

DIOCESE OF OWENSBORO



Policies Relating to Planning for Pandemic Influenza

These pages may be reproduced by Parish and Diocesan staff for their use

Policy promulgated at the Catholic Pastoral Center of the Diocese of Owensboro effective

Most Reverend John J. McRaith

Bishop of Owensboro

TABLE OF CONTENTS

POLICIES RELATING TO PLANNING FOR PANDEMIC INFLUENZA

PART ONE: GENERAL INTRODUCTION

1.1	General Introduction - Planning for Pandemic Influenza.....	1
1.2	Influenza	2
1.3	Pandemic Classification Schemes	3
1.4	FEMA Incident Command System Nomenclature	4
1.5	Summary of Strategic Planning	5
1.6	Reporting	6
1.7	Introduction: Catholic Pastoral Center	6
1.8	Introduction: Liturgical-Pastoral	9
1.9	Introduction: Schools and Faith Formation	11

PART TWO: PROTOCOLS BY PHASE / STAGE

2.1	Federal Response Stage 0 / WHO Phases 1-2	12
2.2	Federal Response Stage 0-1 / WHO Phase 3.....	15
2.3	Federal Response Stage 2 / WHO Phases 4-5	18
2.4	Federal Response Stage 3 / WHO Phase 6	19
2.5	Federal Response Stage 4 / WHO Phase 6	20
2.6	Federal Response Stage 5 / WHO Phase 6	24
2.7	Federal Response Stage 6 / WHO Phase 1 (post-pandemic).....	28

APPENDICES

Appendix A	Internet Sources of Information.....	30
Appendix B	An Introduction to Pandemic Influenza.....	33
Appendix C	Table—Summary of Government Pandemic Flu Response Plan.....	36
Appendix D	Planning and Reporting Forms	37
Appendix E	Table—Summary of Diocesan Plan (Catholic Pastoral Center).....	48
Appendix F	Table—Summary of Diocesan Plan (Liturgy & Pastoral Care)	50
Appendix G	Table—Summary of Diocesan Plan (Schools and Faith Formation Programs)	56
Appendix H	Theological and Pastoral Resources	58
Appendix I	Hygiene / Cough-Sneeze Etiquette / Personal Protection.....	60
Appendix J	Signage, Handouts, and Bulletin Inserts.....	63
Appendix K	Liturgical Resources	74

POLICIES RELATING TO PLANNING FOR PANDEMIC INFLUENZA

PART ONE: GENERAL INTRODUCTION

1.1 General Introduction - Planning for Pandemic Influenza

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

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

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

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

The information used to prepare this document was obtained from the World Health Organization, the U.S. Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, the U.S. Department of Homeland Security, and the Kentucky Department of Public Health. In addition are documents prepared by the United States Conference of Catholic Bishops, the Catholic Diocese of Davenport, Iowa, and the Catholic Diocese of Owensboro, Kentucky..

This policy was reviewed and approved by the Priests' Council of the Diocese of Owensboro and is promulgated by Bishop John J. McRaith. Appendix A offers a number of websites that can be accessed for more information.

Finally, it must be acknowledged that during a pandemic, medical and other life-sustaining resources will be limited. In particular, resources such as adult and pediatric hospital beds, intensive care unit beds, ventilators, prescription and non-prescription medicines, food and fuel may be in short supply in many areas.

The Diocese calls on all healthcare providers and suppliers of life-sustaining goods and services to provide equal access to life-sustaining resources while promoting the good health of all in the community. In particular, the Diocese is an advocate for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination.

Abbreviations Used:	BCL	Bishops' Committee on the Liturgy (of the USCCB)
	c. (cc.)	Canon(s) from the <i>Codex Iuris Canonici</i> (Code of Canon Law)
	CDC	Centers for Disease Control and Prevention
	COOP	Continuity of Operations
	DHS	Department of Homeland Security
	EMHC	Extraordinary Minister of Holy Communion
	FEMA	Federal Emergency Management Agency
	GIRM	General Instruction of the Roman Missal
	HHS	Department of Health and Human Services
	CCK	Catholic Conference of Kentucky
	ICS	Incident Command System
	KDPH	Kentucky Department for Public Health
	NIMS	National Incident Management System
	OCF	Order of Christian Funerals
	RCIA	Rite of Christian Initiation of Adults
	UK	United Kingdom
	USCCB	United States Conference of Catholic Bishops
	WHO	World Health Organization

1.2 Influenza

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

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. As of the promulgation date of this document, there is no pandemic flu.

One example of *Pandemic flu* is avian (or bird) flu, which is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

1.2 Policy

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

Procedures

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

1.3 Pandemic Classification Schemes

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

1.3 Policy

Church leaders are to be familiar with both systems of nomenclature. Diocesan policies will use the Federal Response Stages as their guide.

Procedures

WHO Phases / Definitions	Federal Response Stages
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 or disease is considered to be low.	Stage 0 New domestic animal outbreak in at-risk country.
Phase 2 No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza 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.	Stage 0 New domestic animal outbreak in at-risk country.
	Stage 1 Suspected human outbreak overseas [human-to-human transmission]
Phase 4 Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans.	Stage 2 Confirmed human outbreak overseas
Pandemic Period	
Phase 6 Pandemic phase: increased and sustained transmission in the general population	Stage 3 Widespread human outbreaks in multiple locations overseas
	Stage 4 First human case in North America
	Stage 5 Spread throughout United States
Post-Pandemic Period Return to the Interpandemic Period (Phase 1)	Stage 6 Recovery and preparation for subsequent waves

1.4 FEMA Incident Command System Nomenclature

Response to all crises requires a clear chain of command between all responders. The ICS is based on the premise that every crisis has certain major elements requiring clear lines of command and control. FEMA is a good source for information on and training in the ICS. According to the ICS, a number of critical functions must be attended to in a crisis. A single individual may take on more than one role (see Appendix A).

Incident Commander: Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event. This position may be assumed by the pastor, principal, DRE, or youth minister—though it may be an emergency responder.

Public Information Officer: Serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.

Safety Officer: Monitors safety conditions and develops measures for assuring the safety of all assigned personnel.

Liaison Officer: Serves as the primary contact for supporting agencies assisting at an incident.

Operations Section Chief: Conducts tactical operations to carry out the plan. Develops the tactical objectives and organization, and directs all tactical resources. This includes care to the individuals (e.g., students, staff) present during a crisis, being attentive to their physical, medical, psychological, and spiritual needs.

Planning Section Chief: Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.

Logistics Section Chief: Provides support, resources, and all other services needed to meet the operational objectives such as food, water, bathroom facilities and transportation.

Finance/Administration Section Chief: Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

1.4 Policy

The Diocese, as well as each parish, school, and deanery, is to form a committee to review existing preparedness for pandemic influenza, make appropriate changes to existing plans, and help ensure that diocesan policies in this regard are being enacted. In order to foster inter-agency communication, the ICS nomenclature will be used.

Procedures

- a) The Diocese of Owensboro has established and will maintain a committee to assess current preparedness for pandemic influenza and assist in enacting needed and mandated changes to existing plans. This committee includes those knowledgeable in public health and related areas, as well as the Directors of the various ministries that would be affected in case of a pandemic.
- b) Parish leadership will form a committee to assess current preparedness for pandemic influenza and assist in enacting needed and mandated changes to existing plans. This committee should include those knowledgeable in public health and related areas, as well as representatives of the various ministries that would be affected in case of a pandemic. Parish nurses should be members of this committee.

- c) School committees should likewise include all relevant stakeholders (e.g., lead emergency response agency, administrators, pastor, local public health representatives, school health and mental health professionals, teachers, food services Director, and parent representatives). These committees are to be aware of any particular legal requirements or government directives relevant to preparations for a possible pandemic.
- d) The priest deaneries serve to coordinate activity within the deanery as well as foster communication between the deanery and Diocese.
- e) Plans generated locally will use the ICS nomenclature when describing critical functions and personnel. The use of a common nomenclature will assist greatly when communicating with other agencies and organizations responding to a crisis.

1.5 Summary of Strategic Planning

Strategic planning for pandemic influenza must attend to certain core issues, as identified in Chapter 9 of the U.S. Government's Implementation Plan for the National Strategy for Pandemic Influenza.

1.5 Policy

Diocesan planning will address the key issues identified by the Department of Homeland Security in the document, *Implementation Plan for the National Strategy for Pandemic Influenza*, as listed below.

Procedures

- a) The following issues will be attended to by all diocesan entities in their preparations for the possible outbreak of pandemic influenza.
 - 1) Identify Essential Functions: *Identify functions that enable organizations to provide vital services*
 - 2) Establish Delegation of Authority: *Identify the authority to make key decisions in a **Continuity Of Operations (COOP)** situation.*
 - 3) Establish Orders of Succession: *Ensure that people know who has authority and responsibility if the leadership is incapacitated or unavailable in a COOP situation.*
 - 4) Identify Alternate Operating Facilities: *Prepare for the possibility of an unannounced relocation of essential functions and personnel*
 - 5) Identify Interoperable and Effective Communications: *Identify the availability and redundancy of critical communication systems to support connectivity of internal organizations, external organizations and the public.*
 - 6) Maintain Critical Records and Databases: *Identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions.*
 - 7) Sustain Human Resources: *Develop, update, exercise, and be able to implement comprehensive plans to protect human resources.*
 - 8) Provide Testing, Training and Exercises: *Assess, demonstrate and improve the ability to execute plans and programs during an emergency.*
 - 9) Devolution of Control and Direction: *Plan for the need to transfer authority and responsibility for essential functions from an organization's primary operating staff and facilities to other staff and facilities.*
 - 10) Reconstitution: *Plan for the resumption of normal operations.*

1.6 Reporting

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

1.6 Policy

Parishes and deaneries are to report their progress in complying with these policies to the Planning Section Chief for the Diocese of Owensboro. In addition, parishes and deaneries will report their experiences after a pandemic to the Planning Section Chief for the Diocese of Owensboro.

Procedures

The Diocese will develop planning and reporting forms that each parish, school, and deanery will use to report their preparedness to the Diocese (see Appendix D).

1. The “Combined Planning and Reporting Form” and “Diocesan Entity Status Report Form” shall be filled out by each parish/school 60 days after the promulgation of this document, and annually thereafter. The forms are to be returned by parishes to the Planning Section Chief at the Catholic Pastoral Center.
2. The “Diocesan Entity Status Report Form” will again be filled out as changes in the Federal Response Stages are declared and (once Stage 5 is reached) to report weekly the number of pandemic influenza cases and deaths in addition to significant changes in operation. The form is to be returned to the Planning Section Chief at the Catholic Pastoral Center.
3. The “Post-Pandemic Reporting Form” is to be completed and submitted to the Planning Section Chief at the Catholic Pastoral Center within 30 days of Stage 6 having been declared. The Vicar General will send copies to the Director of Faith Formation and Director of Communication.

1.7 Introduction: Catholic Pastoral Center

- 1) Identify Essential Functions
 - a) To maintain apostolic communion with the Holy See and the College of Bishops around the world;
 - b) To oversee all ministries in the Diocese, and serve as a resource for those who minister in the name of the Diocese;
 - c) To exercise stewardship over diocesan resources, human and material;
 - d) To maintain the records of the Diocese;
 - e) To provide for the adjudication of legal cases in accord with Canon Law;
 - f) To maintain effective communication within the Diocese, and between the Diocese and outside entities (such as the Holy See, the USCCB, the CCK);
 - g) To advocate for justice and work for charity, in keeping with Catholic social teaching.
- 2) Establish Delegation of Authority
 - a) In the event of a COOP Incident, ordinary powers are retained:
 - i) The Bishop retains ordinary authority over all aspects of diocesan life, in accord with Canon Law (c. 381; see also Appendix II – 1983 Code References to the Diocesan Bishop).
 - ii) The Vicar General continues to exercise his ordinary powers (c. 479)
 - b) Duties according to NIMS devolve as follows:
 - c) Incident Commander: the Bishop
 - d) Public Information Officer: Director of the Office of Communications

- e) Safety Officer: Coordinator of Staff
- f) Liaison Officer: Director of the Office of Social Concerns
- g) Operations Section Chief: Director of Health Ministry, Office of Catholic Charities
- h) Planning Section Chief: Coordinator of Staff
- i) Logistics Section Chief: Coordinator of Staff
- j) Finance and Administration Section Chief: Chancellor

3) Establish Orders of Succession

- a) Bishop
 - i) The succession of bishops is governed by Canon Law.
 - ii) In the event that the Bishop becomes ill and cannot function, he may delegate his “reserved” powers to the Vicar General, in accord with c. 134. Regardless, the Vicar General continues to exercise his ordinary powers (c.479)
 - iii) In the event that the Bishop is impeded (c. 412), then an interim diocesan leader is determined in accord with c. 413. That is: either according to a list drawn up by the Bishop and kept by the Chancellor or, in the absence of such a list, by selection by the college of consultors.¹ The college is convened by the senior consultor in terms of ordination. The interim diocesan leader enjoys powers equivalent to a diocesan administrator (cc.427-429).
 - iv) In the event of the death of the Bishop, the See is considered vacant (c. 416). The governance of the Diocese and the election of a diocesan administrator are governed by cc. 417-430. It belongs to the college of consultors to govern the Diocese (enjoying the powers of a Vicar General) and, within eight days, elect a diocesan administrator. The college is convened by the senior consultor in terms of ordination. With the death of a Bishop, the offices of Vicar General and episcopal vicar cease. The offices of Chancellor, judicial vicar, and finance officer do not.
- b) Vicar General
 - i) The powers of the Vicar General are mentioned in c. 479. The Vicar General enjoys all ordinary executive power over the Diocese, except for those instances that the Bishop has reserved to himself.
 - ii) In the event of the death or incapacity of the Vicar General, the Bishop is to appoint a replacement, even temporarily (c. 477).
- c) Chancellor
 - i) The duties and powers of the Chancellor are listed in c. 482 and in the specific job description for this Diocese. The Chancellor is primarily responsible for recording and safeguarding the acts of the curia.
 - ii) In the event of the death or incapacity of the Chancellor, the Bishop is to appoint a replacement, even temporarily (c. 482)
- d) Judicial Vicar
 - i) The duties and powers of the judicial vicar are listed in cc. 1420-1422. The judicial vicar is charged with judging cases with ordinary power.
 - ii) In the event of the death or incapacity of the judicial vicar, the Bishop is to appoint a replacement, even temporarily (c. 1420)
- e) The Chief Financial Officer of the Diocese
 - i) The duties and powers of the diocesan finance officer are listed in c. 494 and in the specific job description for this Diocese
 - ii) In the event of the death or incapacity of the diocesan finance officer, the Bishop is to appoint a replacement, even temporarily (c. 482)
- f) Directors and Staff
 - i) The specific responsibilities of each Director and staff member are listed in the job descriptions

¹ Norms for elections are covered in c. 119 and cc165-178. Elections require the presence of the consultors, which in the event of a pandemic may prove difficult or even impossible. In the case of a vacant See, if the college is delayed for meeting beyond eight days, it falls to the metropolitan to choose the administrator (c. 421). In cases of impediment, the metropolitan is to be consulted before any action is taken.

and in any relevant canons. Directors have oversight responsibilities in their respective departments.

- ii) Persons in each position shall identify at least one substitute person from among current employees able to perform the essential functions of that position. These specific names will be maintained by the Coordinator of Staff.

4) Identify Interoperable and Effective Communications

In anticipation of an incident the Director of Communication and Director of Technology will be notified to ensure adequate modes of communication are available.

5) Maintain Critical Records and Databases

In anticipation of an incident the Chancellor and archivist will review the security of all critical records and databases.

6) Sustain Human Resources

- a) During Stages 0-4: usual policies apply.
- b) During Stages 5-6: the following adaptations are made:
 - i) Employee ill: follow existing policy.
 - ii) Family ill: May continue to work at home. If unable or choose not to work at home, use sick leave, then accrued vacation leave, then a living wage (as defined by regional NACPA) and health insurance continues. After all resources are used, family and medical leave may be used.
 - iii) Diocesan offices closed due to government mandated quarantine or travel restrictions: Employee continues to work at home. If unable to work at home, use accrued vacation leave, then sick leave, then a living wage (as defined by regional NACPA) and health insurance continues.

7) Provide Testing, Training and Exercises

- a) The Diocese will assist parishes and schools with training.
- b) The Diocese will cooperate with public health officials if asked to participate in mock drills.

8) Devolution of Control and Direction

- a) In the event of the sudden and complete destruction of the Catholic Pastoral Center and loss of all or most of the Catholic Pastoral Center staff, excluding the Bishop, the Bishop will gather with the college of consultors and any remaining Catholic Pastoral Center staff to reconstitute the Catholic Pastoral Center.
- b) In the event of the sudden and complete destruction of the Catholic Pastoral Center and loss of all or most of the Catholic Pastoral Center staff, including the Bishop, the college of consultors will convene as mentioned in 3.a. above, and will notify the metropolitan Archbishop and apostolic nuncio of the events that have transpired.
- c) In the event that all the members of the college of consultors are also deceased, the dean senior in terms of ordination will gather the deans and consult with the metropolitan archbishop, or, if he is not available, with the apostolic nuncio.
- d) In the event that the deans are also deceased, the priest senior in terms of ordination in the Diocese will consult with the metropolitan archbishop, or, if he is not available, with the apostolic nuncio.

9) Reconstitution

- a) Input from each parish and school will be reviewed (see Appendix D).
- b) Diocesan, deanery, parish, and school responses will be evaluated and policies updated.
- c) Post-incident staffing at the Catholic Pastoral Center will be reviewed. Hiring is planned as needed.
- d) Permission to waive particular credentialing requirements as allowed is made on a case-by-case basis.

Summary

A summary of the Diocese's policies regarding the Catholic Pastoral Center's preparation for and response to pandemic influenza can be found in Appendix E.

1.8 Introduction: Liturgical-Pastoral

Liturgy

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

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

Thought should be given to the possibility of using electronic media to include the homebound.

Pastoral Care of the Sick

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

At the same time, it is to be acknowledged that fulfilling this serious obligation does itself put the cleric at risk for influenza and its complications, including death.

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

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

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

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

themselves as “willing to accept the risk,” “willing to accept the risk if others are not available,” or “unable or unwilling to accept the risk.”

Care of the Poor

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

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

Preaching and Praying

To preach and offer public prayer during an event like a pandemic is a daunting responsibility. In no way can we “prescribe” exactly what words ought to be said. However, we would like to offer the following for your consideration:

First, we preach and pray out of our own experiences—and we have all experienced loss. It is natural to expect that our past experiences of grief will affect what we say when we are called to minister to those who grieve. Grief is never “resolved”—but our experiences of loss become part of us. This work of integration can take time and effort; and, unfortunately, many of us choose to bury these issues and never process them constructively. Failing to do so, our own disintegrated grief can negatively impact our ability to minister. Therefore, as a first step, it would be helpful in preparing for a pandemic to review our own histories of loss and to be intentional about integrating those losses into our lives. All are encouraged to seek professional assistance if needed. Please see Appendix H for resources. Second, we also preach and pray out of our theology. When it comes to questions of death and suffering, what is it that we believe about the final things (eschatology) and about the reality of evil (theodicy)? Careful reflection and discussion of these matters may be another helpful preparation before a pandemic. Some beneficial texts are listed in Appendix H.

These two suggestions may seem abstract or remote. However, allow us to suggest that taking a careful look at these questions or issues will not only benefit you in the case of a community-wide disaster such as a pandemic, but it will positively impact your ability to minister in the much more common situations of grief that you encounter in your ministry.

Finally, it is probably important to comment, at least in a general way, on what ought—and ought not—to be said: First, suffering is real; that reality ought to be acknowledged and not minimized. The lament psalms and the Spirituals born of the African-American experience, for example, do that very well. Second, those suffering are looking for comfort and hope—not an explanation or theodicy lesson. When we stand with those who suffer, we stand before mystery—a mystery that, in the end, can only be lived out in the shadow of the Cross. We in no way can speak for God, or blame God as a cause of suffering—either as punishment or testing or for our benefit. The God of Life does not will death, or the destruction of what God has made. Likewise, we cannot say that something did—or did not—happen because of our prayers.

For example, as we have seen in recent times, there are those who will use natural and human-made disasters to scapegoat those whom they see as ungodly. We have heard of individuals who have taken

“credit” for saving their communities through prayer. Such language is both contrary to the nature of God and grossly presumptuous on the part of the speaker. Words must be used with care: even to ask God to “spare” us may imply that God is the source of the pandemic. While it may be true that in our suffering we can grow spiritually, such an approach to suffering cannot be forced. It must be remembered that claiming that good may come from suffering is not the same as claiming that suffering is sent for our “good.” Implicit in the latter is the belief that (a) we know with complete certainty how and why God acts, and (b) that God is the source of suffering (evil). If a sufferer is to find “good” in their experiences that is a grace—and certainly cannot be imposed. Standing at the Cross, we find a God who is filled with “com-passion”; a God who “suffers-with” us. It is this God, revealed in the paschal mystery of Christ Jesus, that we are called to preach—by word and deed—especially in the face of suffering.

Summary

A summary of the Diocese’s policies regarding liturgy and pastoral care in regards to preparing for and responding to pandemic influenza can be found in Appendix F.

1.9 Introduction: Schools and Faith Formation

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

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

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed a checklist to assist parishes and schools in developing and/or improving plans to prepare for and respond to an influenza pandemic (see Appendix D).

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

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

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

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

Summary

A summary of the Diocese’s policies regarding schools and faith formation programs in regards to preparing for and responding to pandemic influenza can be found in Appendix G.

PART TWO: PROTOCOLS BY PHASE / STAGE

2.1 Federal Response Stage 0 / WHO Phases 1-2

At this stage, no new influenza virus subtypes have been detected in humans, but are circulating in animals. The focus of this stage is on planning and on reinforcing proper hygienic practices.

2.1 Policy	
Diocesan, parish, and school leadership are to review existing policies, and begin planning. Special attention is to be given to issues of hygiene and to reminding individuals that those who are ill (with fever or other flu-like symptoms) should stay home.	
General Procedures	<ol style="list-style-type: none"> 1. Diocesan, parish, and school leadership review existing policies dealing with infection control and diocesan, parish, and/or school preparations for a possible pandemic. It may be helpful to form a specific committee (including health professionals, such as the parish nurse(s), physicians, pharmacists, etc.) to do this work, or may be the same committee called for in 1.4. Necessary changes are made to local policies and practices, incorporating the items identified in 1.5. 2. Parishes, schools, and diocesan offices should post signs in washrooms reminding individuals of proper hand-washing techniques and of “cough/sneeze etiquette” (how to minimize spread of infection), (see Appendix I). In addition, other means (e.g. bulletin articles or inserts, newsletters, e-mails) are to be used to remind individuals of proper hygiene and its importance. Example bulletin information and signage are found in Appendix J. 3. Parishes/schools and diocesan offices are to have bottles of alcohol-based hand sanitizer (minimum of 62% alcohol; kills 99.9% of most common germs; for example: Purell®) available for staff and students. For example, these may be placed in office, and classrooms (see Appendix I). 4. All are to be reminded that if they are ill (with fever or flu-like symptoms), they ought to stay home. 5. Those taking communion to the sick, visiting the homebound, or caring for a sick individual at a school, parish, or office, are reminded to wash hands both before and after visits. For example, ministers to the sick may choose to carry a small bottle of alcohol-based hand sanitizer. 6. As part of planning for the possibility of a pandemic, or other disaster, parishes must take into consideration what they would do in the absence of a priest—not only administratively, but also liturgically. Likewise, parishes must take into consideration what would be done in the absence of the program administrator, teachers, catechists or support staff. 7. Parishes and schools are to review current housekeeping practices. If not already doing so, parishes and schools are to ensure that door handles and flat surfaces in all common areas (water fountains, lunchroom, restrooms, classrooms, gym, etc.) are washed each day (schools: several times each day) the space is used with an appropriate disinfectant. 8. Parishes and schools should review current communication practices, and find ways to improve on communications within the parish. For example, websites could be established and/or upgraded. 9. Each parish/school should plan how to financially sustain the staff and infrastructure of its organization. 10. The liturgical practices called for below (Specific Procedures: Liturgical-Pastoral) are to be followed in all school chapels as well as parish churches.

<p><i>Specific Procedures: Catholic Pastoral Center</i></p>	<p>A committee to prepare policies for the Diocese, parishes, and schools regarding planning for pandemic influenza is established (see 1.3).</p> <ol style="list-style-type: none"> 1. The Director of Communication will establish appropriate means of communication that will be used to keep the Diocese and Catholic Pastoral Center staff informed. 2. The Director of Faith Formation and Superintendent will prepare policies relevant to schools and faith formation programs. 3. The Director of Liturgy will review current liturgical practices and prepare norms to be enacted in preparation for and in the event of an outbreak of pandemic influenza. 4. The Chief Financial Officer will be charged with preparing personnel and fiscal policies that would go in effect in the event of a pandemic. 5. The Safety Committee is charged with preparing the Catholic Pastoral Center building itself for pandemic influenza
<p><i>Specific Procedures: Liturgical-Pastoral</i></p>	<ol style="list-style-type: none"> 1. All ministers of communion, ordinary and extraordinary, are to be reminded of the importance of proper hand-washing before and after distributing communion, and of proper technique to be used in distributing communion. This may be done in formation sessions or by written memo. <ol style="list-style-type: none"> a) The person responsible for preparing the gifts before Mass is to be reminded to carefully wash his or her hands prior to touching the hosts and pouring the wine. If ill, a substitute should be found. b) Parishes are to have bottles of alcohol-based hand sanitizer available for communion ministers. For example, these may be placed in the front pews (or other discreet but convenient place) for EMHCs to use on their way to the sanctuary and after ministering communion (see Appendix I). c) Ordinary ministers are reminded to wash their hands properly before the beginning of Mass. In addition, a bottle of hand sanitizer is to be placed at the credence table (or other discreet but convenient place) for the ordinary ministers to wash their hands after the sign of peace. d) Ministers are to use proper technique in distributing communion. For example: <ol style="list-style-type: none"> i) Care must be taken not to touch the mouth, tongue, or teeth of a communicant wishing to receive communion on the tongue. If there is any significant accidental contact, ministers should change the hand with which they are distributing communion. If there is gross contamination, the minister is to go wash his/her hands. ii) When ministering the Cup, ministers must take care to wipe both the inside and outside lip of the chalice, to turn the chalice before the next person receives, and to move the purificator for each wipe so the same location on the purificator is not used over and over. iii) Ministers are reminded that self-intinction is not allowed. iv) In some parishes, it is the practice to make brief contact with the communicant's hand while placing the Host on the person's palm. It is also the practice in some places to bless non-communicants. In both instances, any contact should be brief and with the fingers that are not used to pick up the Host. e) The person responsible for the care of the vessels after Mass is to ensure that they are properly cleaned. After being purified according to the rubrics, Mass vessels should be washed with hot, soapy water. f) Purificators are also to be laundered according to liturgical norms. After soaking in water

Policies Relating to Planning for Pandemic Influenza

	<p>(which is then poured into the <i>sacrarium</i>), the purificators are laundered normally. Hot water and laundry detergent should be used.</p> <ol style="list-style-type: none"> 2. While there has never been a documented case of an infectious disease being transmitted through the sharing of the Cup, the congregation ought to be regularly reminded (in the bulletin, by announcement, or in formation sessions—such as RCIA, preparation for First Communion, or adult formation groups) that if one is ill with a fever he or she should stay home, or at least refrain from the Cup. They are also to be reminded that self-intinction is not allowed. 3. Changes to communion practices mandated in the event of a pandemic may especially affect those with Celiac Disease (gluten-sensitive enteropathy), for example, when communion from the Cup is no longer possible. Pastors are urged to discuss options with their parishioners with this condition—such as the use of extremely low gluten hosts or even the consecration of a separate chalice for the affected parishioner’s communion. The Office of Worship is available to assist in this delicate pastoral matter.
<p><i>Specific Procedures: Schools and Faith Formation Programs</i></p>	<p>Parishes/schools are urged to ensure that there are properly trained substitute teachers / catechists available.</p>

2.2 Federal Response Stages 0-1 / WHO Phase 3

At this point, human infections with a new influenza virus have taken place overseas. The infections are spread from animal to human; there are either no (Stage 0) or very rare (Stage 1) cases of human-to-human transmission.

2.2 Policy

The Diocese is to provide updated information and education for the clergy, parish leadership, and the faithful. Specific planning for a possible pandemic begins at the diocesan, deanery, and parish levels.

General Procedures

1. The Diocese updates the clergy regarding current risk and any changes to diocesan policy.
2. Diocesan offices prepare and distribute resources to be used in case of a pandemic (for example, a home prayer book to be used in case of quarantine, prayer and catechetical materials for children, etc.).
3. Planning at the Catholic Pastoral Center, parishes, and schools should take into consideration the following:
 - a) Self-care. Individuals should ensure proper diet, hydration, rest, and activity in preparation for and during a pandemic. Those who are stressed and overworked will be more susceptible to infection. People are encouraged to take a multi-vitamin daily; those with chronic health problems should seek their physician’s advice before beginning any new medication—including vitamins.
 - b) Staff reduction. Presume that at the peak 40% of staff will be absent. Prepare appropriate personnel policies to cover sick leave during a pandemic. Be aware that diocesan and parish/school leadership, including the Bishop, may be unavailable due to quarantine, illness, or death.
 - c) Material needs. Parishes and schools of the Diocese should begin to store necessary supplies. At the peak of a pandemic, there will likely be a disruption of infrastructure or quarantines sufficient to prevent easy access to needed materials. At minimum a three-week supply of the following should be stored and rotated:
 - i) non-perishable food and water (see Appendix J);²
 - ii) medicines for flu symptoms (for example: aspirin [consult physician for use in children under 16 years old], acetaminophen, ibuprofen, sore throat and cough, lozenges, anti-diarrheals);
 - iii) masks and gloves for pastoral visits and caring for the sick; (see Appendix I)
 - iv) sanitary materials (cleansers, bags, tissues, toilet paper, paper towels, etc), (see Appendix J).
 - v) alternative sources of heat in case of utility disruption.
 - vi) materials needed for the sacraments (wine, hosts; olive oil to bless for Oil of the Sick).
 - d) It is important to stress that food, bottled water, and medications do have expiration dates. Materials from the stockpile should be used and replaced on a regular basis (“replace and rotate”) and expiration dates closely watched to prevent the problem of outdated supplies. As applicable, kitchen staff and visiting / parish / school nurses should be consulted in this process.
 - i) Finances. In an outbreak of pandemic flu, stresses on infrastructure may make the use of ATMs, credit cards, or even checks impossible. Therefore, residents should give thought to having sufficient cash on hand to cover necessary expenses.
 - ii) Education of staff and all members of the Diocese. Parishes and schools are uniquely

² “Meals Ready to Eat” (MREs) may be useful, but are costly and difficult to find (even on the Internet).

	<p>positioned to provide updated and accurate information to the community, especially groups for whom English is a second language. This education can take place via signage, handouts, bulletin inserts or articles, pulpit announcements, or group sessions. (see Appendix J). In preparing materials, the Diocese will keep in mind those groups for whom English is a second language.</p> <p>iii) Pastoral Care. During a pandemic, those in quarantine or otherwise homebound will need particular care, ranging from phone or e-mail contact, to the provision of meals and other supplies. Parishes/schools should begin planning for such ministries. School or parish nurses, if available, ought to be involved in this planning. Those involved in making pastoral visits to the ill or homebound are to be reminded of the importance of proper hand washing before and after each visit and encouraged to carry hand sanitizer with them.</p> <p>e) It is likely that the poor will be among the hardest hit should a pandemic develop. For example, living on a limited income allows little buffer to use for stockpiling necessities. Therefore, in planning, all diocesan entities ought to ask the question: How will we respond to those in material need in the midst of a pandemic? Thought should be given to developing larger stockpiles that can be accessed by those in need, and even to providing housing for the poor who are ill and without other resources. In addition, thought should be given on how to assist those who live alone—or those who are single parents. While no one wishes to contemplate such things, there may be an increase in the number of orphans after a pandemic, and planning should take their care and welfare into consideration.</p> <p>i) Communication: Communication with local public health authorities and the Diocese will be crucial in the event of a pandemic. Plans should be developed to ensure that the lines of communication within and among diocesan entities (parishes, schools, deaneries, and the Catholic Pastoral Center) as well as with governmental structures remain open and are enhanced as needed.</p> <p>ii) Travel: Diocesan, parish, and school leaders are to be aware that international travel, as well as travel within the U.S., may become restricted. CDC travel warnings are to be heeded. Those responsible for planning trips should look into the issue of travel insurance should a trip need to be cancelled, and for what options would be available if restrictions are imposed while the group is overseas.</p>
<p><i>Specific Procedures: Catholic Pastoral Center</i></p>	<p>Planning at the Catholic Pastoral Center level should take into consideration the following:</p> <ol style="list-style-type: none"> 1. The Catholic Pastoral Center staff will assist deaneries, parishes, and schools with their planning. 2. Material needs. The Safety Committee is charged with beginning to store necessary supplies. 3. Finances. The Diocese should prepare for a significant reduction in tithing income during this period—due to self-imposed isolation, official quarantine, loss of income, and illness or death.
<p><i>Specific Procedures: Liturgical-Pastoral</i></p>	<ol style="list-style-type: none"> 1. Planning at the deanery level should take into consideration the following: <ol style="list-style-type: none"> a) Housing for priests. In the event of a pandemic, priests living together should be separated in order to lessen the risk of infection. Parishes are to make unused rectories available for housing displaced priests, and deaneries should prepare a housing plan now. Any necessary adjustments needed to the buildings, as well as the preparation of supplies, should then proceed. b) Care for the Sick. If all the clergy try to both care for their parishes and care for all the sick and dying during a pandemic, there is great likelihood that all the clergy will either become ill (and many die) and/or they will serve as carriers and spread the infection through the community. Therefore, it is recommended that in each deanery at least 2 priests, and if available, a deacon, be given the sole responsibility to care for the sick and dying, and of burying the dead, during an outbreak of pandemic flu. This ministry should be undertaken

Policies Relating to Planning for Pandemic Influenza

	<p>on a volunteer basis. If any of these become ill or succumb, the next names on the list would rotate in. These clerics should live separately from others, in order to prevent cross-infection. In their absence, the other priest and deacons of the deanery would cover their other pastoral duties at the parish. Lay persons may also volunteer for this ministry.</p> <p>c) Houses for the Sick. It would be prudent to consider making one of the larger rectories in the deanery into a “house for the sick” to provide care to the sick and dying. In the first place, such a house could be used for clergy who have fallen ill. Secondly, it could become housing for parishioners who need extra care or attention. Finally, it may be possible that public health authorities would ask for use of such a building in case local hospital resources become overwhelmed.</p>
<p><i>Specific Procedures: Schools and Faith Formation Programs</i></p>	<p>The Diocesan Office of Faith Formation and the Catholic Schools Office will assist schools and faith formation programs in the preparation of resources to be used in case of a pandemic (for example, lesson plans and catechetical materials for children, as well as home prayer resources), (see Appendix A for Internet-based resources and Appendix K).</p>
<p><i>Specific Procedures: Financial</i></p>	<p>Parishes should be aware of the financial needs of other parishes in the diocese and reach out to them in their needs.</p>

2.3 Federal Response Stage 2 / WHO Phases 4-5

At this point, there is a confirmed human outbreak overseas. Given the realities of international travel, the risk for pandemic is substantial.

2.3 Policy

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

General Procedures

1. Review and update existing plans and protocols at all levels (parish/schools, deanery, Diocese).
2. Remain alert for changes in the situation.
3. Complete any tasks from Stages 0-1 that remain undone.
4. Heed mandates from Public Health authorities.

2.4 Federal Response Stage 3 / WHO Phase 6

At this point, there is a confirmed human pandemic overseas, with increased and sustained transmission in the general population in multiple locations. Given the realities of international travel, the risk for infection spreading to the United States is almost inevitable.

2.4 Policy

The Diocese, deaneries, and parishes are to ensure that all resources and protocols are in place for a pandemic. The Diocese will assist in keeping clergy, parishes, and schools informed. The following procedures, including preliminary isolation procedures, are followed.

General Procedures

1. Review and update existing plans and protocols.
2. Remain alert for changes in the situation.
3. Confirm that all tasks from Stages 0-2 have been completed.
4. Heed mandates from Public Health authorities.
5. Remind diocesan staff, clergy, and parish/school communities as to what steps will be taken in the event of pandemic influenza in Stages 4 and 5. It is crucial that everyone be prepared for what to expect in the event of a pandemic.
6. All sick individuals, including clergy, are to stay home. Signs are posted on Catholic Pastoral Center, church, and parish/school doors instructing those with fever or other flu-like symptoms not to enter (see Appendix J).
7. Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.

2.5 Federal Response Stage 4 / WHO Phase 6

At this point, pandemic influenza has spread to North America, making infection in this country inevitable.

2.5 Policy

The Diocese, deaneries, parishes, and schools are to ensure that all resources and protocols are in place for a pandemic. The Diocese will assist in keeping clergy, parishes and schools informed. The following procedures, focusing on personal hygiene and social distancing, are mandated.

General Procedures

1. Buildings:
 - a) In addition to signage called for in Stage 3, post signs describing what practices are in effect. Include information in newsletter, bulletin and, if applicable, on website. Announce practices from the pulpit (see Appendix J).
 - b) Turn off water fountains or mark them as not to be used. Bottled water should be available in case of necessity. Schools are required to supply bottled water.
 - c) Empty holy water fonts; parishes should have pre-filled bottles of holy water available for parishioners to take home.
 - d) Set up hand-washing stations: tissues, trash receptacles, hand sanitizer, instructions (signage).
 - e) Staff or volunteers to clean door handles and other hard surfaces (such as pews, desks, tables, countertops, washrooms) with disinfectants; to wear masks, gloves, and goggles when doing so and when emptying trash receptacles.
 - i) Disinfecting should be done in parishes and chapels after each Mass (at least daily)
 - ii) Disinfecting should be done in schools and faith formation programs after each class transfer
 - f) Supplies are assessed daily by maintenance, kitchen, and office staff. Supplies are replenished as needed.
 - g) Large group meetings should be postponed if at all possible. If not, participants should be seated with at least a 3-foot distance between individuals.
2. The changes to liturgical practice called for below are implemented at the Catholic Pastoral Center and at schools as well as in parish churches:
3. Parishes, deaneries, and schools are to keep the Diocese informed re: status of their preparations and their communities. The Planning Section Chief at the Catholic Pastoral Center is to review the information submitted.
4. Pastoral Care to the Sick
 - a) Activate plan to care for those who are quarantined or home-bound, such as regular phone or e-mail contact. Coordinate with parish/school nurse(s) and other outreach ministries.
 - b) Those who are assigned to pastoral care of the sick are to be quarantined at this stage.
 - c) Be aware that persons who come in contact with those who are ill, including pastoral caregivers, may themselves become incapacitated.
5. Heed all mandates from Public Health authorities.
6. Reinforce hygiene practices and the use of personal protective devices, as applicable (see

	Appendix I).
<i>Specific Procedures: Catholic Pastoral Center</i>	<ol style="list-style-type: none"> 1. Employees are asked to inform the Coordinator of Staff if they develop any flu symptoms. 2. The Operations Section Chief will verify that entities have been informed of each stage and procedures to follow.
<i>Specific Procedures: Liturgical-Pastoral</i>	<ol style="list-style-type: none"> 1. Distribute diocesan home prayer booklet and other resources in case large group gatherings are suspended by Public Health authorities (see Appendix K). 2. Mass: Communion Practices³ <ol style="list-style-type: none"> a) The person preparing wine and hosts for Mass is to wear a mask and gloves (see Appendix I). The vessels containing the bread and wine are to remain covered until placed on the altar. b) Communion from the Cup is suspended. Only the priest is to commune from the Chalice. If concelebrants and/or deacons are present, they commune by intinction (as is done at Papal Masses; source: USCCB BCL). c) All communion ministers (clergy and lay) must wash their hands with an alcohol-based hand sanitizer immediately before and after distributing communion (and in the case of any direct contact with a communicant). d) In distributing communion, the Host shall be placed in the communicant’s hand without the minister touching the communicant. The practice of touching a non-communicant for a blessing is also to be discontinued. Communion on the tongue is to be suspended (c.223). e) After being properly purified, all Mass vessels (chalices, patens, and ciboria) are to be carefully washed in hot, soapy water after each Mass. 3. Mass: Other Practices⁴ <ol style="list-style-type: none"> a) Collection baskets are not to be passed. It is preferred that a collection basket or locked “poor box” be placed at the entrance(s) of the church; alternatively, baskets with handles may be used (in which case ushers are to wear gloves and immediately wash their hands after the collection). Because the influenza virus can remain viable on surfaces for some time, the money collected is to be “quarantined” for 3 days before being counted. Those removing money from the collection baskets or boxes are to wear gloves and wash their hands afterwards. The collection is not carried in procession as part of the preparation of the gifts and altar. b) Since missalettes and song books cannot be properly sanitized, they are to be removed from the pews. It is preferable that familiar music be chosen for workshop services so that no worship aids are needed. If worship aids are needed, they should be printed for each mass and immediately destroyed. c) Sharing of the Sign of Peace by handshake or hug is suspended. Ceremonial hand holding during Lord’s Prayer or any other part of the Mass is suspended. d) To the extent possible, the assembly will be seated in alternating rows, thereby increasing distance between individuals. In addition, it may become necessary to limit the number of individuals present for any one Mass. e) Non-essential gatherings—such as Children’s Liturgy of the Word and post-Mass social

³ Policies referring to Mass also apply to other liturgical gatherings (e.g., Word and Communion Services, the Liturgy of the Hours, Eucharistic Exposition and Adoration, etc.).

	<p>gatherings / refreshments—are to be suspended.</p> <p>f) Priests, deacons, readers, and servers—since they will be touching items in common—are to sanitize their hands before and after Mass, and during Mass if their hands become contaminated.</p> <p>g) On Good Friday, the Cross will be venerated by bow or genuflection, not by touch or kissing. In those places where it is the practice to venerate icons with a touch or kiss, that practice, too will be replaced with a bow.</p> <p>4. Reconciliation</p> <p>a) The use of “box” confessionals is suspended. A distance of 3 feet is to be maintained between penitent and confessor.</p> <p>b) The priest and penitent may consider wearing a mask (see Appendix I).</p> <p>c) Hard surfaces in the room used for reconciliation, including the screen, are to be disinfected after each visit.</p> <p>5. Baptisms</p> <p>a) Only immediate family and godparents are to attend.</p> <p>b) There are to be no large group baptisms.</p> <p>c) Fresh water is to be used for each baptism, and then discarded properly afterwards. If more than one person is being baptized, the water is to be blessed in individual vessels and then poured over the candidate into the font.</p> <p>6. Weddings</p> <p>a) Only immediate family and witnesses are to attend.</p> <p>b) Clergy are not to attend related social functions; parishes are not to host receptions.</p> <p>7. Funerals</p> <p>a) Be aware that there could be an increased need for funeral services and pastoral care to the bereaved.</p> <p>b) The liturgical celebrations may need to be altered, both to prevent spread of influenza and because of time and energy constraints:</p> <ul style="list-style-type: none">i) the Funeral Vigil may be omitted, or the time at a “wake” shortened, in order to prevent prolonged group/gatherings,ii) the Funeral Liturgy outside of Mass should be used,iii) the Rite of Committal is used (outdoors if possible) with the Funeral Liturgy, or by itself,iv) priests should make use of deacons and Pastoral Associates (who may preside over the vigil, funeral liturgy, and rite of committal) and trained lay leaders of prayer (who may preside over the vigil and rite of committal) in order to prevent becoming overwhelmed (see OCF #14). <p>c) Only immediate family is to attend the funeral liturgies. Plans for memorial Masses after the pandemic resolves should be made. A specific date should be set as soon as possible and publicized.</p>
--	--

	<p>8. Pastoral Care to the Sick</p> <ul style="list-style-type: none"> a) Activate plan to care for those who are quarantined or home-bound, such as regular phone or e-mail contact. Coordinate with parish nurse(s) and other outreach ministries. b) Gloves and masks mandated for pastoral visits, including for the Anointing of the Sick (see Appendix I). Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g., a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial. c) Tea Tree Oil is a natural germicidal that can and may be added to the Oil of the Sick (1 part Tea Tree Oil to 9 parts olive oil). By doing so, the risk of transmission associated with touching the sick person is significantly decreased. See Appendix I. d) Those who are assigned to pastoral care of the sick are to be quarantined at this stage. e) Be aware that persons who come in contact with those who are ill, including pastoral caregivers, may themselves become incapacitated.
<p><i>Specific Procedures: Schools and Faith Formation Programs</i></p>	<ul style="list-style-type: none"> 1. If large groups are prohibited from meeting, parish and school administrators, with staffs, should prepare and distribute catechetical or academic resources (for example, catechetical materials for children, as well as home prayer resources), (see Appendix A for internet resources and Appendix K for diocesan resources). 2. Social Distancing (it is recommended that a distance of three feet be maintained between all individuals) <ul style="list-style-type: none"> a) School ought to use e-mail for attendance and lunch counts. b) Schools should configure classroom seating to maintain a 3-foot distance (e.g. every other desk, if possible). In order to maintain a recommended three-foot distance between persons, other large-group gatherings will need to be modified. c) Sports, dances, retreats and all other extra-curricular activities will be suspended.

2.6 Federal Response Stage 5 / WHO Phase 6

At this point, there is confirmed spread of human pandemic influenza in the United States.

<p>2.6 Policy The Diocese, deaneries, and parishes are to ensure that all resources and protocols are in place for a pandemic. The Diocese will assist in keeping clergy, faith formation program administrators, and parishes informed. The following procedures, focusing on increasing social distance and providing pastoral care safely, are mandated.</p>	
<p>General Procedures</p>	<ol style="list-style-type: none"> 1. Parishes/schools are to keep the Diocese informed as to the impact pandemic influenza is having on surrounding communities. If necessary, and if permissible, the Diocese may request that resources be shifted to best respond to influenza outbreaks (for example, ask for volunteers to minister in a community that is particularly hard hit). 2. The changes to liturgical practice detailed below apply to the Catholic Pastoral Center and to schools. 3. Supplies are assessed by maintenance, kitchen, and office staff. Supplies are replenished as needed.
<p>Specific Procedures: Catholic Pastoral Center</p>	<ol style="list-style-type: none"> 1. Catholic Pastoral Center Building <ol style="list-style-type: none"> a) Large group meetings are cancelled. 2. Personnel Policy Changes <ol style="list-style-type: none"> a) Employee ill: follow policy. b) Family ill: May continue to work at home. If unable or choose not to work at home, use sick leave, then accrued vacation leave, then a living wage (as defined by regional NACPA) and health insurance continuance for one month will be offered if possible. After all resources are used, family and medical leave may be used. c) Voluntary employee quarantine at home, travel restrictions by government authorities, diocesan offices closed: Continue to work at home. If unable to work at home, use accrued vacation leave, then sick leave, then a living wage (as defined by regional NACPA) and health insurance continuance for one month will be offered if possible. 3. The Operations Section Chief will verify that resources and protocols are in place.
<p>Specific Procedures: Liturgical-Pastoral</p>	<p>The procedures mandated for Stage 4 remain in force, with the following adjustments:</p> <ol style="list-style-type: none"> 1. Celebration of the Mass <ol style="list-style-type: none"> a) If not already done so, distribute diocesan home prayer booklets and other resources in case large group gatherings are suspended by Public Health authorities. b) Communion on the tongue is suspended, according to the provision of c. 223. c) If Public Health authorities mandate that all large-group gatherings be suspended, parishes will comply and stop offering the Mass and other sacraments to groups. If such were to occur, the Bishop dispenses from the Sunday obligation to attend Mass. d) The Bishop, or, in his absence, the Vicar General, may also order the suspension of Masses and public celebration of the sacraments and other liturgical rites. If such occurs, the Bishop (or Vicar General) also dispenses from the Sunday obligation to attend Mass.

	<p>e) If public celebration of the sacraments is suspended, signs to that effect will be posted at entrances to the church and parish offices (see Appendix J)</p> <p>2. Reconciliation</p> <p>a) In accord with c. 961, once Stage 5 is declared, the Bishop grants permission for Form III of the Sacrament of Reconciliation (“General Absolution”) at the discretion of the local pastor. Pastors are reminded that they are to instruct their parishioners that anyone who receives general absolution has the responsibility to make an integral confession (Form I) as soon as it is possible to do so. The appropriate rite from the <i>Rite of Penance</i> is to be used.</p> <p>b) The faithful should be instructed in how to make an act of perfect contrition in the event of danger of death, and the unavailability of a priest. Deacons and lay ministers should be instructed in how to assist individuals in making an act of perfect contrition while avoiding simulation of the sacrament of reconciliation (see Appendix K).</p> <p>c) The validity of the Sacrament of Reconciliation requires the bodily presence of both the priest and penitent. All are therefore reminded that phones, e-mail and other electronic media may not be used to celebrate the sacrament. In these situations, the penitent should be assisted in making an act of perfect contrition.</p> <p>3. Baptisms</p> <p>a) In case of a pandemic, there may be an increased number of requests for baptism, while, at the same time, clergy may be incapacitated. Therefore, in keeping with c. 861.2, the faithful are to be aware of the special forms of the rite of baptism to be used in the danger of death or if in an emergency an ordinary minister is not available. The Diocese will provide a booklet containing the extraordinary rites of baptism (see Appendix K).</p> <p>b) For the baptism of those less than seven years of age, the ritual <i>Rite of Baptism for Children in Danger of Death When No Priest or Deacon Is Available</i> (# 157ff) is to be used, and the lay minister is to ensure that the baptism is recorded at the parish after the pandemic resolves.</p> <p>c) For the baptism of those who are 7-years-old and older, the rite for <i>Christian Initiation of a Person in Danger of Death</i> is to be used (RCIA #375ff).</p> <p>d) Once Stage 5 is reached, the Bishop grants permission for baptism to be celebrated in the home, at the discretion of the local pastor (c. 860).</p> <p>4. Weddings</p> <p>a) In case of a pandemic, there may be an increased number of requests for weddings, especially if there is danger of death. Clerics are reminded that the civil requirement of a wedding license is not waived.</p> <p>b) In extreme circumstances (danger of death, the expected absence of an ordinary minister for over a month), canon law (c.1116.1) allows for an extraordinary form of marriage before witnesses only. Recourse to such an option should not be made before exhausting all possibilities of having an ordinary minister present, and then only after contacting the pastor, dean, or Vicar General.</p> <p>c) The above, of course, presumes the freedom to marry (for example, no prior existing bond). If a previous bond is found to exist, the act of marriage is null.</p> <p>5. Funerals</p> <p>a) Activate deanery-wide plans naming select clerics to be solely responsible for ministry to</p>
--	---

	<p>the sick and dying and to move priests to individual housing. Ensure that these ministers have a support network in place.</p> <p>b) In those parishes where the pastor is named as one of the clerics assigned solely to minister to the sick and dying, another priest is to be named as administrator, in the following order: (1) another priest residing at the parish (a retired priest, a parochial vicar); (2) the Dean of the deanery; and (3) the Vicar General. The name of the priest is communicated to the Catholic Pastoral Center, and the individual is granted the faculties of a pastor until the pastor is able to resume his duties or a new pastor is named.</p> <p>c) Depending on Public Health directives, it may not be possible to gather for the Funeral Liturgy, or at the graveside for the Rite of Committal. If the body is not present, the proper rites are used and adaptations made.</p> <p>d) In order to assist them in their pastoral care to the dead and the bereaved, ministers are to familiarize themselves with the options available in the <i>Order of Christian Funerals</i>. In addition, a shortened funeral rite for use during this phase of the pandemic will be prepared (see Appendix K).</p> <p>e) A record of those who die during the pandemic is to be kept, and memorial Masses offered once the pandemic has resolved.</p> <p>6. Pastoral Care to the Sick</p> <p>a) Gloves and masks for pastoral visits, including for the Anointing of the Sick. Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g. a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial.</p> <p>b) Tea Tree Oil is a natural germicidal that can and may be added to the Oil of the Sick (1 part Tea Tree Oil to 9 parts olive oil). By doing so, the risk of transmission associated with touching the sick person is significantly decreased.</p> <p>c) Continue with provision of care for those who are homebound or quarantined (for example, regular phone or e-mail contact, preparation of meals, running errands, etc.).</p> <p>d) Those ministering to the sick should plan on removing street clothes immediately upon returning home. The clothes should be handled with gloves and washed immediately. The minister should then shower/bathe before having contact with others.</p> <p>e) Be aware that the need/request for funeral services and counseling will likely dramatically increase (at the same time, gatherings for funerals may be forbidden)—and that at the same time clergy and other ministers may be among those quarantined or those who succumb to the pandemic.</p> <p>f) While the anointing of the sick is usually reserved to the pastor, it is also true that “for a reasonable cause” another priest can anoint the sick “with at least the presumed consent” of the pastor (c. 1003.2). The declaration of having reached Stage 5 suffices for that permission.</p> <p>g) Likewise, canon law (c. 911) reserves <i>Viaticum</i> to the pastor or clerical religious superior of a place. In case of necessity, another priest, a deacon, or an Extraordinary Minister of Holy Communion may celebrate the <i>Rite of Viaticum</i> (with the presumed or explicit permission of the pastor or clerical religious superior). The declaration of having reached Stage 5 suffices for that permission (see Appendix K).</p>
--	---

<p><i>Specific Procedures: Schools and Faith Formation</i></p>	<p>Parishes and deaneries are to keep the Diocese informed as to the impact pandemic influenza is having on communities. If necessary, and if permissible, the Diocese may request that resources be shifted to best respond to influenza outbreaks (for example, ask for volunteers to minister in a community that is particularly hard hit).</p> <ol style="list-style-type: none">1. The procedures mandated for Stage 4 remain in force.2. If Public Health authorities mandate that all large-group gatherings be suspended, schools and parishes will comply.<ol style="list-style-type: none">a) If large groups are prohibited from meeting, parish and school administrators, with their staffs, should prepare and distribute catechetical or academic resources (for example, catechetical materials for children, as well as home prayer resources), (see Appendix A for internet resources and Appendix K for diocesan resources).b) If schools or faith formation programs are suspended, signage to that effect will be posted at entrances to the parish or school offices (see Appendix J).
---	---

2.7 Federal Response Stage 6 / WHO Phase 1 (post-pandemic)

At this point, the pandemic is either between “waves” or has ended.

<p>2.7 Policy</p> <p>In the post-pandemic phase, church response will focus on (1) ministry to the bereaved and those suffering from the physical and psychological after-effects of a pandemic, (2) restoring normal functioning at the diocesan, deanery, and parish/school levels, (3) critiquing response to the pandemic and updating policies as needed, and (4) preparing for the next wave of the pandemic.</p>	
<p>General Procedures</p>	<ol style="list-style-type: none"> 1. Guided by directives from local Public Health authorities, and from the Diocese, a graded return back to pre-pandemic practices begins. For example, once large group gatherings are allowed, the procedures for Stage 4 will continue in effect. <ol style="list-style-type: none"> a) Ministry to the bereaved and those suffering from the physical and psychological effects of the pandemic is the Church’s first priority. This priority includes ministry to those clerics and lay volunteers who were on the “front lines” during the outbreak. Referrals to specialized counseling should be made when needed. b) The Diocese, deaneries, parishes, and schools will review their response to the pandemic. The appropriate information / forms are returned to the Catholic Pastoral Center (see Appendix D). Policies will be updated accordingly. 2. Preparations for the next wave of the pandemic take place, including replenishing stockpiles.
<p>Specific Procedures: Catholic Pastoral Center</p>	<ol style="list-style-type: none"> 1. Plans for reconstitution of the Catholic Pastoral Center are enacted. 2. Reports from each parish, school, and deanery are reviewed (see Appendix D). 3. Diocesan, deanery, parish, and school response to the incident is evaluated within 30 days of the declaration of Stage 6. Necessary policy changes are made and communicated to all constituents. 4. The Chief Financial Officer will prepare a report of the fiscal status of the Diocese within 30 days of Stage 6 having been reached. 5. Human resource needs are assessed. <ol style="list-style-type: none"> a) Personnel Policies from Stage 5 remain in effect. b) Decisions regarding the need to shift personnel, to discontinue adaptations called for in Stage 5, or to begin hiring are made within 30 days of reaching Stage 6 and after General Procedures (a) and (b) are completed. c) Preparations are made for any hiring that needs to be done. The question of waiving specific certification or other requirements is made on a case-by-case basis, and in accord with civil law. 6. Needed supplies are purchased and stockpiles replenished.
<p>Specific Procedures: Liturgical-Pastoral</p>	<p>Once it is safe to do so, parishes are to celebrate memorial Masses for those who died in the pandemic. The Office of Liturgy will produce materials to assist with planning such liturgies.</p>

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

Appendix A: Internet Sources of Information

Nationwide Planning Resources

www.pandemicflu.gov/#map

This site provides “one-stop access to U.S Government and pandemic flue information.” Some important pages from this site include:

www.pandemicflu.gov/general/#what

This is a general information page; a good starting point in getting a good overview of the problem.

www.pandemicflu.gov/general/whatis.html

This page defines what is meant by a “pandemic.”

www.pandemicflu.gov/plan/faithcomchecklist.html

This page provides a checklist and other information that a faith-based agency would find helpful in planning for a possible pandemic.

www.pandemicflu.gov/plan/school/index.html

This link takes one to the preparation checklist for schools.

Department of Health and Human Services

www.hhs.gov/pandemicflu/plan/

This is the website that allows access to the national response plan in the case of pandemic influenza. The site provides access to the entire document, or to specific sections.

www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf

This is the URL for the entire document in .pdf format.

Centers for Disease Control and Prevention

www.cdc.gov/ (the home page for the CDC)

www.cdc.gov/flu/protect/stopgerms.htm

CDC site providing information on how one can help stop the spread of influenza.

www.cdc.gov/flu/protect/preventing.htm

CDC site providing information on flu vaccine and other preventive measures.

Federal Emergency Management Agency

www.fema.gov

The FEMA homepage.

www.fema.gov/emergency/nims/index.shtm

This page on the website details NIMS, the National Incident Management System, a way for agencies to use a common vocabulary when communicating with each other.

<http://training.fema.gov/EMIWeb/IS/IS100CM/ICS01summary.htm>

A summary of the FEMA Incident Command System is provided.

<http://training.fema.gov/EMIWeb/IS/is100.asp>

Free online course about the FEMA Incident Command System.

State of Kentucky

www.chfs.ky.gov/dph/epi/preparedness/pandemicinfluenza.htm

This site contains basic information on the pandemic flu. Under the third section of the document entitled: “What is the Kentucky Department for Public Health doing to prepare for pandemic flu” is a link to a draft version of Kentucky’s plan in case of pandemic influenza.

World Health Organization

www.who.int/csr/disease/influenza/pandemic10things/en/print.html

From the World Health Organization: 10 things that you need to know about pandemic flu.

www.who.int/csr/disease/avian_influenza/avian_faqs/en/print.html

WHO: FAQs about Avian flu.

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

This is the WHO “Epidemic and Pandemic Alert and Response” (EPR) site. From here, you can get updated information on the spread of H5N1 avian influenza around the world.

www.who.int/csr/disease/avian_influenza/timeline.pdf

WHO timeline of the current outbreak of H5N1 avian influenza.

www.who.int/csr/don/Handbook_influenza_pandemic_dec05.pdf

This is a copy of the WHO handbook for journalists. It explains the basics of influenza and provides guidelines for reporting on this issue.

Church / Liturgy

www.usccb.org/liturgy/influenza.shtml

Very basic and general information on what the flu means for liturgical celebrations.

www.wpaumc-files.org/pdf-files/Influenza_pandemic_response.pdf

A practical guide for congregations in the event of an influenza outbreak. Not specifically Catholic, it still raises important issues to consider. By Rev. Lee Moore.

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

A rich collection of resources for churches dealing with emergency preparedness, including preparations for a possible influenza pandemic. Canadian and ecumenical.

History

www3.niaid.nih.gov/news/focuson/flu/illustrations/timeline/timeline.htm

Timeline of influenza in the 20th century.

Faith Formation Resources

www.faithfirst.com/

Resources for use with children.

www.harcourtreligion.com/wcc_20060528.asp

www.harcourtreligion.com/wcc_faith_sharing_guide_1.asp

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

www.smp.org/

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

families.

www.usccb.org/nab/

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

Appendix B: An Introduction to Pandemic Influenza

What is “influenza?”

Influenza is a contagious respiratory illness caused by any number of influenza viruses. The symptoms of the flu include high fever, headache, malaise, cough, and sore throat. Each year, about 10-20% of U.S residents get “seasonal” flu—resulting in 114,000 hospitalizations and 36,000 deaths. There are three types of influenza viruses: A, B, and C. Type A is the one capable of causing a pandemic.

What are the differences between “seasonal” flu, “avian” flu, and “pandemic” flu?

The influenza type A virus is known to be genetically unstable. Because it does not have the usual mechanisms to repair its RNA (genetic material), and because it exchanges genetic material with other organisms, it changes fairly rapidly over time. This is called “antigenic drift” – which is why we have different viruses causing “seasonal” flu each year, and why we have to develop a new vaccine each flu season. Because the changes are relatively small, over time, most people develop immunity to these viruses. The Influenza A virus is named for two important proteins on its surface—H and N—that change. For example, the virus that caused the flu pandemic in 1918 is known as H1N1. That strain of the Influenza A virus, and two others, are the ones responsible for “seasonal” flu right now.

However, every so often, there is a major change in the virus—“antigenic drift”—to the point that it is “novel” or completely unknown to our immune systems; one with different “N” and “H” proteins on its surface. No one would be immune to this new virus.

Currently, there are a number of “novel” influenza viruses circulating in animal populations. The one that is getting a lot of attention right now is the H5N1 “Avian” flu. This virus infects wild waterfowl—which usually remain without symptom—and then spreads to domestic poultry, which do get sick (and, in many cases, die within 48 hours).

The virus has now been shown to spread from infected birds to humans who have prolonged contact with sick birds or their droppings. The chance of the virus spreading from bird to human is still very low—but it has happened. And when it does, the disease is quite severe. As of the date of the promulgation of this policy, there are reports of limited human-to-human spread in Indonesia.

This table, from the *National Strategy for Pandemic Influenza: Implementation Plan*, compares seasonal and pandemic influenza:

Seasonal Influenza	Pandemic Influenza
Caused by influenza viruses that are similar to those already affecting people.	Caused by a new influenza virus that people have not been exposed to before. Likely to be more severe, affect more people, and cause more deaths than seasonal influenza because people will not have immunity to the new virus
Symptoms include fever, cough, runny nose, and muscle pain. Deaths can be caused by complications such as pneumonia.	Symptoms similar to the common flu may be more severe and complications more serious.
Healthy adults usually not at risk for serious complications (the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications).	Healthy adults may be at increased risk for serious complications.

<p>Generally causes modest impact on society (e.g., some school closings, encouragement of people who are sick to stay home).</p>	<p>A severe pandemic could change the patterns of daily life for some time. People may choose to stay home to keep away from others who are sick. Also, people may need to stay home to care for ill family and loved ones. Travel and public gatherings could be limited. Basic services and access to supplies could be disrupted.</p>
---	--

What needs to happen in order to have a pandemic?

There are three conditions needed for a pandemic. First, a new virus to which humans are not immune must be present. The second condition needed is the spread of the virus from birds to people, resulting in severe illness. The final condition is for the virus to mutate (change) and become more contagious between people.

Of great concern is the increased availability of international travel. It is estimated that a novel strain of influenza virus will make its way across the globe within 3 months of the first appearance of significant human-to-human infections.

Once established, the virus will most likely circle the globe in 2 or 3 waves, each lasting several months.

How many sick and dead can we expect from a pandemic?

This is impossible to predict. Infection rates may range from 10% to 50%; most experts suggest a 30% infection rate to be a reasonable estimate. Fatality rates may be as low as 0.2% to as high as 5%. “Pandemic” flu planners suggest that 2.5% is a reasonable estimate.

It should be emphasized that these are very inexact estimates, since we have no way of knowing how easily the virus will spread and how severe an illness it will cause.

How does the flu spread?

Flu viruses spread through the air (droplets from coughing, sneezing, or speaking), which is then breathed in or it comes in contacts with the lining of the nose, mouth, or eyes. While larger droplets come to rest quickly, smaller droplets containing the virus may remain airborne for quite some time and be circulated around a room or building. The virus can also be caught through direct contact with a surface with the flu virus on it (such as a door) and then touching one’s nose, mouth, or eyes. Without moisture, the virus lives for only 48 hours or so. People are contagious for up to 2 days before experiencing symptoms; with a new virus, this “asymptomatic but contagious” period may be as long as 10 days.

What can be done to decrease the risk of spreading or catching the flu?

Preventing the spread of the influenza virus rests on basic public health measures: good hygiene and increasing social distance. Detailed information is provided in Appendix I; educational materials are found in Appendix J.

Personal Protection / Hygiene

- The most important “first step” in preventing spread of the flu is frequent and proper hand washing, especially after having come in contact with another person or with a potentially contaminated surface.
- Proper “cough/sneeze etiquette” should always be followed. The best approach is to cough or sneeze into the crook of the arm (as opposed to coughing or sneezing into the hand). If a tissue is used, then immediately dispose of the tissue properly and wash one’s hands.
- The use of masks, gloves, and even goggles may be necessary—depending on the degree of exposure risk. According to the WHO and CDC, masks should meet or exceed the NIOSH N95 standard.
- Surfaces that are frequently touched, such as doors, table surfaces, shared phones, should be regularly

disinfected.

Social Distancing

- To the extent possible, stay away from people who are sick. Avoid unnecessary trips to the hospital.
- Minimize handshaking. Stay away from crowds and large gatherings. Avoid nonessential travel.
- If sick, or someone in the household is sick, one should stay home.
- In addition, the government could impose travel restrictions, mandatory “snow days,” and quarantines.

What about vaccines and medications?

The flu vaccine is crucial in helping prevent the spread of “seasonal” flu. Each year, vaccine manufacturers produce a “trivalent” vaccine. That means that it is a vaccine against three strains of the flu virus: the two most common strains of Influenza A and the most common strain of Influenza B.

Once it appears that a pandemic is beginning, manufacturers will switch from making the “trivalent” vaccine to a new “monovalent” vaccine against the virus causing the pandemic. However, it could take 3 months or longer to develop a vaccine to this new influenza strain. In addition, supplies would be limited and would be given out according to a priority list developed by the government.

Anti-viral medications may be used to both prevent and treat a flu infection. How effective they will be against a novel strain of the virus is unknown, and resistance could quickly develop. In either case, just as with vaccines, the government has a priority list of who would receive anti-viral medication.

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

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

Appendix D: Planning and Reporting Forms

Combined Planning and Reporting Form

This form is intended for use by parishes and schools to assist in their planning for pandemic influenza. Secondly, the same form is used to report the status of a parish's or school's preparations to the Diocese in accord with policy 1.6.

Please see below and www.rcdok.org

Diocesan Entity Status Report Form

This form is intended to assist the Diocese track the status of all its entities affected by pandemic influenza, in accord with policy 1.6. Please see below and www.rcdok.org

Post-Pandemic Report

In accord with policy 1.6, this form is intended to assist the parish/school and Diocese in post-pandemic reconstitution. While it is understood that certain data may not be available, it is asked that parishes and schools provide the most reasonable estimates available—noting which numbers are estimates and which are truly known. Please see below and www.rcdok.org

Appendix D: Combined Planning and Reporting Form

Diocesan Entity Name: _____

City _____ **Person in Charge** _____

1. Plan for the impact of a pandemic on your organization and its mission:

Task	Not Started	In Progress	Completed
<ul style="list-style-type: none">• Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.• Determine the potential impact of a pandemic on your organization's usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.• Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)• Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.• Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization'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 response and preparedness plan using an exercise or drill, and review and revise your plan as needed.			

2. Communicate with and educate your staff, members, and persons in the communities that you serve:

Task	Not Started	In Progress	Completed
<ul style="list-style-type: none"> Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others. 			
<ul style="list-style-type: none"> Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough/sneeze etiquette), family preparedness plans, and how to care for ill persons at home. 			
<ul style="list-style-type: none"> When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements). 			
<ul style="list-style-type: none"> Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve. 			
<ul style="list-style-type: none"> Develop tools to communicate information about pandemic status and your organization’s actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc. 			
<ul style="list-style-type: none"> Consider your organization’s unique contribution to addressing rumors, misinformation, fear and anxiety. 			
<ul style="list-style-type: none"> Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities--state and local health departments, emergency management agencies, and CDC. 			
<ul style="list-style-type: none"> 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. 			

3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

Task	Not Started	In Progress	Completed
<ul style="list-style-type: none">• Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.• Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.• Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.• Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.			

4. Set up policies to follow during a pandemic:

Task	Not Started	In Progress	Completed
<ul style="list-style-type: none">• Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.• Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).• Set up policies for flexible work hours and working from home.			

- Evaluate your organization’s usual activities and services (including rites and religious practices if applicable) to 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 (e.g. guidance for respiratory hygiene and cough/sneeze etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)
- Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.
- Set procedures for activating your organization’s response plan when an influenza pandemic is declared by public health authorities and altering your organization’s operations accordingly.

5. Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:

Task	Not Started In Progress Completed
<ul style="list-style-type: none">• Determine the amount of supplies needed to promote respiratory hygiene and cough/sneeze etiquette and how they will be obtained.• Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).	

6. Coordinate with external organizations and help your community:

Task	Not Started In Progress Completed
• Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.	
• Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.	
• Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.	
• Share what you've learned from developing your preparedness and response plan with other Faith- Based and Community Organizations to improve community response efforts.	
• Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.	

Appendix D: Diocesan Entity Status Report Form

Diocesan Entity Name	City	Person in Charge
----------------------	------	------------------

The purpose of this form is to track the status of Diocesan entities that are affected by pandemic influenza. Entities shall complete the applicable parts of this report and send it to the Catholic Pastoral Center when the status of the entity changes significantly. This includes: confirming the change in the Federal Response Stage, weekly reporting of illness and deaths due to influenza when Stage 5 is declared, and significant changes in operation. Make a copy to send to the Catholic Pastoral Center and retain the original. Additional information should be added to the original and copies sent as needed.

Confirmation of Change in the Federal Response Stage:

	Message Received from Diocesan Entity			Date When Corresponding Steps in Diocesan Policy Are Implemented
	<u>Date</u>	<u>By</u>	<u>Via</u>	
<p style="text-align: center;">Stage 0</p> New domestic animal outbreak in at-risk country.				
<p style="text-align: center;">Stage 1</p> Suspected human outbreak overseas [human-to-human transmission]				
<p style="text-align: center;">Stage 2</p> Confirmed human outbreak overseas				
<p style="text-align: center;">Stage 3</p> Widespread human outbreaks in multiple locations overseas				
<p style="text-align: center;">Stage 4</p> First human case in North America				
<p style="text-align: center;">Stage 5 *</p> Spread throughout United States				
<p style="text-align: center;">Stage 6</p> Recovery and preparation for subsequent waves				

* Once Stage 5 is declared, send weekly reports as changes occur

<u>Cases of Pandemic Influenza in the Entity Population</u>		<u>Number of Deaths Due to Pandemic Influenza</u>		<u>Significant Changes in Operation</u>	
<u>Date</u>	<u>Number</u>	<u>Date</u>	<u>Number</u>	<u>Date</u>	<u>Notes</u>

Appendix D: Post-Pandemic Reporting Form

Name of Parish / School:				Date:	
City:				Deanery:	
Name of Person Completing Report:					
Personnel					
	# Before flu	# Became ill	# Hospitalized	# Deceased	# Relocated/Resigned
Clergy					
-Priests					
-Deacons					
Full-Time Parish Staff					
-Office					
-Pastoral					
-Formation					
-Maintenance					
Part-Time Parish Staff					
-Office					
-Pastoral					
-Formation					
-Maintenance					
School (if applicable)					
-Administration					
-Office/Secretarial					
-Teachers					
-Teachers' Aids					
-Maintenance					
What are plans for bringing staffing back to pre-pandemic levels?					
Will any pre-pandemic positions be cut? Please explain.					
Grounds / Buildings					
Were the changes to the buildings called for in Stage 4 implemented in a timely manner?				() Yes	() No
How were the changes received?					
What were the problems with implementation?					

Policies Relating to Planning for Pandemic Influenza

Were the changes to the buildings called for in Stage 5 implemented in a timely manner?	() Yes	() No	
How were the changes received?			
What were the problems with implementation?			
Any comments or suggestions?			
Were any parish or school buildings used as:	Yes	No	Specify
-Housing for the sick / displaced	()	()	
-Screening center for the sick	()	()	
-Hospital	()	()	
-Morgue	()	()	
-Distribution Center (supplies, meals) [please specify]	()	()	
-Government Office / Agency [please specify]	()	()	
-Other [please specify]	()	()	
Notes / Comments / Description:			
What are plans for bringing buildings back to regular use?			
Pastoral Care			
Were any of the clergy or lay volunteers assigned exclusively to care of the sick / dying / bereaved? Please specify (give names and contact information).			
Did any of these individuals themselves become ill? Please give #.	() Yes #_____	() No	
Did any of these individuals themselves die? Please give #.	() Yes #_____	() No	
Was the parish asked to provide material assistance to those in need <i>as a result of the pandemic</i> ?	Yes	No	Estimated Amount (\$)
-Housing	()	()	
-Food	()	()	
-Medical Supplies	()	()	

Policies Relating to Planning for Pandemic Influenza

-Transportation	()	()	
-Utilities	()	()	
During the Pandemic, how many households received pastoral care, in the form of:			Number:
	Regular phone contact:		
	Pastoral visits:		
	Communion to the homebound:		
How many individuals received the following sacraments / liturgical rites <i>as a result of the pandemic</i> :			Number:
	Anointing of the Sick		
	Viaticum		
	Christian Burial – Full Rite from the OCF		
	Christian Burial – Shortened Rite produced by the Diocese		
	Baptism – by clergy		
	Baptism – by clergy (in danger of death)		
	Baptism – by laity (in danger of death)		
	Was the booklet prepared by the Diocese for use in danger of death used?		
	Confirmation (in danger of death)		
	Marriage (in danger of death)		
	General Absolution (Form III)		
Are there mental health or other resources that you need assistance accessing? Please specify.			
Liturgy			
Were the changes to liturgical practice called for in Stage 4 implemented in a timely manner?		() Yes	() No
How were the changes received?			
What were the problems with implementation?			
Were the changes to liturgical practice called for in Stage 5 implemented in a timely manner?		() Yes	() No
How were the changes received?			
What were the problems with implementation?			
What are your plans for remembering the dead (for example, is a memorial Mass planned for all the dead of the parish)?			

Any comments or suggestions?		
Finances		
Please estimate the following:		
	Direct costs incurred as a result of the pandemic:	
	Loss of income as a result of the pandemic:	
	Costs required for reconstitution:	
What are your plans for meeting expenses?		
Communication		
How did you keep in touch with members of your parish/school? What worked the best?		
How did you keep in contact with the Diocese? What was most helpful?		
What other sources of information did you find to be helpful?		
Suggestions / Comments / Concerns		
Is there anything else that you would like us to know?		

Appendix E: Table – Summary of Diocesan Plan (Catholic Pastoral Center)

<p>Federal Response Stage 0 (WHO Phases 1 & 2)</p>
<p>No new influenza viruses in humans, but influenza outbreak involving domestic animals in an at-risk country.</p> <p>A committee to prepare policies for the Diocese, parishes, and schools regarding planning for pandemic influenza is established (see 1.3).</p> <ol style="list-style-type: none"> 1. The Director of Communication will establish appropriate means of communication that will be used to keep the Diocese and Catholic Pastoral Center staff informed. 2. The Director of Faith Formation and Superintendent will prepare policies relevant to schools and faith formation programs. 3. The Director of Liturgy will review current liturgical practices and prepare norms to be enacted in preparation for and in the event of an outbreak of pandemic influenza. 4. The Chief Financial Officer will be charged with preparing personnel and fiscal policies that would go in effect in the event of a pandemic. 5. The Safety Committee is charged with preparing the Catholic Pastoral Center building itself for pandemic influenza
<p>Federal Response Stages 0 & 1 (WHO Phase 3)</p>
<p>Human outbreak overseas: caught from animals (stage 0) or, rarely, from human-to-human contact (stage 1).</p> <p>Planning at the Catholic Pastoral Center level should take into consideration the following:</p> <ol style="list-style-type: none"> 1. The Catholic Pastoral Center staff will assist deaneries, parishes, and schools with their planning. 2. Material needs. The Safety Committee is charged with beginning to store necessary supplies. 3. Finances. The Diocese should prepare for a significant reduction in tithing income during this period—due to self-imposed isolation, official quarantine, loss of income, and illness or death.
<p>Federal Response Stage 2 (WHO Phases 4 & 5)</p>
<p>Human outbreak overseas, with limited (phase 4) or increasing (phase 5) human-to-human transmission.</p> <ol style="list-style-type: none"> 1. Review and update existing plans and protocols at all levels (parish/schools, deanery, Diocese). 2. Remain alert for changes in the situation. 3. Complete any tasks from Stages 0-1 that remain undone. 4. Heed mandates from Public Health authorities.
<p>Federal Response Stage 3 (WHO Phase 6)</p> <p>Pandemic Phase: Widespread human outbreaks overseas</p>
<ol style="list-style-type: none"> 1. Review and update existing plans and protocols. 2. Remain alert for changes in the situation. 3. Confirm that all tasks from Stages 0-2 have been completed. 4. Heed mandates from Public Health authorities. 5. Remind diocesan staff, clergy, and parish/school communities as to what steps will be taken in the event of pandemic influenza in Stages 4 and 5. It is crucial that everyone be prepared for what to expect in the event of a pandemic. 6. All sick individuals, including clergy, are to stay home. Signs are posted on Catholic Pastoral Center, church, and

<p>parish/school doors instructing those with fever or other flu-like symptoms not to enter (see Appendix J).</p> <p>7. Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.</p>
<p>Federal Response Stage 4 (WHO Phase 6) Pandemic Phase: First human case in North America</p>
<p>1. Employees are asked to inform the Coordinator of Staff if they develop any flu symptoms.</p> <p>2. The Operations Section Chief will verify that entities have been informed of each stage and procedures to follow.</p>
<p>Federal Response Stage 5 (WHO Phase 6) Pandemic Phase: Spread throughout U.S. / Kentucky</p>
<p>1. Catholic Pastoral Center Building</p> <p style="padding-left: 20px;">a) Large group meetings are cancelled.</p> <p>2. Personnel Policy Changes</p> <p style="padding-left: 20px;">a) Employee ill: follow policy.</p> <p style="padding-left: 20px;">b) Family ill: May continue to work at home. If unable or choose not to work at home, use sick leave, then accrued vacation leave, then a living wage (as defined by regional NACPA) and health insurance continuance for one month will be offered if possible. After all resources are used, family and medical leave may be used.</p> <p style="padding-left: 20px;">c) Voluntary employee quarantine at home, travel restrictions by government authorities, diocesan offices closed: Continue to work at home. If unable to work at home, use accrued vacation leave, then sick leave, then a living wage (as defined by regional NACPA) and health insurance continuance for one month will be offered if possible.</p> <p>3. The Operations Section Chief will verify that resources and protocols are in place.</p>
<p>Federal Response Stage 6 (WHO Return to Phase 1) Recovery and preparation for subsequent waves.</p>
<p>1. Plans for reconstitution of the Catholic Pastoral Center are enacted.</p> <p>2. Reports from each parish, school, and deanery are reviewed (see Appendix D).</p> <p>3. Diocesan, deanery, parish, and school response to the incident is evaluated within 30 days of the declaration of Stage 6. Necessary policy changes are made and communicated to all constituents.</p> <p>4. The Chief Financial Officer will prepare a report of the fiscal status of the Diocese within 30 days of Stage 6 having been reached.</p> <p>5. Human resource needs are assessed.</p> <p style="padding-left: 20px;">a) Personnel Policies from Stage 5 remain in effect.</p> <p style="padding-left: 20px;">b) Decisions regarding the need to shift personnel, to discontinue adaptations called for in Stage 5, or to begin hiring are made within 30 days of reaching Stage 6 and after General Procedures (a) and (b) are completed.</p> <p style="padding-left: 20px;">c) Preparations are made for any hiring that needs to be done. The question of waiving specific certification or other requirements is made on a case-by-case basis, and in accord with civil law.</p> <p>6. Needed supplies are purchased and stockpiles replenished.</p>

Appendix F: Table – Summary of Diocesan Plan (Liturgy & Pastoral Care)

Federal Response Stage 0 (WHO Phases 1 & 2)	
No new influenza viruses in humans, but influenza outbreak involving domestic animals in an at-risk country.	
1.	<p>All ministers of communion, ordinary and extraordinary, are to be reminded of the importance of proper hand-washing before and after distributing communion, and of proper technique to be used in distributing communion. This may be done in formation sessions or by written memo.</p> <p>a) The person responsible for preparing the gifts before Mass is to be reminded to carefully wash his or her hands prior to touching the hosts and pouring the wine. If ill, a substitute should be found.</p> <p>b) Parishes are to have bottles of alcohol-based hand sanitizer available for communion ministers. For example, these may be placed in the front pews (or other discreet but convenient place) for EMHCs to use on their way to the sanctuary and after ministering communion (see Appendix I)..</p> <p>c) Ordinary ministers are reminded to wash their hands properly before the beginning of Mass. In addition, a bottle of hand sanitizer is to be placed at the credence table (or other discreet but convenient place) for the ordinary ministers to wash their hands after the sign of peace.</p> <p>d) Ministers are to use proper technique in distributing communion. For example:</p> <p>i) Care must be taken not to touch the mouth, tongue, or teeth of a communicant wishing to receive communion on the tongue. If there is any significant accidental contact, ministers should change the hand with which they are distributing communion. If there is gross contamination, the minister is to go wash his/her hands.</p> <p>ii) When ministering the Cup, ministers must take care to wipe both the inside and outside lip of the chalice, to turn the chalice before the next person receives, and to move the purificator for each wipe so the same location on the purificator is not used over and over.</p> <p>iii) Ministers are reminded that self-intinction is not allowed.</p> <p>iv) In some parishes, it is the practice to make brief contact with the communicant’s hand while placing the Host on the person’s palm. It is also the practice in some places to bless non-communicants. In both instances, any contact should be brief and with the fingers that are not used to pick up the Host.</p> <p>e) The person responsible for the care of the vessels after Mass is to ensure that they are properly cleaned. After being purified according to the rubrics, Mass vessels should be washed with hot, soapy water.</p> <p>f) Purificators are also to be laundered according to liturgical norms. After soaking in water (which is then poured into the <i>sacrarium</i>), the purificators are laundered normally. Hot water and laundry detergent should be used.</p>
2.	<p>While there has never been a documented case of an infectious disease being transmitted through the sharing of the Cup, the congregation ought to be regularly reminded (in the bulletin, by announcement, or in formation sessions—such as RCIA, preparation for First Communion, or adult formation groups) that if one is ill with a fever he or she should stay home, or at least refrain from the Cup. They are also to be reminded that self-intinction is not allowed.</p>
3.	<p>Changes to communion practices mandated in the event of a pandemic may especially affect those with Celiac Disease (gluten-sensitive enteropathy), for example, when communion from the Cup is no longer possible. Pastors are urged to discuss options with their parishioners with this condition—such as the use of extremely low gluten hosts or even the consecration of a separate chalice for the affected parishioner’s communion. The Office of Worship is available to assist in this delicate pastoral matter.</p>
Federal Response Stages 0 & 1 (WHO Phase 3)	
Human outbreak overseas: caught from animals (stage 0) or, rarely, from human-to-human contact (stage 1).	
1.	<p>Planning at the deanery level should take into consideration the following:</p> <p>a) Housing for priests. In the event of a pandemic, priests living together should be separated in order to lessen the risk of infection. Parishes are to make unused rectories available for housing displaced priests, and deaneries should prepare a housing plan now. Any necessary adjustments needed to the buildings, as well as the preparation of supplies, should then proceed.</p>

- b) Care for the Sick. If all the clergy try to both care for their parishes and care for all the sick and dying during a pandemic, there is great likelihood that all the clergy will either become ill (and many die) and/or they will serve as carriers and spread the infection through the community. Therefore, it is recommended that in each deanery at least 2 priests, and if available, a deacon, be given the sole responsibility to care for the sick and dying, and of burying the dead, during an outbreak of pandemic flu. This ministry should be undertaken on a volunteer basis. If any of these become ill or succumb, the next names on the list would rotate in. These clerics should live separately from others, in order to prevent cross-infection. In their absence, the other priest and deacons of the deanery would cover their other pastoral duties at the parish. Lay persons may also volunteer for this ministry.
- c) Houses for the Sick. It would be prudent to consider making one of the larger rectories in the deanery into a “house for the sick” to provide care to the sick and dying. In the first place, such a house could be used for clergy who have fallen ill. Secondly, it could become housing for parishioners who need extra care or attention. Finally, it may be possible that public health authorities would ask for use of such a building in case local hospital resources become overwhelmed.

Federal Response Stage 2 (WHO Phases 4 & 5)

Human outbreak overseas, with limited (phase 4) or increasing (phase 5) human-to-human transmission.

1. Review and update existing plans and protocols at all levels (parish/schools, deanery, Diocese).
2. Remain alert for changes in the situation.
3. Complete any tasks from Stages 0-1 that remain undone.
4. Heed mandates from Public Health authorities.

Federal Response Stage 3 (WHO Phase 6)

Pandemic Phase: Widespread human outbreaks overseas

1. Review and update existing plans and protocols.
2. Remain alert for changes in the situation.
3. Confirm that all tasks from Stages 0-2 have been completed.
4. Heed mandates from Public Health authorities.
5. Remind diocesan staff, clergy, and parish/school communities as to what steps will be taken in the event of pandemic influenza in Stages 4 and 5. It is crucial that everyone be prepared for what to expect in the event of a pandemic.
6. All sick individuals, including clergy, are to stay home. Signs are posted on Catholic Pastoral Center, church, and parish/school doors instructing those with fever or other flu-like symptoms not to enter (see Appendix J).
7. Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.

Federal Response Stage 4 (WHO Phase 6)

Pandemic Phase: First human case in North America

1. Distribute diocesan home prayer booklet and other resources in case large group gatherings are suspended by Public Health authorities (see Appendix K).
2. Mass: Communion Practices⁴
 - a) The person preparing wine and hosts for Mass is to wear a mask and gloves (see Appendix I). The vessels containing the bread and wine are to remain covered until placed on the altar.
 - b) Communion from the Cup is suspended. Only the priest is to commune from the Chalice. If concelebrants and/or

⁴ Policies referring to Mass also apply to other liturgical gatherings (e.g., Word and Communion Services, the Liturgy of the Hours, Eucharistic Exposition and Adoration, etc.).

deacons are present, they commune by intinction (as is done at Papal Masses; source: USCCB BCL).

- c) All communion ministers (clergy and lay) must wash their hands with an alcohol-based hand sanitizer immediately before and after distributing communion (and in the case of any direct contact with a communicant).
- d) In distributing communion, the Host shall be placed in the communicant's hand without the minister touching the communicant. The practice of touching a non-communicant for a blessing is also to be discontinued. Communion on the tongue is to be suspended (c.223).
- e) After being properly purified, all Mass vessels (chalices, patens, and ciboria) are to be carefully washed in hot, soapy water after each Mass.

3. Mass: Other Practices⁴

- a) Collection baskets are not to be passed. It is preferred that a collection basket or locked "poor box" be placed at the entrance(s) of the church; alternatively, baskets with handles may be used (in which case ushers are to wear gloves and immediately wash their hands after the collection). Because the influenza virus can remain viable on surfaces for some time, the money collected is to be "quarantined" for 3 days before being counted. Those removing money from the collection baskets or boxes are to wear gloves and wash their hands afterwards. The collection is not carried in procession as part of the preparation of the gifts and altar.
- b) Since missalettes and song books cannot be properly sanitized, they are to be removed from the pews. It is preferable that familiar music be chosen for workshop services so that no worship aids are needed. If worship aids are needed, they should be printed for each mass and immediately destroyed.
- c) Sharing of the Sign of Peace by handshake or hug is suspended. Ceremonial hand holding during Lord's Prayer or any other part of the Mass is suspended.
- d) To the extent possible, the assembly will be seated in alternating rows, thereby increasing distance between individuals. In addition, it may become necessary to limit the number of individuals present for any one Mass.
- e) Non-essential gatherings—such as Children's Liturgy of the Word and post-Mass social gatherings / refreshments—are to be suspended.
- f) Priests, deacons, readers, and servers—since they will be touching items in common—are to sanitize their hands before and after Mass, and during Mass if their hands become contaminated.
- g) On Good Friday, the Cross will be venerated by bow or genuflection, not by touch or kissing. In those places where it is the practice to venerate icons with a touch or kiss, that practice, too will be replaced with a bow.

4. Reconciliation

- a) The use of "box" confessionals is suspended. A distance of 3 feet is to be maintained between penitent and confessor.
- b) The priest and penitent may consider wearing a mask (see Appendix D).
- c) Hard surfaces in the room used for reconciliation, including the screen, are to be disinfected after each visit.

5. Baptisms

- a) Only immediate family and godparents are to attend.
- b) There are to be no large group baptisms.
- c) Fresh water is to be used for each baptism, and then discarded properly afterwards. If more than one person is being baptized, the water is to be blessed in individual vessels and then poured over the candidate into the font.

6. Weddings

- a) Only immediate family and witnesses are to attend.
- b) Clergy are not to attend related social functions; parishes are not to host receptions.

7. Funerals

- a) Be aware that there could be an increased need for funeral services and pastoral care to the bereaved.
- b) The liturgical celebrations may need to be altered, both to prevent spread of influenza and because of time and energy constraints:
 - i) the Funeral Vigil may be omitted, or the time at a “wake” shortened, in order to prevent prolonged group/gatherings,
 - ii) the Funeral Liturgy outside of Mass should be used,
 - iii) the Rite of Committal is used (outdoors if possible) with the Funeral Liturgy, or by itself,
 - iv) priests should make use of deacons and Pastoral Associates (who may preside over the vigil, funeral liturgy, and rite of committal) and trained lay leaders of prayer (who may preside over the vigil and rite of committal) in order to prevent becoming overwhelmed (see OCF #14).
- c) Only immediate family is to attend the funeral liturgies. Plans for memorial Masses after the pandemic resolves should be made. A specific date should be set as soon as possible and publicized.

8. Pastoral Care to the Sick

- a) Activate plan to care for those who are quarantined or home-bound, such as regular phone or e-mail contact. Coordinate with parish nurse(s) and other outreach ministries.
- b) Gloves and masks mandated for pastoral visits, including for the Anointing of the Sick (see Appendix I). Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g., a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial.
- c) Tea Tree Oil is a natural germicidal that can and may be added to the Oil of the Sick (1 part Tea Tree Oil to 9 parts olive oil). By doing so, the risk of transmission associated with touching the sick person is significantly decreased (see Appendix I).
- d) Those who are assigned to pastoral care of the sick are to be quarantined at this stage.
- e) Be aware that persons who come in contact with those who are ill, including pastoral caregivers, may themselves become incapacitated.

Federal Response Stage 5 (WHO Phase 6)
Pandemic Phase: Spread throughout U.S. / Kentucky

The procedures mandated for Stage 4 remain in force, with the following adjustments:

1. Celebration of the Mass

- a) If not already done so, distribute diocesan home prayer booklets and other resources in case large group gatherings are suspended by Public Health authorities.
- b) Communion on the tongue is suspended, according to the provision of c. 223.
- c) If Public Health authorities mandate that all large-group gatherings be suspended, parishes will comply and stop offering the Mass and other sacraments to groups. If such were to occur, the Bishop dispenses from the Sunday obligation to attend Mass.
- d) The Bishop, or, in his absence, the Vicar General, may also order the suspension of Masses and public celebration

of the sacraments and other liturgical rites. If such occurs, the Bishop (or Vicar General) also dispenses from the Sunday obligation to attend Mass.

- e) If public celebration of the sacraments is suspended, signs to that effect will be posted at entrances to the church and parish offices (see Appendix J).

2. Reconciliation

- a) In accord with c. 961, once Stage 5 is declared, the Bishop grants permission for Form III of the Sacrament of Reconciliation (“General Absolution”) at the discretion of the local pastor. Pastors are reminded that they are to instruct their parishioners that anyone who receives general absolution has the responsibility to make an integral confession (Form I) as soon as it is possible to do so. The appropriate rite from the *Rite of Penance* is to be used.
- b) The faithful should be instructed in how to make an act of perfect contrition in the event of danger of death, and the unavailability of a priest. Deacons and lay ministers should be instructed in how to assist individuals in making an act of perfect contrition while avoiding simulation of the sacrament of reconciliation (see Appendix J)
- c) The validity of the Sacrament of Reconciliation requires the bodily presence of both the priest and penitent. All are therefore reminded that phones, e-mail and other electronic media may not be used to celebrate the sacrament. In these situations, the penitent should be assisted in making an act of perfect contrition.

3. Baptisms

- a) In case of a pandemic, there may be an increased number of requests for baptism, while, at the same time, clergy may be incapacitated. Therefore, in keeping with c. 861.2, the faithful are to be aware of the special forms of the rite of baptism to be used in the danger of death or if in an emergency an ordinary minister is not available. The Diocese will provide a booklet containing the extraordinary rites of baptism (see Appendix K).
- b) For the baptism of those less than seven years of age, the ritual *Rite of Baptism for Children in Danger of Death When No Priest or Deacon Is Available* (# 157ff) is to be used, and the lay minister is to ensure that the baptism is recorded at the parish after the pandemic resolves.
- c) For the baptism of those who are 7-years-old and older, the rite for *Christian Initiation of a Person in Danger of Death* is to be used (RCIA #375ff).
- d) Once Stage 5 is reached, the Bishop grants permission for baptism to be celebrated in the home, at the discretion of the local pastor (c. 860).

4. Weddings

- a) In case of a pandemic, there may be an increased number of requests for weddings, especially if there is danger of death. Clerics are reminded that the civil requirement of a wedding license is not waived.
- b) In extreme circumstances (danger of death, the expected absence of an ordinary minister for over a month), canon law (c.1116.1) allows for an extraordinary form of marriage before witnesses only. Recourse to such an option should not be made before exhausting all possibilities of having an ordinary minister present, and then only after contacting the pastor, dean, or Vicar General.
- c) The above, of course, presumes the freedom to marry (for example, no prior existing bond). If a previous bond is found to exist, the act of marriage is null.

5. Funerals

- a) Activate deanery-wide plans naming select clerics to be solely responsible for ministry to the sick and dying and to move priests to individual housing. Ensure that these ministers have a support network in place.
- b) In those parishes where the pastor is named as one of the clerics assigned solely to minister to the sick and dying,

another priest is to be named as administrator, in the following order: (1) another priest residing at the parish (a retired priest, a parochial vicar); (2) the Dean of the deanery; and (3) the Vicar General. The name of the priest is communicated to the Catholic Pastoral Center, and the individual is granted the faculties of a pastor until the pastor is able to resume his duties or a new pastor is named.

- c) Depending on Public Health directives, it may not be possible to gather for the Funeral Liturgy, or at the graveside for the Rite of Committal. If the body is not present, the proper rites are used and adaptations made.
- d) In order to assist them in their pastoral care to the dead and the bereaved, ministers are to familiarize themselves with the options available in the *Order of Christian Funerals*. In addition, a shortened funeral rite for use during this phase of the pandemic will be prepared (see Appendix K).
- e) A record of those who die during the pandemic is to be kept, and memorial Masses offered once the pandemic has resolved.

6. Pastoral Care to the Sick

- a) Gloves and masks for pastoral visits, including for the Anointing of the Sick. Gloves smeared with oil are to be placed in a sealed bag and later burned or buried. In case of necessity, the priest may use a suitable instrument (e.g. a cotton-tipped swab) to anoint in order to avoid direct physical contact. In such cases, the instrument must also be disposed of by burning or burial.
- b) Tea Tree Oil is a natural germicidal that can and may be added to the Oil of the Sick (1 part Tea Tree Oil to 9 parts olive oil). By doing so, the risk of transmission associated with touching the sick person is significantly decreased.
- c) Continue with provision of care for those who are homebound or quarantined (for example, regular phone or e-mail contact, preparation of meals, running errands, etc.).
- d) Those ministering to the sick should plan on removing street clothes immediately upon returning home. The clothes should be handled with gloves and washed immediately. The minister should then shower/bathe before having contact with others.
- e) Be aware that the need/request for funeral services and counseling will likely dramatically increase (at the same time, gatherings for funerals may be forbidden)—and that at the same time clergy and other ministers may be among those quarantined or those who succumb to the pandemic.
- f) While the anointing of the sick is usually reserved to the pastor, it is also true that “for a reasonable cause” another priest can anoint the sick “with at least the presumed consent” of the pastor (c. 1003.2). The declaration of having reached Stage 5 suffices for that permission.
- g) Likewise, canon law (c. 911) reserves *Viaticum* to the pastor or clerical religious superior of a place. In case of necessity, another priest, a deacon, or an Extraordinary Minister of Holy Communion may celebrate the *Rite of Viaticum* (with the presumed or explicit permission of the pastor or clerical religious superior). The declaration of having reached Stage 5 suffices for that permission (see Appendix K).

Federal Response Stage 6 (WHO Return to Phase 1)

Recovery and preparation for subsequent waves.

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

Appendix G: Table – Summary of Diocesan Plan (Schools and Faith Formation Programs)

Federal Response Stage 0 (WHO Phases 1 & 2)
No new influenza viruses in humans, but influenza outbreak involving domestic animals in an at-risk country. Parishes/schools are urged to ensure that there are properly trained substitute teachers / catechists available.
Federal Response Stages 0 & 1 (WHO Phase 3)
Human outbreak overseas: caught from animals (stage 0) or, rarely, from human-to-human contact (stage 1). The Diocesan Office of Faith Formation and the Catholic Schools Office will assist schools and faith formation programs in the preparation of resources to be used in case of a pandemic (for example, lesson plans and catechetical materials for children, as well as home prayer resources). See Appendix A for Internet-based resources and Appendix K.
Federal Response Stage 2 (WHO Phases 4 & 5)
Human outbreak overseas, with limited (phase 4) or increasing (phase 5) human-to-human transmission.
<ol style="list-style-type: none"> 1. Review and update existing plans and protocols at all levels (parish/schools, deanery, Diocese). 2. Remain alert for changes in the situation. 3. Complete any tasks from Stages 0-1 that remain undone. 4. Heed mandates from Public Health authorities.
Federal Response Stage 3 (WHO Phase 6)
Pandemic Phase: Widespread human outbreaks overseas
<ol style="list-style-type: none"> 1. Review and update existing plans and protocols. 2. Remain alert for changes in the situation. 3. Confirm that all tasks from Stages 0-2 have been completed. 4. Heed mandates from Public Health authorities. 5. Remind diocesan staff, clergy, and parish/school communities as to what steps will be taken in the event of pandemic influenza in Stages 4 and 5. It is crucial that everyone be prepared for what to expect in the event of a pandemic. 6. All sick individuals, including clergy, are to stay home. Signs are posted on Catholic Pastoral Center, church, and parish/school doors instructing those with fever or other flu-like symptoms not to enter (see Appendix J). 7. Bring stockpiles up to levels that would allow for at least three weeks of activity without restocking.
Federal Response Stage 4 (WHO Phase 6)
Pandemic Phase: First human case in North America
<ol style="list-style-type: none"> 1. If large groups are prohibited from meeting, parish and school administrators, with staffs, should prepare and distribute catechetical or academic resources (for example, catechetical materials for children, as well as home prayer resources) (see Appendix A for internet resources and Appendix K for diocesan resources). 2. Social Distancing (it is recommended that a distance of three feet be maintained between all individuals) <ol style="list-style-type: none"> a) School ought to use e-mail for attendance and lunch counts. b) Schools should configure classroom seating to maintain a 3-foot distance (e.g. every other desk, if possible). In order to maintain a recommended three-foot distance between persons, other large-group gatherings will need to be modified. c) Sports, dances, retreats and all other extra-curricular activities will be suspended.

i)
Federal Response Stage 5 (WHO Phase 6) Pandemic Phase: Spread throughout U.S. / Kentucky
<p>Parishes and deaneries are to keep the Diocese informed as to the impact pandemic influenza is having on communities. If necessary, and if permissible, the Diocese may request that resources be shifted to best respond to influenza outbreaks (for example, ask for volunteers to minister in a community that is particularly hard hit).</p> <ol style="list-style-type: none">1. The procedures mandated for Stage 4 remain in force.2. If Public Health authorities mandate that all large-group gatherings be suspended, schools and parishes will comply.<ol style="list-style-type: none">a) If large groups are prohibited from meeting, parish and school administrators, with their staffs, should prepare and distribute catechetical or academic resources (for example, catechetical materials for children, as well as home prayer resources), (see Appendix A for internet resources and Appendix K for diocesan resources).b) If schools or faith formation programs are suspended, signage to that effect will be posted at entrances to the parish or school offices (see Appendix J).
Federal Response Stage 6 (WHO Return to Phase 1) Recovery and preparation for subsequent waves.
<p>Schools and faith formation programs must be able to assist students and their families in accessing any specialized care that they may need to be able to integrate their grief. The Diocesan Office of Faith Formation will prepare a list of possible resources. It may be helpful to ritualize the mourning that students are experiencing. The Office of Liturgy will produce materials to assist with planning such liturgies.</p>

Appendix H: Theological and Pastoral Resources

Resources dealing with grief:

- Claypool, John R. 2004. *Tracks of a Fellow Struggler: Living and Growing through Grief*, revised edition. New York: Continuum, Morehouse Publishing. Original revised edition, New Orleans: Insight Press, 1995.
- Dillon, Richard J. "The Unavoidable Discomforts of Preaching About Death." *Worship* 57 (1983): 486-496.
- Doka, Kenneth J. *Living With Grief: Loss In Later Life*. Hospice Foundation Of America, 2003
- Guntzelman, Joan *God Knows You're Grieving: Things to Do to Help You Through* Sorin Books, 2001
- Haase, Elizabeth Turner. "Pastoral Care of the Dying: The Art of Being Present." *New Theology Review* 17, no. 2 (May 2004): 36-45.
- Hamilton, John D. "Confronting an Experience of Diminishment: A Spirituality of Loss." *Spiritual Life* 50, no. 1 (Spring 2004): 40-54.
- James, John W. and Russell Friedman. *The Grief Recovery Handbook*, revised edition. New York: HarperCollins Publishers, HarperPerennial, 1998.
- Rupp, Joyce. *Praying Our Goodbyes* Ave Maria Press, 1988
- Schlafer, David J. *Your Way with God's Word: Discovering Your Distinctive Preaching Voice*. Boston: Cowley Publications, 1995.
- Volkan, Vamik D. and Elizabeth Zintl. *Life After Loss: The Lessons of Grief*. New York: Charles Scribner's Sons, 1993.
- Wicks, Robert J., ed. *Handbook of Spirituality for Ministers, volume 2: Perspectives for the 21st Century*. New York: Paulist Press, 2000.

Theological resources:

- Brueggemann, Walter. "The Costly Loss of Lament." *Journal for the Study of the Old Testament* 36 (1986): 57-71.
- Camus, Albert. 1972. *The Plague*. Translated by Stuart Gilbert. New York, Random House, Vintage Books. Original edition, New York: Alfred A. Knopf, Inc., 1948.
- de Chardin, Pierre Teilhard. 2001. *The Divine Milieu*. New York: HarperCollins Publishers, Perennial Classics. Original edition, New York: Harper and Row Publishers, 1960.
- Frankl, Viktor E. *Man's Search for Meaning: An Introduction to Logotherapy*, 4th ed. Translated by Ilse Lasch. Boston: Beacon Press, 1992.
- Hall, Douglas John. *The Cross in Our Context*. Minneapolis: Fortress Press, 2003
- Hall, Douglas John. *God and Human Suffering: An Exercise in the Theology of the Cross*, reprint

- edition. Minneapolis: Augsburg Fortress Publishers, 1987.
- Hellwig, Monika. "Eschatology." In *Systematic Theology: Roman Catholic Perspectives, Volume II*, ed. Francis Schüssler Fiorenza and John P. Galvin, 349-72. Minneapolis: Fortress Press, 1991.
- Hick, John. *Evil and the God of Love*. New York: Harper & Row, 1966.
- John Paul II. Apostolic Letter. *Salvifici doloris*. [document on-line]
<http://www.cin.org/suffer.html>. Internet. Accessed 17 March 2005.
- John Paul II. *The Catechism of the Catholic Church*, second edition. Translated by the United States Catholic Conference. Vatican City: Libreria Editrice Vaticana, 1997.
- Kelly, Joseph F. *The Problem of Evil in the Western Tradition: From the Book of Job to Modern Genetics*. Collegetown, MN: The Liturgical Press, A Michael Glazier Book, 2002.
- Lane, Belden C. "Hutzpa K'lapei Shamaya: A Christian Response to the Jewish Tradition of Arguing with God." *Journal of Ecumenical Studies* 23, no. 4 (Fall 1986): 567-86.
- Lewis, C.S. 2001. *A Grief Observed*. New York: HarperCollins Publishers, HarperSanFrancisco. Original edition, New York: HarperCollins, 1961.
- Lewis, C.S. 2001. *The Problem of Pain*. New York: HarperCollins Publishers, HarperSanFrancisco. Original edition, New York: HarperCollins, 1940.
[Note: the two books by C.S. Lewis should be read in sequence. *The Problem of Pain* was written early after his conversion and is highly theoretical, while *A Grief Observed* was written after his personal experience of loss.]
- Neiman, Susan. *Evil in Modern Thought: An Alternative History of Philosophy*. Princeton, NJ: Princeton University Press, 2002.
- Taylor, Barbara Brown: *God in Pain: Teaching Sermons on Suffering*. The Teaching Sermon Series, ed. Ronald J. Allen. Nashville: Abingdon Press, 1998.
- Taylor, Barbara Brown. *When God is Silent*. Boston: Cowley Publications, 1998.
- Wiesel, Elie. 1982. *Night*. Translated by Stella Rodway. New York: Bantam Books. Original edition, New York: Hill and Wang, 1960.

Appendix I: Hygiene / Cough-Sneeze Etiquette / Personal Protection

Hand Washing

The CDC gives the following advice regarding hand washing:

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

When washing hands with soap and water:

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

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

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

Rinse hands well under running water

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

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

When using an alcohol-based hand sanitizer:

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

Rub hands together

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

When should you wash your hands?

Before preparing or eating food

After going to the bathroom

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

Before and after tending to someone who is sick

After blowing your nose, coughing, or sneezing

After handling an animal or animal waste

After handling garbage

Before and after treating a cut or wound

Hand Sanitizers

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

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

These illnesses spread from person to person by tiny droplets sprayed into the air when the infected person coughs or sneezes. If you or those around you have a respiratory infection i.e. a "cough" or the flu, please remember to protect both yourself and others by:

Policies Relating to Planning for Pandemic Influenza

- Proper “cough/sneeze etiquette” should always be followed. The best approach is to cough or sneeze into the crook of the arm (as opposed to coughing or sneezing into the hand). If a tissue is used, then immediately dispose of the tissue properly and wash one’s hands.
- Using tissues and disposing of them immediately in the nearest receptacle after use
- Always wash your hands! Wash your hands thoroughly and often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizers (see above) when you are unable to wash your hands with soap and water.
- Avoid touching your eyes, nose or mouth. Germs are spread when you touch something contaminated with germs. Germs can live for two hours or more on surfaces like doorknobs, desks or chairs.
- Avoid close contact with others who are sick.

Use of Masks

Masks that meet or exceed the NIOSH (National Institute for Occupational Safety and Health) N95 standard recommended by the WHO may provide good protection. At the very least, they prevent inadvertent touching of the mouth and nose. Masks should be discarded if they become wet, or after 4 to 6 hours. They should not be re-used or shared. Hands should be washed after tasking off a mask.

Those who are well may choose or be required to wear a mask to possibly help prevent catching the flu; those who are ill may be asked or required to wear a mask to help prevent spreading it.

Use of Gloves and Protective Eyewear

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

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

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

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

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

Surface Cleaners / Disinfectants

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

Of these options, bleach (such as Clorox®) is the most versatile and easy to use, but requires significant contact time to be effective. To clean blood spills, it can be mixed 1 part bleach to 9 parts water; the solution requires

10 minutes of contact time to work. To use as a surface disinfectant, it can be diluted 1 part bleach to 50 (or 30) parts water; the solution needs 5 minutes of contact time to work. An easy recipe is ¾ cup bleach in 1 gallon of water. Bleach must be used in a well-ventilated area and gloves should be worn.

The following commercially available cleaners may be considered:

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

Lysol® All Purpose Cleaner / Disinfectant

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

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

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

Coil® Disinfectant (www.rectorseal.com)

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

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

Tea Tree Oil

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

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

Appendix J: Signage, Handouts, and Bulletin Inserts

First, a planning sheet for individuals and families—based on the checklist developed by the CDC and modified by the Diocese, is included. Parishes and schools are encouraged to copy and distribute this resource.

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

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

The following are also included in this document:

Signs:

- STOP and stay home if sick
- Changes in Mass practices
- Church closure

Bulletin Notes / Inserts

- Basic flu information - including the Diocese's adaptation of the CDC's *Individual and Families Planning Checklist*
- Refrain from Cup if ill
- Stay home if ill (reminder of when obligation to attend does not bind; c. 1247)
- Changes in Mass practices
- Specific information for hunters



PANDEMIC FLU PLANNING CHECKLIST FOR INDIVIDUALS & FAMILIES

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

1. To Plan For A Pandemic:

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

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

- Teach your children to wash hands frequently with soap and water, and model the current behavior.
- Teach your children proper cough/sneeze etiquette. Proper "cough/sneeze etiquette" should always be followed. The best approach is to cough or sneeze into the crook of the arm (as opposed to coughing or sneezing into the hand). If a tissue is used, then immediately dispose of the tissue properly and wash one's hands.

- Model this behavior to children
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

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

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups	<input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
<input type="checkbox"/> Protein or fruit bars	<input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash
<input type="checkbox"/> Dry cereal or granola	<input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen
<input type="checkbox"/> Peanut butter or nuts*	<input type="checkbox"/> Thermometer
<input type="checkbox"/> Dried fruit	<input type="checkbox"/> Anti-diarreal medication
<input type="checkbox"/> Crackers	<input type="checkbox"/> Vitamins
<input type="checkbox"/> Canned juices	<input type="checkbox"/> Fluids with electrolytes
<input type="checkbox"/> Bottled water	<input type="checkbox"/> Cleansing agent/soap
<input type="checkbox"/> Canned or jarred baby food and formula	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Pet food	<input type="checkbox"/> Portable radio
<input type="checkbox"/> Other non-perishable foods	<input type="checkbox"/> Batteries
<input type="checkbox"/> Matches	<input type="checkbox"/> Garbage bags
<input type="checkbox"/> Candles	<input type="checkbox"/> Books and games
<input type="checkbox"/> Powdered milk*	<input type="checkbox"/> Tissues, toilet paper, disposable diapers
<input type="checkbox"/> Disposable tableware (if hot water becomes an issue)	<input type="checkbox"/> Gloves (patient care)**
	<input type="checkbox"/> Masks (meeting the N95 Standard)
<p>*please check on food allergies **beware of allergies</p>	



PLEASE DO NOT ENTER

IF YOU HAVE SYMPTOMS OF THE FLU:

FEVER (101°F or more)

DRY COUGH / SORE THROAT

HEADACHES / BODY ACHES

NAUSEA / VOMITING / DIARRHEA

CALL _____ IF YOU HAVE ANY QUESTIONS



PLEASE DO NOT ENTER

IF YOU HAVE SYMPTOMS OF THE FLU:

FEVER (101°F or more)

DRY COUGH / SORE THROAT

HEADACHES / BODY ACHES

NAUSEA / VOMITING / DIARRHEA

CALL _____ IF YOU HAVE ANY QUESTIONS

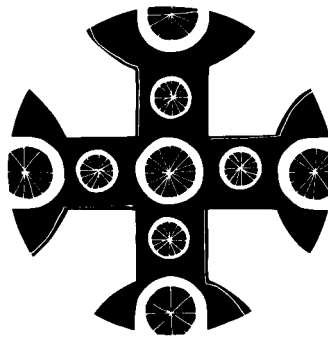
Pandemic Influenza Stage 4 - 5

MASS CHANGES IN EFFECT:

- ✓ **Communion will not be distributed under the form of wine**
- ✓ **Communion on the tongue is no longer allowed**
- ✓ **Collection baskets will not be passed but will be available at _____ (location in Church)**
- ✓ **We will bow to each other at the Sign of Peace**
- ✓ **Seating will be in alternate rows (as much as possible)**
- ✓ **The "box" confessionals will no longer be used**
- ✓ **Holy Water fonts will be emptied; bottles of holy water will be available**
- ✓ **There will be no large group baptisms, weddings, or funerals**

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

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



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

Bulletin Inserts: Stages 0-2

Communion from the Cup

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

What is “Bird Flu?”

There are three different “flu’s” that we need to talk about. First, there is *seasonal flu*. That’s the flu that goes around every year, and that we get a shot for. “Bird” or “Avian” flu is a disease of birds. Rarely, the virus that causes Bird Flu can pass to humans—and when it does it causes a very severe illness. Because flu viruses change over time (that’s why we need a new flu shot every year) there is worry that the virus that is now causing Bird Flu—called H5N1—will change so it becomes easily passable from person to person, and cause a pandemic.

What is a “Pandemic?”

A pandemic is a world-wide outbreak of an infection. Because the virus that causes Bird Flu—called H5N1—is new to humans, no one is immune. And there is no vaccine, or flu shot, against it. Therefore, the concern is that if H5N1 changes and becomes easy to pass between persons, the virus will spread quickly all over the world. Not only would millions would become ill and die, but such a flu outbreak would cause problems with the availability of supplies (including food, water, medicines) and utilities. Schools, day care centers, and many places of business would probably be closed.

What can we be doing to get ready?

The Diocese of Owensboro, after careful research, has put together a plan for the Diocese, parishes and schools to help plan for an influenza pandemic. All pastors have a copy of this plan, and are being asked to form committees to prepare for this emergency. Included in the plan is a checklist that can be used by families at home. Or, you can visit www.pandemicflu.gov on the web for more information.

Federal Response Stages

In order to help with planning, the federal government is using a six-stage system to describe the spread of a flu virus around the world. At Stage 3, for example, we talk about pandemic flu overseas. Stage 4 means that the first case has been reported in North America and Stage 5 refers to pandemic flu in the U.S. Diocesan plans are keyed to the federal response stages. The federal response stages are different from World Health Organization six *phases* – so be careful when you watch or listen to the news!

What can we do to avoid getting influenza?

- ✓ Wash your hands frequently with soap and water (or an alcohol-based gel)
- ✓ Avoid close contact with those who have the flu (and if you're sick, stay away from others)
- ✓ Avoid touching your eyes, nose, or mouth
- ✓ Proper “cough/sneeze etiquette” should always be followed. The best approach is to cough or sneeze into the crook of the arm (as opposed to coughing or sneezing into the hand). If a tissue is used, then immediately dispose of the tissue properly and wash one’s hands.
- ✓ For seasonal flu: get the flu shot every year

Bulletin Inserts: Stage 3

Flu Spreading Overseas: Please Stay Home if Sick

If you are sick with flu-like symptoms, *please stay home*. It is important to understand that the Sunday obligation to attend Mass does *not* apply if you are sick or taking care of someone who is sick (Code of Canon Law cc. 1247-8). There are widespread outbreaks of pandemic influenza overseas, and it is only a matter of time before we have spread to this country.

Changes at Mass: Stage 4-5

In order to be prepared, please know that once pandemic influenza is spreading in the United States, the Diocese requires that we make the following changes to the way we celebrate Mass and the other sacraments:

- ✓ Communion will not be distributed under the form of wine
- ✓ Communion on the tongue is no longer allowed
- ✓ Collection baskets will not be passed but will be made available at _____ (location in Church)
- ✓ We will bow to each other at the Sign of Peace
- ✓ Seating will be in alternate rows (as much as possible)
- ✓ The “box” confessionals will no longer be used
- ✓ Holy Water fonts will be emptied; bottles of holy water will be available
- ✓ There will be no large group baptisms, weddings, or funerals

Resources Available

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

- ✦ Diocesan home prayer booklet
- ✦ Baptism in emergency
- ✦ Resources for children

The Sacrament of Reconciliation

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

What Hunters Should Know About Avian Influenza *(use as handout or bulletin insert)*

Excerpts from: What Hunters Should Know About Avian Influenza, Alaska Department of Fish and Game, September, 2005

Susceptibility of Other Animals to Avian Influenza

Although influenza strains are common in many groups of birds, information on infection and impacts to other animal groups is not complete. Recent literature demonstrates that H5N1 can infect pigs and cats (wild and domestic).

Safe Preparation and Cooking of Game Animals

There have been very rare cases where H5N1 has been transmitted from wild birds to humans. However, even apparently healthy wild birds can be infected with other microorganisms and parasites that can move between wildlife and people. Therefore, it is always a wise and safe practice to wear some basic protection, and keep tools and work surfaces clean when preparing game animals. Clean and sanitary handling of animals and meat prevents common infections that can become serious.

Viruses like H5N1 are shed from birds in fluid discharges and fecal material, so avoiding contact with these materials while plucking and cleaning birds is a good practice. Most viruses do not persist very long after they have left their host and can be neutralized with heat, drying, and disinfectants.

Practical hygiene for hunters includes:

Do not handle or butcher game animals that are obviously sick or are found dead;

Do not eat, drink, or smoke while cleaning game;

Wear rubber gloves and washable clothing when cleaning game;

Wash your hands with soap and water or alcohol wipes immediately after handling game;

Wash tools and working surfaces with soap and water, then disinfect with a 10 percent solution of chlorine bleach.

Place uncooked game in a plastic bag or container for transport.

Cook game meat thoroughly; poultry should reach an internal temperature of 165 degrees Fahrenheit.

Appendix K: Liturgical Resources

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

Praying at Home in Times of Crisis

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

- a Word service and other prayers for home use in case of quarantine or closure of churches (c. 1248.2);
- other prayers;
- an explanation of what is meant by an “Act of Perfect Contrition” and provide an appropriate text; and

Extraordinary Form of Baptism

This booklet from the Office of Liturgy will contain:

- for Adults in Danger of Death (RCIA #375-399)
- for Children in Danger of Death (Rite of Baptism for Children #157-164).

Funerals in an Emergency

This booklet from the Office of Liturgy will contain a simplified rite to be used for funerals during a pandemic

Prayers and Catechetical Activities for Children

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

Other Resources for Ministering to the Sick and Dying

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

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

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