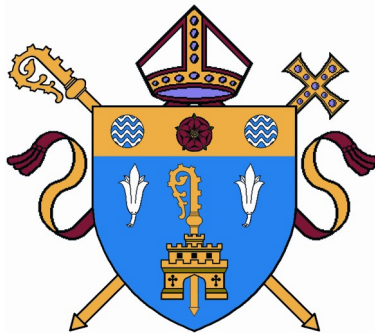


Sustaining Pastoral Presence: Swine Flu Outbreaks

Key Information for Clergy, Chaplains, Pastoral Workers, and Extraordinary
Ministers of Holy Communion



**Jim McManus
Rev Nick Donnelly**

Written with the Mandate of the Bishop of Lancaster,

Rt Rev Michael Campbell OSA

Version 4.5

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This guidance will be updated as needed

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Preface

This emergency pastoral planning document has been further developed by Jim McManus and Nick Donnelly in response to WHO declaring a global pandemic of Swine Flu (H1N1). It draws on and develops their previous work planning for a flu pandemic.

Jim McManus is Joint Director of Public Health, Birmingham City Council and Birmingham PCTs, and an advisor on healthcare issues to the Bishops Conference of England and Wales.

Nick Donnelly is a Permanent Deacon of the Diocese of Lancaster and author of *Pastoral Planning for a Flu Pandemic* commissioned by Bishop Patrick O'Donoghue (2006). The UK Government recommends it as a key document for faith communities.

Jim McManus and Rev Nick Donnelly are the architects of the advice provided in the UK Government booklet, *Flu Pandemic and Faith Communities (2009)*.

For further information, read Nick Donnelly & Jim McManus, *Pandemic Flu: The role of the Church* in *The Furrow*. (December 2006).

If you have any comments or questions send them to either:

jim.mcmanus@bhwp.nhs.uk

or

Nickdonnelly@hotmail.com

11th June 2009

Update

On Thursday 11th June the World Health Organisation declared alert phase 6 – the outbreak of a global pandemic. This does not mean that Swine Flu [H1N1] has become more virulent or dangerous. It does mean that WHO has scientific evidence that there are sustained outbreaks of H1N1 in different regions of the world.

The declaration of a global pandemic does not mean that we should expect to see outbreaks of H1N1 in our communities in the next couple of days or weeks.

It is important that we all keep calm, and carry on with life as normal. At the present time, no exceptional actions need to be taken.

However, what it does mean is that the world's leading medical professionals have put community leaders on notice of the need to plan for the possibility of large numbers of people catching the virus.

The expectation among the NHS and HPA is that during the summer months the virus will be suppressed somewhat and that there will be a large increase in the numbers of people sick with H1N1 in the UK in the autumn and winter of 2009/2010.

The World Health Organisation has classified Swine flu as a moderate illness at present. For most people the virus causes mild symptoms everyone is familiar with from seasonal flu. However, there are vulnerable groups and the possible numbers of people falling ill could be much higher than normal due to the lack of immunity among the population.

It is vital that during the next few months parish priests, deacons and lay people responsible for the well being of their parishes begin to think and plan about how you will cope if there is a large outbreak of H1N1 in your locality and how you can help the wider community.

This guidance is designed to help you in developing and enhancing local preparations.

This leaflet explains 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. It draws on advice about best practise from the NHS and HPA.

Finally, the aim of this document is to ensure that Catholic parishes and chaplaincy teams maintain their presence as agents of pastoral care during a flu pandemic in a way that both protects those engaged pastoral ministry and protects those who need their help.

Mr Jim McManus and Rev Nick Donnelly

What are the key messages?

1. Wherever possible we try to sustain pastoral practice as usual.
2. “Catch it, bin it, kill it”. Everyone should always take appropriate hygiene precautions universally. This **will** reduce outbreaks
 - a. **Catch it** – use a tissue to sneeze or cough in
 - b. **Bin it** – bin the tissue
 - c. **Kill it** – wash your hands thoroughly

Copies of both hand washing posters and the ‘Catch it, bin it, kill it’ poster are shown at the end of this guidance, with web links on where to get them.

3. Specific hygiene precautions are given below for a) situations where there are actual or suspected cases awaiting confirmation and b) situations where there are major local outbreaks, if these occur

What other guidance can I read?

Department for Communities and Local Government:

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

<http://www.communities.gov.uk/publications/communities/influenzapandemic>

Key Communities, Key Resources: Engaging the capacity and capabilities of faith communities in Civil Resilience

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

You may also find this information helpful, on infection control in a range of settings http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/DH_085433

For up-to-date information as it develops go to:

http://www.direct.gov.uk/en/Swineflu/DG_177831

Phone number: 0800 1513513

Diocese of Lancaster

If you want to think further about the issues around pastoral planning for a flu pandemic the Government recommends the Diocese of Lancaster’s Pastoral Planning for a Flu Pandemic available at:

http://www.lancasterdiocese.org.uk/admin/Uploads/media/35/Pastoral_planning_for_a_flu_pandemic.pdf

There is also a useful summary:

<http://www.lancasterdiocese.org.uk/admin/Uploads/media/35/flusummary.pdf>

Though both were written to respond to a flu pandemic caused by Bird flu, the advice also applies to Swine flu.

What should we do now?

It is important that we all keep calm, and carry on with life as normal. At the present time, there is no need for any special measures to be taken.

Having said this, there are things to be done to prepare for the possibility of flu outbreaks in your area:

Parish priests should consider taking the following actions now to promote NHS advice about hygiene discipline in the community:

Actions	Done (x)
Read the advice given in <i>Sustaining Pastoral Presence: Swine Flu Outbreaks</i>	
Distribute copies of <i>Sustaining Pastoral Presence</i> to key members of parish	
Plan to hold meeting with key members of parish to discuss how the parish would respond to a local outbreak of Swine Flu based on this document	
Check that the parish has an up-to-date census, so you can identify vulnerable members of the parish.	
Allocate someone to be responsible for gradually building up stocks of tissues, alcohol gels, and other materials necessary for hygiene in the church as per guidance.	

You can purchase tissues and alcohol gels from your supermarkets or wholesalers. Latex gloves, etc, can be purchased from pharmacies or on-line.

Parish priests should consider taking the following actions if there are reports of increased outbreaks in their region:

Actions	Done (x)
Print hygiene guidance in parish newsletters. Include sources of information: http://www.direct.gov.uk/en/Swineflu/DG_177831 Phone number: 0800 1 513 513	
Following NHS advice establish a network of "flu friends" who can help those who fall ill – particularly the elderly and single.	
Distribute hygiene posters in the church, parish hall etc.	
Place boxes of tissues, gels, and disposable plastic bags in the benches as per guidance.	
Check that the parish has enough tissues, alcohol gels, latex gloves.	
Hold meeting with key members of parish to review plans	

What is Swine Flu [H1N1]?

Swine flu is a respiratory disease, caused by the virus H1N1. It spreads from person-to-person, probably in much the same way that regular seasonal flu spreads. Until the recent outbreak, there have been no cases of swine influenza identified in people in the UK for at least ten years, so most people do not have immunity against it.

What’s the difference between Swine Flu and ordinary flu?

Pandemic influenza is different from ordinary influenza because it occurs when a new influenza virus emerges into the human population and spreads from person to person worldwide.

As H1N1 is a new virus, the entire population will be susceptible because no one will have immunity to it. Therefore healthy adults, as well as older people, young children and people with existing medical conditions, could be affected.

The lack of immunity in the UK population will mean that the virus has the potential to spread very quickly. This could result in many more people

developing the mild form of the illness and more vulnerable people becoming severely ill.

Who are the groups most vulnerable to influenza?

Generally some groups of people are more susceptible to influenza than others especially:

- older people
- young children,
- pregnant women,
- people with certain health conditions, such as respiratory and cardiac diseases,
- people who are immuno-suppressed (i.e. have weakened immune systems like people with HIV, those receiving drugs after organ transplants etc)
- people living in long-stay residential care facilities.

However, the following are at greater risk of developing H1N1 related complications – children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions, such as diabetes, asthma and obesity.

Having said this, WHO has observed that the age group most at risk of developing severe infections are adults between the ages of 30 and 50 years. One third to half of the severe and fatal infections are occurring in previously healthy young and middle-aged people.

CDC report that no children and few adults younger than 60 years old have existing antibody to the novel H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against the H1N1 flu by any existing antibody.

CDC also reports that there's been a disproportionate amount of pregnant women among those who have had infection.

What are the symptoms of Swine Flu?

The symptoms are similar to the symptoms of seasonal flu and include:

Most significant symptoms

- Fever
- Cough or shortness of breath
- Sudden onset of illness (feeling very unwell)

Other symptoms

- Headache
- Malaise
- Chills
- Aching muscles
- Sore throat
- Runny nose or sneezing
- Loss of appetite

Specific symptoms to Swine Flu:

Some patients also suffer from:

- Diarrhoea
- Vomiting

To date, the majority of people who have contracted Swine Flu have had mild symptoms requiring rest at home and treatment as per seasonal flu at home.

However, it is important that people seek emergency medical assistance if the following symptoms present (source – CDC):

In children, emergency warning signs that need urgent medical attention include:

Fast breathing or trouble breathing

Bluish or grey skin colour

Not drinking enough fluids

Severe or persistent vomiting

Not waking up or not interacting

Being so irritable that the child does not want to be held

Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

Difficulty breathing or shortness of breath

Pain or pressure in the chest or abdomen

Sudden dizziness

Confusion

Severe or persistent vomiting

Flu-like symptoms improve but then return with fever and worse cough

Incubation period (the time between contact with the virus and the onset of symptoms)

We are still awaiting information and the picture on this will change but at present for most people the range is from one to four days.

Infectious period (how long you are infectious to others)

Experts such as the Centre for Disease Control and HPA believe that H1N1 has the same properties as seasonal flu viruses. People are most infectious soon after they develop symptoms.

People may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods. (CDC).

How is influenza caught and spread to others?

The influenza is spread from person to person by close contact. Here are some examples of how this infection can be spread.

- Infected individuals can pass the virus to others through large droplets when coughing, sneezing and even talking within a close distance (usually three feet, roughly one metre, or less or less).
- The virus can also be passed on by direct contact with an infected individual. Shaking or holding hands with an infected individual followed by touching your own mouth, eyes or nose without first washing your hands with soap and water, will allow the virus to spread to you.
- The influenza virus can be spread when environmental and inanimate objects, such as door handles, light switches and handles on public transport, become contaminated with the virus. Once again, if you touch these objects and then touch your mouth, eyes or nose without first washing your hands, your chances of catching the virus are increased.
- In some circumstances, the virus can also be passed on in fine airborne droplets or on dust particles. This is not considered to be a major route of transmission.

Inanimate objects and contamination

The virus is currently thought to survive 24 hours on steel/hard surfaces, 2 hours or so on soft furnishings and about 15 minutes on clothing, but this is still being checked. During a major outbreak, good frequent cleaning of door handles etc can reduce transmission. The same in care homes, hospitals and homes where people are infected. This information has been factored into the advice below.

Protecting yourself and others from influenza and other infections at work

General Issues:

There are some general things you can do to protect yourself and others from pandemic influenza and other infections at work:

- Cover your nose and mouth when sneezing and coughing and use disposable single-use tissues for wiping or blowing your nose. Dispose of used tissues in the nearest waste receptacle
- Washing your hands after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects will reduce the risk of spreading influenza to others
- Wash your hands frequently as well as using warm soap and water or alcohol hand rub before and after contact with a person who has symptoms. See the guides to proper hand washing below.
- Avoid touching your eyes, nose or mouth with contaminated hands (gloved or ungloved)
- Regularly clean frequently touched surfaces including door handles, TV remotes, keys etc
- If you are working in residential care (e.g. care or nursing homes) or hospital settings, they will have infection-control procedures. There will be particular procedures for people with influenza in hospital. In order to prevent infecting yourself and others you must ensure that you follow them correctly.
- If you are part of a religious community which has people infected, you can obtain specific guidance for care homes from the pandemic flu section of www.dh.gov.uk

Specific Issues for Catholic Pastoral Practice

At the time of writing there is **no need** to suspend the Liturgical life of your parish or community. Also, there is no need to suspend pastoral visits to hospitals and care homes unless you are instructed to by Government or health authorities.

Large public gatherings are an ideal opportunity for influenza to spread if people do not properly follow simple prevention measures, and you should

continue to monitor this situation through following advice from the Government through the media.

There are some really simple measures you can take if there is an outbreak of H1N1 in your area:

If you are visiting people in their homes, hospitals or residential care settings who have or are suspected to have the influenza:

- If you are visiting a home where someone has swine ‘flu, during a local out break or a pandemic, wear a mask and gloves or wash your hands after visiting and most importantly between each separate visit. (e.g. between rooms, beds, or homes). Most masks need to be changed after twenty minutes or so. (Do it away from other people who may be infected.) Don’t re-use masks and dispose safely in a clearly marked receptacle or bin that is secure from public access.
- Think about asking people who are coughing to wear a fluid-repellent surgical mask whilst care is being provided, if they can tolerate one. If not, they should use disposable single-use tissues to cover their mouth when coughing. If using toilet paper as a tissue ensure they are at least double-wrap it. If the patient is using a handkerchief or cloth check that it’s not sodden wet. You need a good basic surgical mask as a minimum that is fluid repellent. These are effective for about 20 minutes. You can obtain these through good pharmacists.
- If you are blessing or anointing someone with ‘flu (e.g. with oil) or laying hands on them, wear gloves and a mask. If you do not wish to wear gloves, at least wear a mask and wash your hands afterwards very carefully before administering the sacrament to anyone else. Either use alcohol gel or plenty of hot water and soap. You can purchase alcohol gel from good pharmacies. (It is advisable to build up a stock before the out break of an epidemic or pandemic). If you are in a hospital or residential care setting, follow their guidelines.
- To be effective, handwashing must be done as per the guidelines below.
- 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. For example, regarding the use of oils never dip your finger back into the oil during the anointing and do not use the same purificator at subsequent anointings but use a fresh one each time). The virus can live on inanimate objects from droplet spread.
- It is a good idea to pour some sacred oils onto cotton wool for each infected person and then dispose of it, or at least use one oil stock

only for those who are infected in case you carry the virus on the oil stock from infected people to uninfected people who are already ill and may be more severely affected by the influenza.

- Consider instead of using your thumb when anointing the sick use disposable cotton buds to administer the oil. Never dip the bud back into the oil during the anointing as this will contaminate all the oil. After anointing the patient immediately dispose of the cotton bud in a safe way. Use a new cotton bud for each patient.

The following guidelines are for situations where you experience a major number of cases in your parish or local area:

- 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 parish priest or members of the pastoral team by phone or reliable word of mouth. (They should also contact *NHS Direct* on 0845 4647 for advice). Also, those caring for the sick are best advised to stay at home to avoid them spreading the virus.
- Giving communion from the chalice may need to cease because the risk of droplet spread is increased. Most of us know sharing chalice will not put us at risk of HIV, but it may not be safe for H1N1 which is **much** more easily spread. Only the celebrant should receive from the chalice in case he is infectious. Concelebrants should each have their own chalice.
- In a pandemic, situations where a minister may cross-contaminate others communion on the tongue should cease (e.g. communion on the tongue will probably infect the priest or minister's fingers because the fingers are close enough for droplet spread to occur if someone has the virus even if they do not feel visibly wet. Communion on the hand during a local out break or a pandemic is essential.
- It is important to be aware that some Catholics hold the belief that they cannot contract or pass on an infectious disease from receiving Holy Communion. There is scientific basis in this for some infectious agents like HIV but **not** for all. It is important that you sensitively advise your community that the prudent thing to do in this situation is to follow the hygiene advice as well as trust in the Lord.
- Consider asking people who read to ensure they wash their hands before they do, so that the Lectionary does not become contaminated. This will prevent the next person to read from it picking up infection.

- 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.
- Disinfect surfaces which might become contaminated regularly (e.g. door handles, light switches, sacred vessels, the backs of benches, objects used by altar servers) with detergent and ensure cloths do not come into contact with more than one person, and are washed regularly.
- Vestments which are easily washed (e.g. surplices, cottas, cassocks) should be washed on the hottest cycle you can without damaging them.
- Chasubles, dalmatics 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.

Protecting your congregation if a H1N1 outbreak occurs in your community

Following the guidelines above will help you protect your community from infection. But there are some other key things you need to think about if a pandemic does emerge:

- You will need to think about care for your community who are ill – who visits them and how they are trained in infection control. Visiting people could help monitor those who are ill when statutory services, such as hospitals and GP surgeries, are very stretched. You might be able to collect essential supplies and medication for them.
- 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? It would help if you organised an up to date parish census if your community doesn't already have one so as to identify vulnerable people.
- Those who do visit those who are ill may want to keep themselves away from public worship to prevent the risk of infecting others. You may want to consider identifying those members of the clergy and/or pastoral team who are willing to volunteer to solely visit the sick and not participate in public worship.
- You **may** need to think about suspending all public worship for a time, during the height of a pandemic. The same may apply to

religious instruction classes or community events. But you need to balance spreading infection with keeping up peoples' morale.

- Also, in the event 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.
- You will need to think about religious care of your community – can you use newsletters, prayer sheets, holy books, tapes and CDs or the Internet to keep people in touch with their faith? Remember to apply hygiene guidelines about the distribution of resources that are re-used by the community.
- You need to consider how you will keep the finances of your faith community going during a pandemic. For example, reduced congregations may mean reduced collections and donations, and this may hamper your work. Moving to direct debit or standing orders during the pandemic might help you minimise any financial loss.
- How will you look after your buildings if 25% of your congregation, including those who may currently do so, are ill?
- 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.
- If you want to think further about the issues around pastoral planning for a flu pandemic the Government recommends the Diocese of Lancaster's Pastoral Planning for a Flu Pandemic available at:

Helping your local community

Your community could save the lives of others in a pandemic. In the preparation for a pandemic, or in recovery from a major incident, you could use your people and networks to ease pressure on statutory services, such as hospitals and GP surgeries, build a sense of neighbourliness and community spirit and co-operation.

You could perform essential monitoring roles for vulnerable people but should check with your local social services for their arrangements on this, and you may even be able to distribute anti-virals, essential supplies and food to people at home who have no one else to help.

You should approach your local Pandemic Flu Planning Committee to offer help if you feel you can do any of this. You can contact them through your

local Emergency Planning Officer (Local Authority) or through the Director of Public Health at the Primary Care Trust (England) or Local Health Board (Wales.)

How you can protect your family at home

When the pandemic virus is circulating in the UK, there is little that can be done to avoid contact with it during your normal daily activities and general contact with other members of the public. Sensible precautions, such as covering your nose and mouth, can reduce, but not eliminate, the risk of catching or spreading the virus.

Although you may be working directly with people who have influenza symptoms, the likelihood of contact with viable virus (i.e. one that is active and able to infect you) is low and any risk is further reduced through the use of gloves, masks and strict infection control measures.

Before you leave work/ministry, follow these simple, general rules:

- Always wash your hands with soap and water and again soon after you arrive home, especially if you are using public transport.
- You may want to consider showering immediately you return home. Advise members of family not to approach you until you have showered and placed clothes in secure place.
- Whilst the appropriate use of personal protective equipment will protect clothes from contamination, during the pandemic you may wish to consider avoiding travelling to and from work in any work clothes.
- Work clothes such as uniforms, tabards etc can be washed in a domestic washing machine separately from other items. Store and transport them in a plastic bag.

What you should do if you have symptoms or are ill

If you feel ill at work, report it immediately to your parish priest, manager or occupational health department. Do **not** simply carry on working. If the parish priest becomes ill contact the dean or bishop's office.

If you develop symptoms whilst off duty:

- stay at home- do not go into work
- telephone your manager
- seek advice from NHS Direct on 0845 4647 or from your GP

People who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.

Being prepared - Knowing what to do

You can be prepared by knowing what to do and by becoming familiar with your organisations pandemic plans.

- Remember the signs and symptoms of influenza.
- If you are ill at home, do not go to work.
- If you become ill on duty, do not carry on working.
- Above all else you must observe strict personal hygiene and communicate the importance of strict personal hygiene to your co-workers and community.

Personal Protective Equipment (PPE):

During an influenza pandemic, you may be required to have close contact with a patient with influenza who is coughing and sneezing. Where this is the case, the use of face masks should be considered for people providing close contact care (e.g. home care such as cleaning in the same room as the ill person) who may be at occupational risk from close or frequent contact with symptomatic people.

- Face masks might also be considered for use by those who are symptomatic, to avoid contaminating others, if they have no choice but to leave their home
- Fluid-repellent surgical masks can reduce the risk of influenza transmission.
- Gloves prevent excessive contamination of your hands. This contamination can be from contact either with the client or with the immediate environment.
- Gloves are not a substitute for hand washing. Hand washing needs to be done carefully – see the diagrams below.
- To prevent self-contamination, avoid touching the eyes or mouth with hands, even when a mask is worn.

During routine work, where close contact is not required, do not spend unnecessary time in close proximity to the patients (i.e. within 3 feet/one metre).

Please note that general indiscriminate wearing of face masks eg in the street is not recommended.

Hand Washing Diagrams

You can get these from

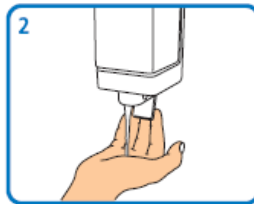
http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/DH_078752



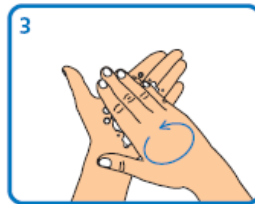
Hand-washing technique with soap and water



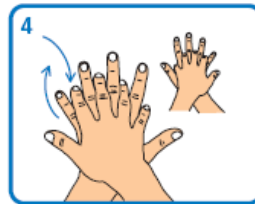
1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



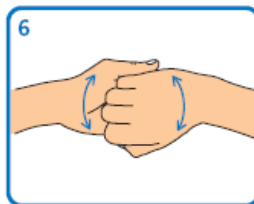
3 Rub hands palm to palm



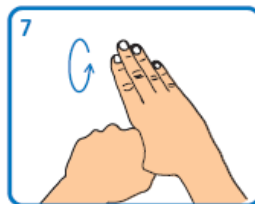
4 Rub back of each hand with palm of other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



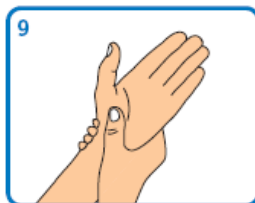
6 Rub with back of fingers to opposing palms with fingers interlocked



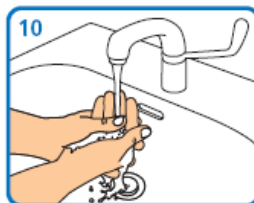
7 Rub each thumb clasped in opposite hand using a rotational movement



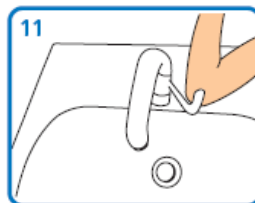
8 Rub tips of fingers in opposite palm in a circular motion



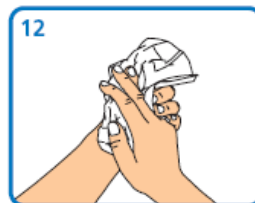
9 Rub each wrist with opposite hand



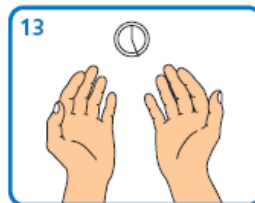
10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15–30 seconds



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Catch it, Bin it, Kill it

This is an important campaign to help improve hygiene and reduce infection. It will be effective both in seasonal and swine/pandemic forms of 'flu. You can download all the information here

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080839

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



