

COVID-19 – Sustaining Ministry, Supporting Communities

Key Information for Clergy and Chaplains

This is a rapidly evolving situation and latest updates can be found on the Gov.uk and Church of England websites.

We will also post and update links to various relevant documents on the Church of England website: <https://www.churchofengland.org/more/media-centre/coronavirus-covid-19-guidance-churches>

Purpose of This Guidance

On 1/3/20 the World Health Organisation (WHO) assessed the global risk of outbreaks of the coronavirus COVID-19 as very high.

On 3/3/20 the UK Government published its Coronavirus Action Plan which sets out its approach to tackling this disease. Our guidance takes account of this Action Plan as it relates to the Church.

As priests, deacons and lay people with responsibility for the wellbeing of your parishes and communities, it is vital that you plan now to help them cope if there is an outbreak of Coronavirus in your localities.

This guidance, which draws on advice about best practice from the NHS and PHE is designed to:

- help you to develop and enhance local preparations.
- enable you to continue to provide spiritual and pastoral care to your parishes and those within the wider community
- explain how people engaged in pastoral ministry with individuals who are or may be infected can protect themselves, their families and the people they work with in the course of their daily work.
- ensure that parishes and chaplaincy teams maintain their presence as agents of spiritual and pastoral care in a way that both protects those engaged in ministry and protects those who need their support and help.

What is Coronavirus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to severe pneumonia, causing shortness of breath and breathing difficulties.

COVID-19 is a new strain of the virus not previously seen in humans, therefore we have no immunity to it. This means it has the potential to spread widely.

Of those who become infected, some will exhibit no symptoms.

Of those who develop symptoms, the great majority will have a mild to moderate but self-limiting illness.

A minority will develop severe illness and, sadly, some will die.

It appears that the risk of severe illness increases amongst those people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease.

Illness appears to be less severe and less common in those under 20 years of age.

The current situation in the UK

It is important to balance the need to take sensible precautions, planning for a possible increase in the outbreak, while not causing panic.

At present there is no widespread community spread of the disease. Nevertheless it is prudent to ensure our practices and plans are in place should the outbreak get worse.

Government Planning

Whilst there are similarities between COVID-19 and influenza, there are differences too. Any plans developed for pandemic influenza and other outbreaks can be a helpful starting point, but will need to take account of differences between the diseases and the context. At present we cannot predict accurately the course of the disease. The Government's response is based on a phased approach:

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible (*this was the situation until 5/3/20 when the UK moved **mainly** into the delay phase*);
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season;
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care;
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

What should you do now?

It is important to balance the need to take sensible precautions and to plan for a possible increase in the outbreak, yet not to cause panic.

Wherever possible we should try to offer and sustain spiritual and pastoral care.

I. All Parish priests should consider taking the following actions NOW to promote NHS advice about hygiene discipline in the community:

- I. Read the advice given in this document; and the FAQs on the C of E website
- II. Ensure everyone maintains good hygiene (we should be doing this already as part of normal good practice) at all gatherings, whether services or other occasions. This includes those who prepare or serve food, those handing out books etc or having other direct physical contact with numbers of people, as well as those administering the Eucharist (see below for more guidance.) Provide hand gel at entrances and ensure there is a good supply of soap or hand gel in cloakrooms and kitchens and any other appropriate areas.
- III. The best way of protecting us from spread is for everyone to use universal good hygiene, which will effectively disrupt spread of the virus. So display the public information poster attached, which states:
 - Catch it - sneeze into a tissue
 - Bin it – bin the tissue
 - Kill it – wash your hands with soap and water
 - Do not touch your face unless you have washed your hands

Follow the good hand washing and gel use technique. You can find more here <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/> and a poster here <https://www.who.int/qpsc/5may/resources/posters/en/>

- IV. Ask anyone with cold or flu symptoms to refrain from taking communion from the Chalice/Cup and receive the wafer/bread on the hand only
- V. Intinction is NOT recommended, as it is a route for transmission from the individual through handling the wafer/bread, and could impact on those with allergies to gluten etc
- VI. The placing of the wafer on the tongue by anyone administering Eucharist is NOT recommended as it is a potential source of transmission.
- VII. Ensure good regular cleaning of surfaces people touch regularly, including such things as door handles,
- VIII. Ask those attending Eucharist in particular to sanitise their hands as they come into church using sanitized gel dispensers (make these available in porches or entrances).
- IX. Ensure ministers of the Eucharist sanitise their hands before and after distributing communion. This can be done by washing hands thoroughly (for 20 seconds at least with soap and water) or using good quality hand gel.
- X. There is no need as things stand for the Chalice to be withdrawn. However anyone with coughs and colds would be advised to refrain from taking

communion from the Chalice/Cup and receive the wafer/bread on the hand only.

- XI. There is no need as things stand for the sign of peace to be suspended. However anyone with coughs and colds would be advised to refrain from shaking hands with others, and instead to offer the peace verbally.
- XII. There is no need as things stand for a physical blessing or laying on of hands to be suspended. However anyone with coughs and colds would be advised to refrain from physical contact with others.
- XIII. When visiting parishioners at home, wash hands before giving the sacraments.
- XIV. No pastoral visits should be undertaken to people who are self-isolating until isolation ends. However do offer phone support.
- XV. Visits to people in care homes or Hospitals should follow advice from the staff on infection control.
- XVI. Distribute copies of this document to key members of parish/PCC
- XVII. Plan to hold meetings with key members of parish/PCC to discuss how the parish would respond to a local outbreak based on this document
- XVIII. Check that the parish has mechanisms to identify vulnerable members of the parish.

II. Parish priests should consider taking the following actions if there are reports of INCREASED OUTBREAKS:

A. Actions in Churches

- I. Pay increased attention to hygiene practices and availability of tissues, gels within churches; and to communicating the need for good hygiene practice. Make sure service books, corporals and purificators and other linen, oils etc do not become contaminated in case you pass infection from one person or home to another.
- II. It is important to re-inforce advice given by the Government that if Parishioners:
 - feel unwell or suspect they may be coming down with an illness that they stay at home and contact the NHS as appropriate eg *NHS 111* for advice.
 - have concerns they may have been in close contact with someone diagnosed with COVID-19 then they should contact the *NHS111* website for specific advice. NHS111 defines close contact as :

- living in the same house
 - face-to-face contact, for example, talking for more than a few minutes
 - being coughed on
 - being within 2 metres of the person for more than 15 minutes
 - contact with their body fluids.
- III. Those caring for the sick are best advised to stay at home to avoid them spreading the virus.
 - IV. Giving communion from the chalice, physically sharing the peace or a blessing or “laying on of hands” may need to cease because the risk of droplet spread is increased.
 - V. Think about using individual disposable service sheets during a pandemic rather than shared song or prayer books, so people attending a service are not at risk of being infected if the book has been contaminated.
 - VI. Remove holy water stoups.
 - VII. Do not pass the collection plate around.
 - VIII. Vestments which are easily washed (e.g. surplices, cassocks) should be washed on the hottest cycle you can without damaging them. Chasubles etc which become contaminated e.g. by someone coughing on them, may not be able to be washed. Instead they should be put somewhere secure so people cannot be exposed to the virus on them for at least 48 hours before re-use, and ideally held in a well ventilated and brightly sunlit area.
 - IX. Suspend catering (teas, coffees etc) at large parish gatherings where multiple people touch mugs, utensils, biscuits etc.
 - X. When visiting parishioners at home, wash hands before giving the sacraments. No pastoral visits to people who are self-isolating until isolation ends. However do offer phone support.
 - XI. Visits to people in care homes or Hospitals should follow advice from the staff on infection control.
 - XII. Hold meetings with key members of parish/PCC to review plans.
 - XIII. Regularly (daily) check the advice on the Church of England website.

B. Supporting your wider community

- I. You will need to think about care for your community who are ill or self-isolating, and how you can support them. Current advice for those who are

self-isolating is to try to avoid visitors to your home - it's OK for friends, family or delivery drivers to drop off food. You might be able to collect essential supplies and medication for them. Also consider other methods of communicating with those who are ill or self-isolating, such as phone or email.

- II. Pay particular attention to the care and needs of single people, and the elderly who are isolated from their families. Do they have enough food, medicines such as pain-killers, fluids?
- III. In the event that wider social distancing measures are considered or that the Government orders the suspension of all public gatherings you need to think about how you will pastorally and spiritually support your community during what may well be a stressful and frightening time – can you use newsletters, prayer sheets, social media, tapes and CDs or the Internet to keep people in touch with their faith and offer emotional and social support more broadly?
- IV. You will need to think about other core services you provide such as Foodbanks, drop in centres and community support groups. There is a need to balance the wellbeing of staff and volunteers who support these activities with the need to offer support to the community, particularly our more vulnerable groups.
- V. How will you look after your buildings if key members of your congregation, including those who may currently do so, are ill?
- VI. You will also need to think about the fact that your community will be affected by bereavement. Workers and ministers paid and unpaid may be bereaved. Ensuring that care is provided for everyone who is bereaved will be important.

What you should do if you have symptoms or are ill

If you become ill do **not** simply carry on working. Seek appropriate NHS advice. When you are able, report it to your parish priest, manager or occupational health department. If the parish priest becomes ill contact the C of E Rural Dean or Archdeacon's office.

Resilience

It is possible that an outbreak or pandemic could occur in multiple waves. It is important therefore that priests and parishes think about resilience – particularly of staff and those volunteers who are supporting the church and wider community. For priests and lay ministers there might be a need to agree plans at a deanery (or alternative) level for mutual support. Everyone will face increased pressures, both at work and potentially their own personal illness or caring for others. Supporting “staff” welfare is critical at this time.

Further information about Coronavirus

What is coronavirus and should I be concerned?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of the virus, and as such we don't know very much about it. As it is new humans have not developed any immunity.

Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease.

What are the signs and symptoms of this new virus?

The symptoms of this new coronavirus (now known as COVID-19) include fever and respiratory symptoms including coughing, sneezing, and shortness of breath. The current evidence is that most cases appear to be mild.

How does this new coronavirus spread?

Because it's a new illness, we do not know exactly how it spreads from person to person, but similar viruses spread by cough droplets or sneeze droplets. These droplets fall on people in the vicinity and can be directly inhaled or picked up on the hands and transferred when someone touches their face.

How long any respiratory virus survives will depend on a number of factors; for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 24 hours, and even more so by 48 hours.

What can I do to reduce my risk of catching coronavirus?

There are things you can do to help stop germs like coronavirus spreading:

- Always carry tissues with you and use them to catch your cough or sneeze. Then bin the tissue, and wash your hands, or use a sanitiser gel.
- Wash your hands often with soap and water, especially after using public transport. Use a sanitiser gel if soap and water are not available.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are unwell.

What should I do to prevent catching and spreading the virus?



Wash hands frequently with soap and water or use a sanitiser gel



Catch coughs and sneezes with disposable tissues



Throw away used tissues (then wash hands)



If you don't have a tissue use your sleeve



Avoid touching your eyes, nose and mouth with unwashed hands



Avoid close contact with people who are unwell

Source: NHS

BBC

Should people wear face masks to protect themselves from infection?

Face masks play a very important role in clinical settings, such as hospitals but there's very little evidence of widespread benefit from their use outside of these clinical settings. Facemasks must be worn correctly, changed frequently, removed properly and disposed of safely in order to be effective.

The best way to protect ourselves from infections like coronavirus is to wash our hands frequently with soap and water or use a sanitiser gel, as well as always carrying tissues and using them to catch coughs and sneezes, then putting the tissue in a bin.

Can coronavirus be treated?

Right now, treatment relies on the basics - keeping the patient's body going, including breathing support, until their immune system can fight off the virus. There is currently no vaccine for the COVID-19 coronavirus. The virus is so new and different that it needs its own vaccine.

Simple hygiene measures like washing your hands with soap and water often, and avoiding people who are unwell, can help stop viruses like coronavirus spreading.

How deadly is the coronavirus?

Based on data from 44,000 patients with this coronavirus, the WHO says:

- 81% develop mild symptoms
- 14% develop severe symptoms
- 5% become critically ill

The proportion dying from the disease appears low (between 1% and 2%) - but the figures are unreliable.

Where do I get the latest information?

This is a rapidly evolving situation. In addition to checking the Church of England website (<https://www.churchofengland.org/more/media-centre/coronavirus-covid-19-guidance-churches>), latest updates can be found on the Gov.uk website here:

- For the public <https://publichealthmatters.blog.gov.uk/2020/01/23/wuhan-novel-coronavirus-what-you-need-to-know/>
- For professionals <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>

PHE campaign resources can be accessed here:

<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->

