



SWINE FLU GUIDELINES v.10 (7.10.10)

For information at this date and progressive implementation as appropriate should the situation deteriorate.

Swine flu (the H1N1 strain which first emerged in Mexico in March 2009) is evident once more in the community. It is not yet prevalent, and, as in 2009, much can be done by the exercise of care and commonsense to ensure that its onset is delayed, that it is as much contained as possible, and that it continues for most of those who will succumb – if an uncomfortable and inconvenient infection – a relatively mild event.

This said, please remember that for some in our churches and communities swine flu is a serious risk to health and in rare cases may prove fatal. Vigilance and thoughtful practice are necessary to ensure that they are not compromised. Our Diocesan guidelines reflect this concern.

1. As last year, encourage people to –
 - use tissues and 'catch it, kill it, bin it';
 - be scrupulous in washing their hands with soap and water or handrub;
 - stay at home and contact NHS Direct or their GP if they suspect they are developing symptoms (a fever or temperature of over 38°C/100°F and two of – unusual tiredness, headache, runny nose, sore throat, cough or shortness of breath, loss of appetite, aching muscles, diarrhoea or vomiting);
 - take especial care if in an at-risk category – those with a serious underlying illness; who are pregnant; who are asthmatic; who are under-5 or over-65; who have a sick child under one year old or whose child's condition suddenly deteriorates; or whose condition is still worsening after 7 days (5 days for a child).
 - remember the incubation period is typically 2-4 days, during which people are infectious.

2. Be conscious of the ways the virus spreads to guide sensible precautionary measures –
 - air-borne by coughing and sneezing;
 - by direct contact with an infected individual such as shaking or holding hands;
 - by touching one's own mouth, eyes or nose if the virus is on one's hands;
 - by contact with contaminated door handles, light switches, etc.

3. There is no need to suspend church services, social events or pastoral visits to hospitals and care homes unless instructed to by responsible authorities, but please take care to observe the provisions of §§1-2 above. As last year, should the spread of the virus continue, it would be helpful, ecumenically where possible, to try to ensure continuity of pastoral support for the sick housebound, such as a leaflet of prayers and readings, copies of sermons, service tapes, devotional reading, etc.

4. Unless instructed to by responsible authorities, the normal administration of Holy Communion should continue. However, it is crucial that good hygiene practices obtain. While responsible local discretion should, of course, be exercised, the Archbishops' advice of November 2009 remains sound –

- communion should not be given on the tongue;
- care should be taken to ensure that the fingers of the person distributing the Sacrament do not come into contact with communicants' hands;
- high standards of hand-hygiene should be maintained with soap and water or handrubs.

In respect of the wine –

- intinction by the communicant should be discouraged, and is an undesirable practice even by Eucharistic ministers, since the Department of Health advise that the practice may present a greater risk factor than the common cup;
- the use of individual communion cups is not lawful in the Church of England;
- a chalice of gold, silver or other metal should be used rather than of pottery, and especially of unglazed pottery;
- the rim of the chalice should be firmly wiped with a purificator after each communicant;
- the same part of the purificator should not be used repeatedly, nor should it be allowed to become sodden;
- in addition to ritual ablutions, the chalice should be thoroughly cleansed after use.

5. Communicants should feel free to choose to receive communion in one kind only. While communion in both kinds is the norm in the Church of England, in faithfulness to Christ's institution, when it is received faithfully in one kind only the fullness of the Sacrament is nonetheless received. It is important to remember that, while the common cup may represent a minimal risk for healthy adults, the evidence regarding the link between a shared chalice and the transmission of disease is mixed and suggests that for those whose immune systems have been compromised a hazard may still be present. Neither the alcoholic content of wine nor the antiseptic qualities of noble metals provides protection against the flu virus, which can survive for a significant period outside a host body. **Communicants who have been identified by the Department of Health as being at increased risk from contracting the swine flu virus will need to consider whether they should continue to receive communion in both kinds.**

6. These guidelines will be revised and updated as quickly as possible in response to what may be a rapidly changing situation and posted on the diocesan website.

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