



Diocese of Toronto
Anglican Church of Canada

**Influenza Pandemic Response
Plan
March 2007**

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Acknowledgements

That we might live in interesting times. Such is the hope of many great philosophers and spiritual directors. I am sure none anticipated, nor desired, that such interesting times would be to undertake the development of influenza pandemic preparedness plans.

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

Under the direction of Bishop Colin Johnson, a working group was called together charged with the responsibility of developing this pandemic response plan. I would like to thank the members of this working group for their commitment, creativity and dedication to a project which can feel overwhelming and abstract. This document is very much a collaborative work. Working group members included:

Mr. Peter Davidson, Diocesan Council
The Venerable Peter Fenty, Executive Assistant to the Bishop of Toronto
Ms. Kathy Garrison, Manager of Office Services
Ms. Rachel Johnson, Nurse
Mr. Stuart Mann, Director of Communications
The Rev. Janet Stephens, St. John, Weston
Ms. Gloria Wiebe, Parish Nurse, St. James Cathedral

I would like to thank the Bishop for placing such trust within the membership of this working group.

This Influenza Pandemic Response Plan is intended to function only as a tool to guide the Diocese as it meets the demands of an influenza pandemic event. No tool can anticipate all the needs, challenges and uncertainties of such a catastrophic event. Therefore, at best, this is a living evolving document. As new information develops, so shall this document.

I would also like to thank the members of the Tri-Diocesan Pandemic Working Group. This committee chaired by Patricia Pocock, with membership from the United Church of Canada and the Diocese of Toronto, Niagara and Huron was my home away from home and provided valuable assistance regarding the development of this pandemic plan.

It is the hope of this working group that this document is a flexible and adaptable tool for all congregations interested in developing their own pandemic response plan. We look forward to working with individuals and congregations in the ongoing refinement of its usefulness. We pray that this Diocese will never have to activate such a tool.

The Reverend Canon Douglas Graydon, Chair
Pandemic Preparedness Working Group, Diocese of Toronto

Overview

This Influenza Pandemic Response Plan provides guidelines for the Diocese of Toronto for preparing and responding to an influenza pandemic.

It is the responsibility of the Diocesan Pandemic Preparedness Coordinator to monitor World Health Organization (WHO) Pandemic Periods and Phases and inform the Diocesan Bishop when Phase 4 is reached.

At WHO Phase 4, the Diocesan Bishop, in consultation with the College of Bishops and the Diocesan Council shall prepare to activate the Influenza Pandemic Response Plan.

Framework

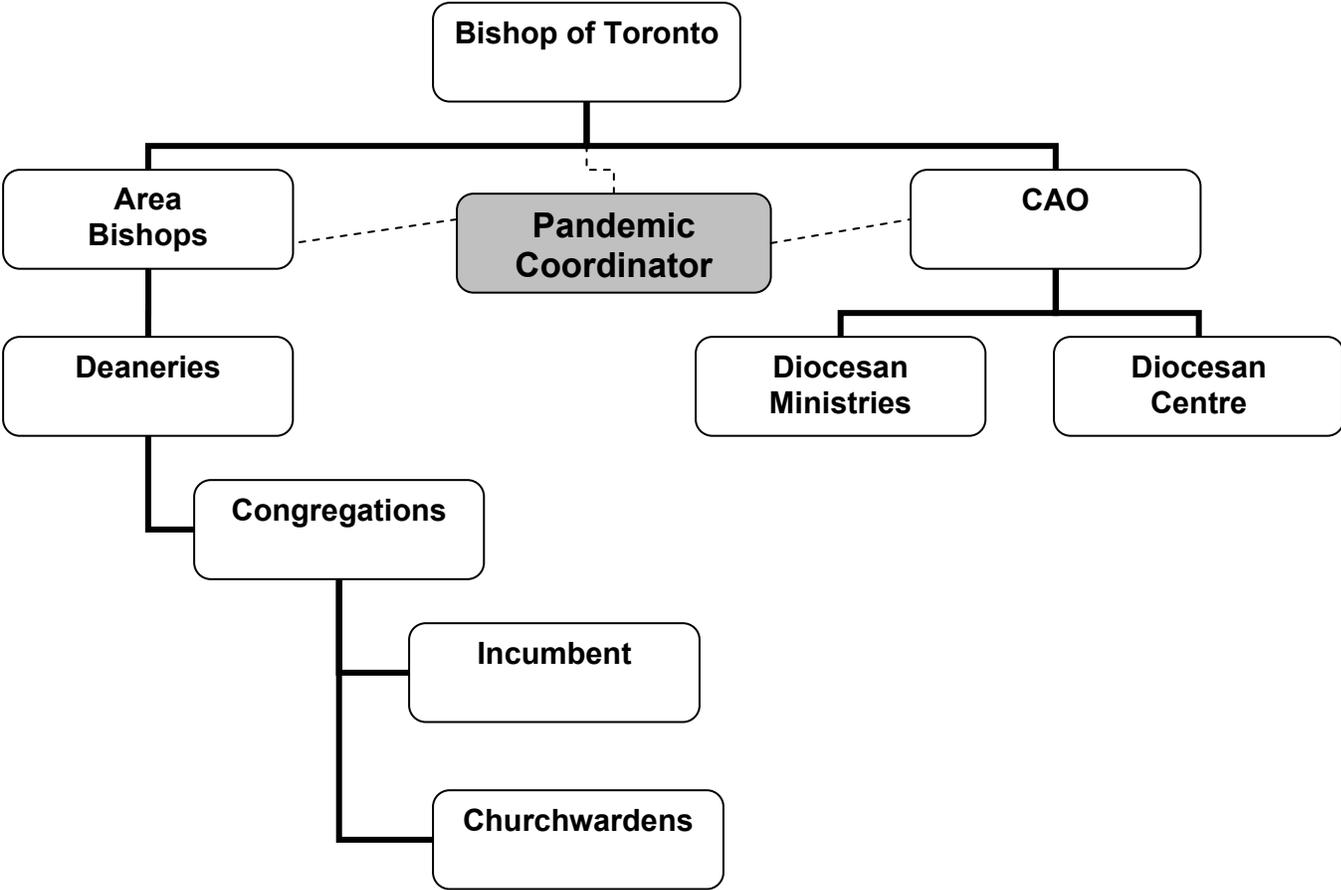
Four key areas have been identified as essential to this Diocesan Plan

- A. Communication
- B. Leadership
- C. Pastoral Care
- D. Finance & Administration

as well as four ministry levels

- 1. Diocesan Bishop
- 2. Area Bishops
- 3. Deaneries
- 4. Congregations & Diocesan Ministries

Structural Diagram



Pastoral Letter from the Bishop of Toronto

History reminds us that we are not strangers to catastrophic events of disease and illness. Our tradition as a community of faith is one which responded to the demands of such events. We have maintained a compassionate and costly ministry of tending to the needs of those who have suffered and died during times of epidemics.

The Diocese of Toronto has developed a Pandemic Planning Resource highlighting those activities the Diocese and individual parishes need to engage in order to respond effectively to such an event.

I ask every cleric, all churchwardens, and those in leadership roles throughout the diocese:

1. to review the “Checklist for Congregations” contained in Appendix J;
2. to create your own, simple plan to implement this, tailored to your parish;
3. to observe fully the “Communication and Leadership” protocols of the Pandemic Planning resource.

This will be fundamental to successful and rapid response. During the period of an identified pandemic crisis, I expect everyone to follow episcopal directives concerning the emergency strictly.

I thank the membership of the Pandemic Working Group for their dedication and due diligence in preparing this plan.

Our global family continues to live with and struggle against the HIV/AIDS pandemic which has claimed over 25 million lives. Closer to home, the Toronto experience of SARS called upon the faithful witness of our church. Our history as a Diocese reminds us that we did not turn away from those in need during the Spanish Flu pandemic of 1917 or the many local outbreaks of cholera, small pox and other highly communicable diseases. Our first bishop, John Strachan, was heroic in his pastoral care in such circumstances.

We now face a present challenge. Medical experts warn us of the potential for an influenza pandemic of epic proportions. Our interdependent, highly mobile world creates an opportunity for the rapid spread of new diseases as never before. If this occurs, panic, fear, anxiety and societal confusion may well be our greatest challenge.

The Christian Church will have a significant role to play within such an event. Ours will be the challenge of bearing witness to a faith which is called to bring hope, compassion and reassurance to frightened communities. Ours will be the challenge of bearing witness to a servant ministry of tending to the sick, suffering and those who are dying. Ours will be the challenge of bearing witness to the sacrificial ministry of Christ by placing ourselves in harms way by being present to those who are ill.

I commend for your reflective reading the contributions to this plan by Bishop Victoria Matthews, the Rev. Canon Dr. Linda Nicholls and the Rev. Canon Eric Beresford, (Appendix A, B, & C). Each captures well the bold nature of our faith which calls us, despite our fear and anxiety, into ministry, not away from it.

May God grant us the grace and courage to meet such a challenge as this. I pray we may never need to do so.

All blessings,



(The Right Reverend) Colin R. Johnson
Bishop of Toronto

Protocols

I. Diocesan Bishop

It is the responsibility of the Ministry of Health and Long Term Care to declare a pandemic and determine response activities. It is the responsibility of the Diocesan Bishop to declare that the Diocesan Influenza Pandemic Response Plan will be put in place

A. Communication

- All information from the Diocese of Toronto concerning pandemic preparation or response receives the approval of the Diocesan Bishop or his designate. The Diocesan Centre at 135 Adelaide Street East, Toronto is the central point for communications.
- Communications shall follow the Structural Diagram on page 5.
- Website
 - The Diocesan website www.toronto.anglican.ca is the primary communication tool for the Diocese.
 - The website is updated regularly and can be updated off-site.
 - Each update includes the date and time of the update.
 - The website is updated with prayers and devotions.
 - Anyone wishing to post information concerning the Pandemic is asked to use the following address pandemicinfo@toronto.anglican.ca or by telephone at 416-363-6021 or 1-800-668-8932 extension 258. The Pandemic Coordinator will be responsible for responding to these messages.
- Diocesan Telephone & E-mail Systems (416-363-6021 or 1-800-668-8932)
 - Extension 258 is available for brief information updates and to receive messages.
 - Messages are retrieved and responded to daily by appointed staff members.
 - An extension will be assigned to the Diocesan Centre phone system when the need arises.
 - The extension is clearly identified on the Diocesan voice mail system.
 - pandemicinfo@toronto.anglican.ca will reach the Pandemic Coordinator.
 - All Diocesan staff are capable of retrieving phone and e-mail messages off-site.
- Press Relations
 - The Diocesan Bishop or his designate approves all press releases.
 - The Diocesan Bishop or his designate conducts all interviews and press conferences.

B. Leadership

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

- The Bishop of Toronto is the primary contact for the Diocese.
- The Bishop of Toronto will appoint a Pandemic Coordinator. The role of the Pandemic Coordinator is to act as a subject matter expert and provide advice to the Bishop, the Area Bishops and the CAO on effective pandemic preparedness. The Coordinator will liaise with other dioceses and other organizations to create an understanding of best practices and to facilitate the exchange of information. The Coordinator will monitor World Health Organization (WHO) Pandemic Periods and Phases and inform the Diocesan Bishop when Phase 4 is reached. During a time of crisis, the Coordinator will act as liaison officer for the Bishop and maintain contact with the Ministry of Health and other public health agencies as required.
- In the event that the Bishop is unable to fulfill his/her duties (and no Administrator having been appointed under Section 12 of the Constitution), the Coadjutor Bishop, if any, or the Suffragan Bishops, in order of seniority shall act as Commissary of the Diocese.
- The following provide leadership support to the Bishop of Toronto
 - The Suffragan Bishops
 - The Dean of the Cathedral
 - The Chief Administrative Officer
 - The Executive Assistant to the Bishop of Toronto

C. Pastoral Care

- The Diocesan Bishop holds the primary role regarding pastoral care for the Diocese. The Area Bishops hold the primary role regarding pastoral care for each Episcopal Area.
- The Diocesan Bishop shall determine when and if particular liturgies require suspension and when such liturgies shall be re-instated.
- The Diocesan Bishop approves prayers and devotions for the Diocesan website.
- The Executive Assistant to the Diocesan Bishop provides pastoral care for the Diocesan Centre.

D. Finance & Administration

- The Diocesan Bishop will request that the Director of Finance make provision for access to funds for emergency situations.

- The Diocesan Bishop or his designate will authorize emergency funds according to pre-determined authorities.
- The Director of Finance will carry out an annual review of this Plan.

II. Area Bishops

A. Communication

- Area Bishops provide the conduit for information between the Diocesan Bishop and
 - Regional Deans
 - Congregations
- Area Bishops ensure that they hold current personal and business contact details for all Regional Deans and clergy in their Area, including
 - Land line & cell phone numbers
 - E-mail addresses & mailing addresses
 - Web addresses

B. Leadership

- All Area Bishops will name two people to cover their Area responsibilities should they not be able to fulfill them.
- Area Bishops coordinate area events and educational sessions for their area.

C. Pastoral Care

- Area Bishops are in regular pastoral contact with
 - Diocesan Bishop
 - Regional Deans
 - Congregations

D. Finance

- Financial responsibilities for the Area Bishops as related to influenza pandemic planning are determined by the Diocesan budget.

III. Deaneries

- Support their Area Bishop as required.
- Coordinate congregational activity within the Deanery to ensure continuity in essential ministries.

IV. Congregations & Diocesan Ministries

A. Communication

- Incumbents provide all key contact details for the following to their Area Bishop and Regional Deans
 - Congregational Clergy
 - Congregational Wardens
 - Congregational pastoral care networks, e.g. parish nurses, key outreach ministry people, etc.

- Web Sites
 - Update Congregation website details and ensure that it is linked to the Diocesan website.
 - Ensure that all website information is in line with Diocesan information and policies.
 - Ensure that all website updates include the date and time of posting.
 - Provide the Diocesan Centre with congregation website addresses.

- Establish regular contact with Regional Dean.

- Develop a means of quickly contacting all parishioners.

B. Leadership

- Incumbents, Priests in Charge, Deacons, Parish Nurses and Ministry Team Coordinators shall assume leadership roles as requested.
 - Identify back up coverage for
 - Clergy
 - Wardens
 - Key lay leaders

 - Maintain a hard copy of an up to date congregation membership list.

 - Identify essential congregation functions and ensure they are adequately provided for. (See Appendix J—Checklist for Congregations.)

 - Notify their Regional Dean of all essential ministries.

 - Ensure that all information is in line with Diocesan protocols.

 - Attend area educational workshops.

C. Pastoral Care

- Incumbents, Priests in Charge, Deacons and Ministry Team Coordinators will ensure ongoing essential pastoral care.
 - Follow the direction of the Diocesan Bishop regarding liturgical practices.
 - For assistance with prayers and liturgies, consult the Diocesan website.
 - Provide a mechanism for establishing neighborhood care networks.
 - Build up and equip lay ministry networks.
 - Identify and train lay people who can provide telephone support and prayer for those who are fearful or distressed.
 - Consider promoting liturgical alternatives to church worship in the event that the parish is unable to gather for community worship. Suggestions: Midday Prayer as a dispersed community activity or the use of church bells to announce prayer time.
 - Consider developing a telephone tree for contacting parishioners.

D. Finance

- Ensure adequate security of valuables in the parish. (See Appendix J—Checklist for Congregations.)
- Encourage pre-authorized giving as a means of mitigating the impact of reduced attendance.
- Ensure provision is made to pay compensation to parish staff in the event of a prolonged outbreak.
- Contact the bank and arrange for a line of credit.
- Implement policies and protocols developed by the Diocese.

APPENDIX A—A Pastoral Reflection

by **The Rt. Rev. Victoria Matthews**

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

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

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

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

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

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

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

APPENDIX B—Influenza Pandemic: Opportunity & Challenge

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

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

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

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

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

Perfect love casts out fear (1 John 4:18). Anxiety and fear will be the greatest enemies in this situation—fear for our own personal safety, fear for the safety of our family and anxiety for the future in a society disrupted by illness and possible deaths. Some anxiety is normal in the face of uncertainty; however, unchecked fears can cause anger, isolation and withdrawal from others. It will be important to remain rooted in the knowledge of the love of God that is stronger than anything we

may fear, even death itself. The Christian community will need to demonstrate the love of God that reaches out beyond self to others and does not allow fear to rule all decisions. Common sense and care in following guidelines for health and safety will need to be partnered with a willingness to risk that is founded in the self-giving example of Jesus Christ (Philippians 2:5-11).

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

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

APPENDIX C—The Ethics of Risk

by The Rev. Canon Eric B. Beresford

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

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

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

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

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

In addition to information about the nature of the new illness we also need information about what activities and behaviours are genuinely risky. Although early information about a new illness is always incomplete we have a great deal of information from our earlier experiences with infectious

disease. For example, there are medical studies around the use of the common cup. We are told that while there is a theoretical risk of infection from the cup, it does not seem to have been a mode of transmission in the other airborne diseases such as colds and influenza. By contrast we do know that the practice of intinction, the dipping of the bread or wafer into the cup, does greatly increase the number of bacteria and viruses in the cup because they are carried on the hands. In fact, it appears that the most dangerous things we do together are the things that all groups of people do. We gather, we touch each other and we touch surfaces like door handles used by everyone.

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

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

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

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

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

APPENDIX D—Liturgical Conduct

Adapted from *Liturgical Protocols 2004* developed by the SARS Working Group and available on the Diocesan website at www.toronto.anglican.ca Go to *Resources* then *Emergency Preparedness*

General Health Guidelines as Norm

- Hand sanitizers should be available at strategic locations and particularly at entrances of the Church. Parishioners should be encouraged to use them before attending worship or other activities on church property.
- All liturgical ministers are required to follow proper hand washing and hand sanitizing techniques.
- All persons involved in the distribution or handling of the elements must wash their hands or use hand sanitizers prior to handling the elements and the setting of the table.
- Liturgical ministers who distribute the common cup must be trained in appropriate etiquette and in the proper methods for wiping the vessels between communicants.
- Fresh purificators need to be used for each service and for each communion cup; purificators may need to be changed more frequently depending upon the size of the congregation. The purificator should be shaken out and repositioned so that a fresh spot is used each time it is used to wipe the common cup.

General Health Guidelines in a Highly Infectious Environment

- During a pandemic, clergy must advise parishioners that if those with whom they reside are suffering from the pandemic influenza, they must refrain from church attendance. Clergy are to follow this same directive.
- Hand sanitizers must be available in the altar area.
- All liturgical ministers are required to follow proper hand washing techniques in order to perform liturgical functions.
- All persons involved in the distribution or handling of the elements must wash their hands thoroughly prior to the service and must also use hand sanitizers prior to handling the elements and the setting of the table.

Communion Vessels

- All communion vessels must be washed with hot, soapy water, rinsed in hot water and air dried after liturgy and prior to storage.
- During a pandemic communion vessels made of clay, glazed or unglazed, cannot be used.

Liturgical Guidelines

A combination of current literature and expert medical advice concludes that sipping from the common cup and sharing a handshake represent minimal risk of transmission of contagion and fall within the parameters of the normal risks of daily living. On the other hand, the practice of intinction is a higher risk activity; fingertips coming in contact with the bread which is then dipped in the wine or fingertips coming in direct contact with the wine may contaminate the shared wine with pathogens other than those found in saliva. It is imperative that parishes take the following seriously and follow it faithfully.

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

APPENDIX E—Pastoral Care & Visitations

General Overview

It is expected that an influenza pandemic will quickly overwhelm government, social and healthcare resources in most communities. In even the most positive of scenarios, Ontario does not have the capacity to adequately respond to a pandemic event. Therefore, it is reasonable to anticipate that Diocesan resources will likewise be stretched beyond capacity.

Not only will there be the overwhelming health care needs of those who are ill, the Diocese will face additional challenges of providing pastoral care while responding to:

- Influenza pandemic related deaths necessitating postponed or adapted funeral liturgies.
- Significant absenteeism by those who are anxious or worried about being exposed to the influenza virus, and/or who have been quarantined or restricted in travel by public health officials.
- Providing pastoral care to those who have been seconded by the government or Ministry of Health and Long Term Care: nurses, physicians, the military etc.
- Maintaining a faith presence within a rapidly changing social environment of fear, anxiety and desperation.

Preparation for an Influenza Outbreak

The Diocese of Toronto will follow all directives from the Provincial Department of Public Health regarding public gatherings and health practices during a pandemic.

– **Public Gatherings**

While efforts to maintain normal patterns of ministry are laudable, all community events, including worship services and other social events, which draw significant members of people together will be cancelled by the Bishop when the need arises or as directed by public health officials.

– **Public Institutions**

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

– **Pastoral Care Workers**

The Coordinator of Chaplaincy Services will act as information officer for the Diocesan Bishop regarding public health directives and restrictions as relates to pastoral care in public institutions. The Coordinator of Chaplaincy Services will consult with the Diocesan Bishop regarding the determination of resuming regular pastoral visiting.

Normative pastoral care and liturgical practice will be modified or suspended by the Diocesan Bishop in compliance with Department of Public Health directives.

Clergy can prepare for a pandemic event by:

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

Congregations can prepare for a pandemic event by:

- Identifying parishioners who are at risk, e.g. elderly living alone, unemployed single parents of small children, etc.
- Creating methods for frequent contact of at-risk parishioners during a pandemic.
- Considering the possibility of and viability for establishing a telephone tree to maintain in contact with all parishioners.
- Distributing “Care Cards” containing essential information such as phone fan-out lists, pastoral contacts, prayer contacts, etc.
- Building up and equipping lay ministry networks, including those licensed by the Diocese. Consider developing a Neighbourhood Care network or buddy system. Identify a leader or contact person for each network.

APPENDIX F—Web Links

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

World News

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

Government of Ontario News

Provides basic information on influenza pandemics.

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

Public Health Units of Ontario

This site lists all of the local public health units in Ontario by region.

www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html#18

FGI World—The Diocesan Employment Assistance Program Provider

This site provides practical advice on how to prepare for and understand a pandemic.

www.fgiworld.com/eng/preparing_for.asp

APPENDIX G—Contact Protocol

The following instructions are designed to maintain a calm atmosphere during an influenza pandemic.

Place the call and say, “May I speak to (name of person)?”

- If the person is available, convey the information provided in a calm and concise manner
 - If appropriate, remind the person to make no comments to the media; the Bishop of Toronto or his designate will be making all public statements about the situation.
 - Ask that the person and their family members not call anyone but those they are designated to call unless instructed to do so until a reasonable amount of time has elapsed for opportunities to contact other members of the Diocese.
 - Record the information in the Contact Listing.

- If the person is not available ask, “Where may I reach him or her?”
 - If the person is at another location, obtain the phone number and proceed as above.
 - Do not discuss the situation with the person answering the phone.
 - Record the information in the Contact Listing.

- If contact is made with an answering machine or a beeper.
 - Provide the phone number where you may be reached or the emergency contact number if one has been established.
 - After leaving the message contact the back-up for that person on the contact listing and proceed as above.
 - Attempt to call the original contact at least three times even after notifying the back-up.
 - Record the information in the Contact Listing.

- If there is no answer to a call
 - Attempt to contact the individual at least two or three more times.
 - Contact the back-up for that person on the contact listing and proceed as above.
 - Attempt to call the original contact at least three times even after notifying the back-up.
 - Record the information in the Contact Listing.

- Return the Contact listing to the person contacting you when it is requested.

APPENDIX H—Contact Information Template

Brief description of the information to be conveyed

Additional Information which may be required

- Location and time of a possible meeting or teleconference

Location & Directions:

Day & Date: _____

Time: _____

- Diocesan central phone number for information:
416-363-6021 ext 258 OR
1-800-668-8932 ext 258

- Web Navigation information
Address: www.toronto.anglican.ca
Click on: Resources and then
Emergency Preparedness

- Any immediate support requested.

APPENDIX I - Contact Listing Template

Position:

Name:

Phone:

Email

Office:

Office:

Home:

Home:

Cell:

Other:

Other:

Notes:

Position:

Name:

Phone:

Email

Office:

Office:

Home:

Home:

Cell:

Other:

Other:

Notes:

Position:

Name:

Phone:

Email

Office:

Office:

Home:

Home:

Cell:

Other:

Other:

Notes:

APPENDIX J—Checklist for Congregations

The Incumbent, wardens and key congregational leaders in developing an influenza pandemic preparedness and response plan should include the following aspects.

Prior to a Pandemic		
Started	Completed	Step One
		[These steps are guidelines to assist congregations in approaching this topic and should not be construed as hard and fast rules for proceeding. Congregations should feel free to complete the checklist as best suits their needs.]
<input type="checkbox"/>	<input type="checkbox"/>	Identify someone within the congregation as a Pandemic Coordinator.
<input type="checkbox"/>	<input type="checkbox"/>	Identify the essential functions of the congregation, e.g. liturgy, pastoral care, outreach, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on the congregation’s usual activities and services. <ul style="list-style-type: none"> – Plan for situations likely to require increasing, decreasing or altering the activities of the congregation. – If possible, have computer access of working documents available to those holding essential positions in off-site locations.
<input type="checkbox"/>	<input type="checkbox"/>	Attend workshops provided by the Diocese.
Step Two		
<input type="checkbox"/>	<input type="checkbox"/>	Identify essential positions in relation to the essential functions, including paid and volunteer positions, needed to carry on the work of the congregation during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that the congregation depends upon to facilitate its activities, e.g. liturgical and cleaning supplies, outsourced services especially janitorial services, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Be in contact with local municipal health units to establish safe practices for sanitizing classrooms, food handling and safety, cleansing of nursery toys and children’s toys, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Train all congregational staff and liturgical ministers in basic health procedures, such as proper hand washing techniques, cough etiquette, distribution of communion elements, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Evaluate the congregation’s usual activities and identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza

Step Three

<input type="checkbox"/>	<input type="checkbox"/>	Develop back up plans for essential functions.
<input type="checkbox"/>	<input type="checkbox"/>	Cross-train people for essential positions so that if a person is ill, others are available to complete tasks.
<input type="checkbox"/>	<input type="checkbox"/>	Determine the protocol for activating the congregation's response plan.
<input type="checkbox"/>	<input type="checkbox"/>	Outline what the organizational structure would be during an emergency and revise periodically. Identify key contacts with multiple back-ups, roles and responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain contact listings for those individuals providing essential functions and their back-up, including back-up for clergy.
<input type="checkbox"/>	<input type="checkbox"/>	Encourage use of pre-authorized giving as a means of mitigating the impact of reduced attendance on the congregation's income. Discuss ability to access a line of credit with the bank.
<input type="checkbox"/>	<input type="checkbox"/>	Determine which and the quantity of supplies that will be required to promote good hygiene during a pandemic; have these supplies on hand, keeping in mind that the predicted length of the first wave of an influenza pandemic is three months. Establish a protocol for reviewing these supplies and replacing those which have outlasted their expiry dates.
<input type="checkbox"/>	<input type="checkbox"/>	Stock Sunday School Rooms with hand washing or hand sanitizer supplies, waste receptacles, tissues; stock nurseries with washable or disposable baby supplies.
<input type="checkbox"/>	<input type="checkbox"/>	Ensure that all those using the congregation's facilities follow the congregation's protocol.

Educating Parishioners

<input type="checkbox"/>	<input type="checkbox"/>	Advise parishioners that the congregation will be following Diocesan protocol by adhering to guidelines provided by the Ministry of Health and Long Term Care and local health units as well as their emergency management agencies.
<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, include basic information about pandemic influenza in public meetings, e.g. sermons, small group meetings and announcements.
<input type="checkbox"/>	<input type="checkbox"/>	Encourage the congregation's leaders to attend Ministry of Health, public health units or Diocesan training sessions on pandemic preparedness and general health procedures.

Staff Protocol

<input type="checkbox"/>	<input type="checkbox"/>	Be familiar with Diocesan Human Resource policies regarding clerical staff during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	Develop policies for non-clerical staff for <ul style="list-style-type: none"> – Absences for personal or family illness due to influenza, including compensation for such absences – A code of conduct for leaving and returning to work for a personal or family illness due to influenza – Providing information for access to community health resources and Local Health Integration Networks
<input type="checkbox"/>	<input type="checkbox"/>	Develop strategies for allowing staff to work from their homes.
<input type="checkbox"/>	<input type="checkbox"/>	Work with local health authorities to encourage yearly influenza vaccination.

The Greater Community

<input type="checkbox"/>	<input type="checkbox"/>	Maintain contact with local health authorities.
<input type="checkbox"/>	<input type="checkbox"/>	Provide space or other resources for local authorities as required.
<input type="checkbox"/>	<input type="checkbox"/>	Work with local ministerial associations for joint efforts for community support.