essential that faith communities are fully engaged in multi agency pandemic influenza planning in order to ensure that these resources are protected and, if possible, utilised during a response to ensure that the UK public are offered as much support as is reasonably possible.

With this in mind a staged planning process is recommended (to be carried out with partners within your local resilience forum):

### Step 1

**Protecting your faith community prior to the onset of the pandemic and in response to the pandemic by raising awareness through the dissemination of key messages.**

### Step 2

**Planning for the continuity of core activities considered to be essential within your faith community.**

### Step 3

**Planning to be able to cope with an increased demand for some services as a result of the unique circumstances surrounding a pandemic.**

### Step 4

**Planning to be able to facilitate the response to the pandemic and potential new demands resulting directly from a pandemic.**

## 4.1 Step 1 – Protecting your faith community

During a pandemic, applying good respiratory and hand hygiene practices and encouraging compliance with public health advice are likely to make the most important contribution to the UK's overall response. Good respiratory and hand hygiene practices, for example, will play an important role in slowing the spread of a pandemic, whether people are attending work, socialising, travelling on public transport or using public places.

In order to protect others and reduce the spread of infection, anyone with symptoms consistent with an influenza-like illness (ILI) should stay at home and minimise social/family contact until symptoms have resolved. They should only go out if absolutely necessary. Those who do not have symptoms consistent with an ILI should continue normal activities for as long and as far as that is possible. They can reduce – but not eliminate – the risk of catching or spreading influenza by avoiding unnecessary close contact with those who have symptoms consistent with an ILI and adopting high standards of respiratory and hand hygiene at all times.

Simple measures will help individuals to protect themselves and others. The necessary measures include:

- Use a tissue to cover your nose and mouth when coughing and/or sneezing. Dispose of the tissue promptly and then wash your hands. Tissues should be disposed of in domestic waste and do not require any special treatment. Do not use handkerchiefs or reuse tissues. This practice contaminates pockets or handbags which will recontaminate hands every time they go into those pockets or handbags.
- Clean hands frequently with soap and water, especially after coughing, sneezing, and using tissues. Soap and water is an effective means of cleaning hands, however handrubs (microbicidal handrubs, particularly alcohol-based) can be used as an alternative.
- Minimise touching your mouth, eyes and/or nose, unless you have recently cleaned your hands.
- Clean surfaces frequently touched by hands; normal household detergent and water will be adequate for this.
- Clean your hands as soon as you arrive home.

With this in mind, faith communities should consider the following in advance of a pandemic:

- Ensure that adequate supplies of cleaning materials are readily available (or, if you contract others to provide cleaning services, check that they have contingency plans) and that there are procedures for regular cleaning of hard surfaces.
- Ensure that hand hygiene facilities are adequate and working properly; if/when updating or repairing facilities, consider installing automatic or foot-operated taps, dryers and waste bins. Ensure that you have stocks of tissues, paper towels and soaps.
- Consider how you might use hand cleansers<sup>6</sup>, for example at the entrances to rooms or sites without hand-washing facilities.
- Check that you have procedures for isolating (with appropriate supervision) anyone who falls ill within a faiths setting.
- Ensure that your communities are all aware of the relevant procedures that will be put in place during a pandemic and of the infection control guidance below.

In addition, the following specific infection control measures should be followed by faith communities during a pandemic:

- If you are blessing or anointing someone who has 'flu (e.g. with oil) or laying hands on them, you should wash your hands immediately afterwards.
- In a pandemic, sharing of common vessels for food and drink should cease. For example, the sharing of cups for Christian Communion or Eucharist, and the tradition of Langar in the Sikh religion for the free vegetarian-only food served in a Gurdwara.
- In a pandemic, situations where a faith leader may cross-contaminate others should cease, e.g. communion on the tongue may infect the priest's fingers.
- Remind parents and carers that children displaying flu symptoms should stay at home.

Those living and working in religious residential establishments will face particular infection control issues relating to preventing the spread of pandemic flu. The spread of the virus to healthy residents should be minimised by introducing strict infection control measures.

<sup>6</sup> The term 'hand cleansers' is used in this guidance for a range of cleansers and sanitisers available as gels, handrubs, wipes and sprays. You should follow the manufacturers' guidance on the use of such materials.

### **Personal protective equipment (PPE) – facemasks**

The infection control measures described above should not be neglected at the expense of less effective methods such as facemasks.

Broadly speaking, the only circumstances, where the use of facemasks by healthy individuals may play a part in reducing the risk of infection would be the situation where someone was in close contact/caring (less than one metre) for an ill or symptomatic individual.

However, the use of personal protective equipment, such as facemasks, is easy for individuals to misuse or misapply and may also engender a sense of the wearer being “protected” and being less rigorous in applying other, more important, protective measures.

Simple and generic guidance for has been developed by the UK Government which aims to allow individuals and employers to consider the type of the work they do and situations where there may be the potential for exposure to the influenza virus:

- Describe the steps that can be taken to moderate any potential exposure to the influenza virus.
- Set out a simple but comprehensive approach to considering the more effective measures that might be used to reduce the risk of infection in occupational settings during an influenza pandemic.
- Put into context the relative value of personal protective equipment (PPE), including the wearing of facemasks, when compared to other environmental and organisational approaches.
- Provide a matrix that employers can use to assess their particular occupational setting.

Faith communities are advised to use this guidance to assess infection control requirements and guidance for people within their organisation and build this into their business continuity planning.

## 4.2 Step 2 – Planning for the continuity of core activities

An influenza pandemic is likely to result in significant increases in the levels of absenteeism within all organisations. Modelling suggests that organisations employing large numbers of people, with flexibility of staff redeployment, should ensure that their plans are capable of handling staff absence rates of up to 15-20 per cent (in addition to usual absenteeism levels). Small organisations, or larger organisations with small critical teams, should plan for level of absence rising to 30-35 per cent at peak, perhaps higher for very small organisations with only a handful of employees.

It is therefore important that faith communities prepare business continuity plans which will enable them to maintain the continuity of critical core activities. This includes identifying core activities i.e. those upon which society is most dependent and other activities which are less critical and could therefore be curtailed.

You may also wish to consider novel ways of reaching your faith community which will reduce the levels of resources required. For example, newsletters, tapes and CDs or the Internet may be utilised to keep people in touch with their faith.

The Cabinet Office has produced a detailed checklist for businesses<sup>7</sup> specifically relating to pandemic influenza. It identifies important and specific activities which organisations can do to prepare for a pandemic. Annex A of this document also provides business continuity planning guidelines.

## 4.3 Step 3 – Planning to be able to cope with an increased demand for some services

In addition to maintaining delivery of core activities, faith communities should also plan on the basis of an increased demand for specific services. For example, it is very likely that during a pandemic faith leaders will face increased calls to visit ill, dying and bereaved people at home and in hospitals. It is very unlikely in the worse case scenarios that this will be manageable within existing resources. It is therefore advisable to start planning for how you might cope with this increased demand. Other organisations have made appropriate arrangements in their flu plans to help them deliver their services, e.g. by extending use of volunteers and by prioritising essential activities.

You will also need to think about the fact that your community is likely to be affected by bereavement. In addition to planning with other local stakeholders for higher than usual levels of funeral services, plans should take into account that people including workers and ministers may be bereaved. Ensuring that care is provided for everyone who is bereaved will be important.

<sup>7</sup> <http://www.cabinetoffice.gov.uk/media/132464/060516flubcpchecklist.pdf>

## 4.4 Step 4 – Planning to be able to facilitate the response to the pandemic and potential new demands

Faith leaders and their communities are regarded as a critical resource to the response to a pandemic. They are likely to be able to facilitate some aspects of the response to a pandemic. With this in mind, consideration should be given to:

- Faith communities, through their leaders, can reach vulnerable populations which emergency planners may not be able to (e.g. refugees and asylum seekers may attend religious services and events but not be known to statutory authorities). It is important that all groups are made aware of guidance being issued by central government, including essential infection control messages and how to access the relevant medical countermeasures.
- You will need to think about care for members of your family and community who are ill – who visits them and how they are trained in infection control. Visiting people could help monitor those who are ill when statutory services are stretched.
- You could encourage and even organise members of your congregation to be *Flu Friends* to collect antivirals, essential supplies and food for those in the community that are unable to do so themselves.
- Faith leaders can also help to explain to their communities the rationale of government decisions to deal with a pandemic including those potentially contentious issues. By doing so, social tensions are likely to be reduced.
- You should approach your Local Resilience Forum<sup>8</sup> to offer help if you feel you can do any of the tasks covered in this guidance. You can contact them through your local Emergency Planning Officer (Local Authority) or through the Director of Public Health at the Primary Care Trust (England) or Local Health Board (Wales).
- It is important to bear in mind that, while the measures detailed in the guidance will be necessary in the event of a pandemic, they will be discontinued as soon as it is clinically safe to do so, post pandemic.

<sup>8</sup> The “Local Resilience Forum” is body responsible for the coordination of multi-agency emergency planning at the local level. Its membership includes all emergency services, local authorities and health bodies/authorities.

# Annex A

## Checklist for faith communities

There are many things you can do. This checklist should be read in conjunction with the generic business continuity checklist available at [www.ukresilience.gov.uk/pandemic](http://www.ukresilience.gov.uk/pandemic)

<b>1. Plan for the impact of a pandemic on your organisation and its mission:</b>	
Assign someone with the authority to develop, maintain and deliver an influenza pandemic preparedness and response plan for your faith community.	
<p>Determine the potential impact of a pandemic on your organisation’s usual activities and services. (e.g. how many will be ill and will reduced numbers of people off ill affect worship? How will you continue the community groups which meet in your buildings? If you run care services, how will they ensure they can deliver essential services?)</p> <p>Plan for situations likely to require increasing, decreasing or altering the services your organisation delivers. Work out what is essential and what you can stop doing during a pandemic, e.g. some faith leaders may choose to focus on deploying scarce resources on maintaining worship services. Others may instead concentrate on making visits to comfort the sick and bereaved.</p>	
<p>Determine the potential impact of a pandemic on outside resources that your organisation depends on to deliver its services (e.g., your bank, building suppliers, other supplies like paper, food, and travel etc.)</p> <p>How will you cope if these services face problems?</p>	
Outline what the organisational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups in case people become ill. Identify roles and responsibilities, and who is supposed to report to whom, e.g. it may be possible for faith leaders to work across geographical borders to help neighbouring leaders in harder hit areas.	
Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organisation’s work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.	
Test your plan using an exercise or drill, and review and revise your plan as needed.	

<b>2. Communicate with and educate your leaders, members, and persons in the communities that you serve:</b>	
<p>Find up-to-date, reliable pandemic information and other information from your Local Resilience Forum or the Health Protection Agency (<a href="http://www.hpa.org.uk">www.hpa.org.uk</a>).</p> <p>Make this information available to your organisation and others. Place articles in your newsletter and posters on notice boards.</p> <p>Distribute materials with basic information about pandemic influenza, especially this booklet and how to prevent infection spreading.</p>	
<p>When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, scripture study or other classes, trainings, small group meetings and announcements).</p>	
<p>Share information about your pandemic preparedness and response plan with staff and people in the communities that you serve.</p> <p>Have a one page version for members of your community. Develop leaflets/flyers and put information on your website including links to the sites listed in Section 4 below. Consider a pre-recorded message on an answer-phone for people who cannot read.</p> <p>Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.</p> <p>Information is available in a range of languages from websites at Section 4 below.</p>	
<p>Consider how your organisation can stop panic, increase morale in the community and correct misinformation.</p> <p>It might be possible to use the means listed above. How will you show leadership in this?</p>	
<b>3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:</b>	
<p>Plan for staff absences during a pandemic due to personal and/or family illnesses, and school, business, and public transport closures.</p> <p>Staff may include full-time, part-time and volunteer workers.</p>	
<p>Identify people with special needs (e.g. elderly, disabled, housebound, limited English speakers) and be sure to include their needs in your plan.</p> <p>Establish relationships with them in advance so they will expect and trust your presence during a crisis.</p>	

<b>4. Set up policies to follow during a pandemic:</b>	
Ensure you have a policy which covers sick leave for workers and those they care for (e.g. sick family members) during a pandemic.	
<p>Ensure that everyone – paid and unpaid workers and members of your congregation – understands that if they become ill they should remain at home until their symptoms resolve and they are physically ready to return to duty. They should follow the advice that the Department of Health and NHS will give about who to contact for help.</p> <p>People who become ill at work should be sent home.</p>	
Work out what you can do to help the community in a pandemic. You may be able to offer volunteers to pick up antivirals for those not able to do so themselves, staff a helpline or do other practical tasks. Contact your Local Resilience Forum or the NHS Primary Care Trust/Local Health Board to see if you can help out in these areas or in other ways.	
<p>Work with the Local Resilience Forum to make sure any volunteers you offer to help the community are appropriately screened and checked before training.</p> <p>Work with them in advance. When a pandemic starts it may well be too late to help.</p>	
Work with Social Services, other faith organisations and other communities to ensure your volunteers are properly trained for helping in any pandemic.	
<p>Ensure any agreement you reach is written down in an easily understood plan (it could be a section of your Local Resilience Forum’s Pandemic Flu Plan)</p> <p>Make sure the key people have a copy of it (e.g. local authority, NHS, your staff and team, etc.)</p>	
Share what you’ve learned from developing your preparedness with other Faith- Based and Community Organisations to improve community response efforts.	
<p>Be clear how you will activate your organisation’s response plan when an influenza pandemic is declared.</p> <p>Also be clear about who will trigger your organisation’s support for the community, and how.</p>	

# Annex B

## Key Documents

UK Resilience website

**[www.cabinetoffice.gov.uk/ukresilience.aspx](http://www.cabinetoffice.gov.uk/ukresilience.aspx)**

Department of Health website on Pandemic Flu

**[www.dh.gov.uk/en/PandemicFlu/index.htm](http://www.dh.gov.uk/en/PandemicFlu/index.htm)**

Health Protection Agency website on Pandemic Flu

**[www.hpa.org.uk/infections/topics\\_az/influenza/pandemic/default.htm](http://www.hpa.org.uk/infections/topics_az/influenza/pandemic/default.htm)**

Information for Employers on Pandemic Flu

**[www.hse.gov.uk/biosafety/diseases/pandemic.htm](http://www.hse.gov.uk/biosafety/diseases/pandemic.htm)**

Information on Committee on Ethical Aspects of Pandemic Influenza (CEAPI)

**[www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/DH\\_065163](http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/DH_065163)**

A checklist for pastoral planning for a flu pandemic

**[www.lancasterrcdiocese.org.uk/bishop/checklist.pdf](http://www.lancasterrcdiocese.org.uk/bishop/checklist.pdf)**

A pastoral plan for a flu pandemic

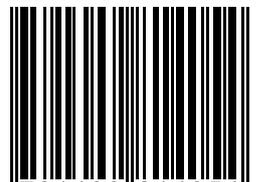
**[www.lancasterrcdiocese.org.uk/bishop/Pastoral\\_planning\\_for\\_a\\_flu\\_pandemic\\_RevNickDonnelly.pdf](http://www.lancasterrcdiocese.org.uk/bishop/Pastoral_planning_for_a_flu_pandemic_RevNickDonnelly.pdf)**

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**<http://security.homeoffice.gov.uk/news-publications/publication-search/guidance-disasters/faith-communities>**

**ISBN: 978-1-4098-1405-4**

ISBN 978-1-4098-1405-4



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