

**St George's,
SUDBURY**



**Stewarding and cleaning
during the
re-opening of the Church**

June 2020

Thank you for offering to steward and/or clean through this period. We are very grateful and it makes it possible to be open as much as we are able.

If at any time you feel unwell, please let us know and we will find a replacement for you. The guidelines ask that all volunteers should be under 70 years and have no pre-existing health conditions.

Stewards should not physically interact (nor shake hands, hugs, kiss etc.) with anyone, except in an emergency situation when a person may need to be physically helped (i.e. fainting etc.).

The guidelines are fairly comprehensive and it is important we follow them for the safety and wellbeing of all those who visit and also to help us prepare for the next stage which will be the recommencement of the celebration of Mass.

Stewarding.

1. Please arrive in good time before the official opening time.
2. Please ensure that you clean your hands with gel on entering.
3. The first thing you should do is proceed to the choir vestry (you will need to do this via the main sacristy as the door to the toilets will be locked). You will find an array of cleaning fluids together with simple PPE (face masks, gloves and aprons). Please always wear gloves and if you can, a face mask.
4. Soap and hot water together with paper towels will be available in the small 'flower room'.
5. Rubber gloves must not be shared at any time.
6. The church should be ventilated as much as possible. The doors at the back on both sides should be open as far as the weather allows.
7. Please check that each of the gel dispensers has been turned to "1". (They operate with a battery system so will soon run out if they are left on for long periods). Please also check they have been refilled with gel.
8. Please check that all the wall and floor signage remain intact and restricted areas remain cordoned off.
9. The church follows a 'One Way' system (see the diagram enclosed). Entry is via the main door usually used and exit is by the door on the opposite side.
10. Please nominate one volunteer to complete the checklist (one attached).

11. There should be ideally 3 stewards each day. One at the entry, one for the nave and one for the exit.
12. Seats are reserved for stewards at the back of the church.
13. People should be advised, when appropriate, that the toilets are locked. Should someone be in a desperate situation, please use some discretion. The toilet will then need to be thoroughly cleaned at the end of the day.
14. **Entry Volunteer:**
 - (a) You should encourage those entering to wash their hands with gel via the automatic dispenser (all you need to do is to put your hand underneath).
 - (b) Please also explain that the yellow and black tape marks an individual seat (not either side of it).
 - (c) A family that lives together may sit together but should take note of social distancing around them.
 - (d) If a weekly newsletter becomes available these can be given out but must not be returned, rather it must be taken home or binned.

15. Nave volunteer:

- (a) Please keep an eye on people following the one-way system. Inevitably some people will find it initially confusing.
- (b) If someone is touching the statues etc., please gently ask them to refrain.
- (c) Please try to make sure that social distancing is adhered to.
- (d) Some areas may require frequent touch cleans. This may be the case if the weather is inclement. You may find it useful to have a packet of antiseptic wipes.

16. Exit volunteer:

- (a) Please encourage all who are leaving to wash their hands as they do so.
- (b) Please make sure that all rubbish is disposed of in the bin outside. Nothing should be left in the church.
- (c) Collections may now only be taken as people leave. Collection buckets will be placed by the door particularly as some people may wish to return their weekly giving envelopes. Please keep a vigilant eye on these buckets and at church closure deposit the contents in the safe.

UPON CLOSURE OF THE CHURCH

Cleaning

17. All stewards should gently encourage anyone remaining to leave.
18. If any literature has been picked up it should be taken home.
19. During the cleaning process, rubber gloves, aprons and masks should be worn. These should all be disposed of after use.
20. All rubbish should be double bagged and disposed of in the large bins outside the parish centre.
21. Pews should be cleaned.
22. The floor should be gently mopped.
23. Gel dispensers should be refilled and turned off.
24. Gel near the votive candles should be checked and refilled, if necessary.
25. Once PPE has been removed each cleaner should thoroughly wash their hands.
26. The guidelines advise of the benefits of showering or bathing afterwards before socialising with family or household.
27. All mops, mop buckets, brooms etc., must be sterilised between uses.
28. Please make sure the checklist is completed and initialled and any concerns noted.
29. If you notice that stocks of PPE or cleaning equipment have become low, please let the parish know so that we don't run out.
30. This is not a comprehensive list and things may emerge as the weeks' progress. If you note anything that would be of help please let Fr. Jeremy know. These instructions will be updated when necessary.

If there are problems one of the Parish Team will always be present and on-site.

THANK YOU ABOVE ALL FOR THIS SERVICE TO THE CHURCH ENABLING US TO STAY OPEN & SAFE.

Appendix 1

GOVERNMENT GUIDANCE

COVID-19: CLEANING IN NON-HEALTHCARE SETTINGS

Please note: this guidance is of a general nature and should be treated as a guide, and in the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

What you need to know

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Background

Experience of new coronaviruses (SARS-CoV and MERS-CoV) has been used to inform this guidance. The risk of infection depends on many factors, including:

- the type of surfaces contaminated
- the amount of virus shed from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

Principles of cleaning after the case has left the setting or area

Personal protective equipment (PPE)

The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.

Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people's potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses

Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.

Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

Appendix 2

RESPIRATORY HYGIENE

To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.

Cover Your Cough

Tips to prevent the spread of germs from coughing

Information about Personal Protective Equipment

Demonstrates the sequences for donning and removing personal protective equipment

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

Cover your mouth and nose with a tissue when coughing or sneezing;

Use in the nearest waste receptacle to dispose of the tissue after use;

Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand-wash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

Provide tissues and no-touch receptacles for used tissue disposal.

Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

3. Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

4. Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.



WELCOME BACK TO ST. GEORGE'S - it's great to see you!

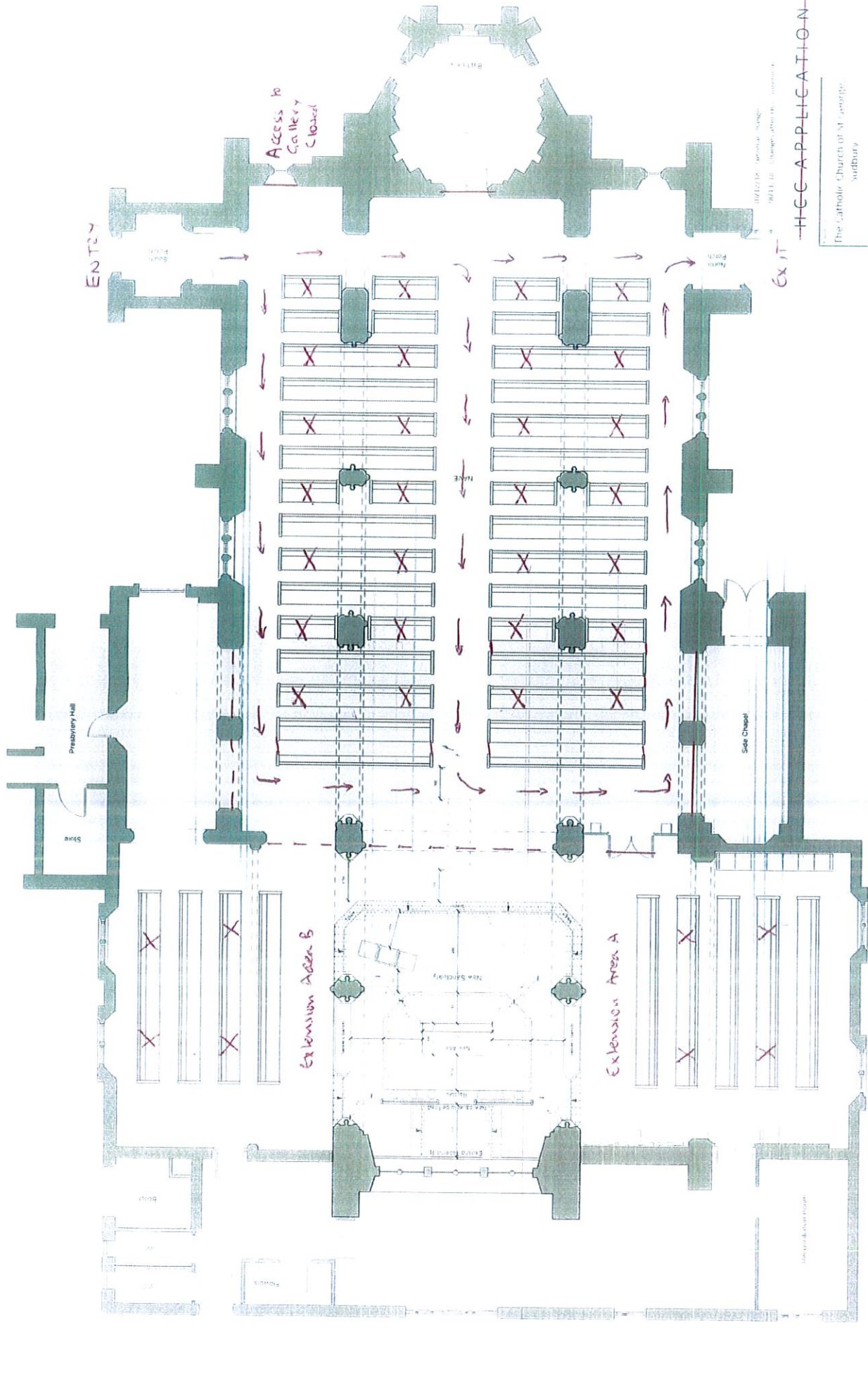
Please read carefully and follow the guidelines for the re-opening of our Churches:

- Please always keep social distancing –2 metres apart.
- Please use sanitising gel:
 - ◆ On Entry;
 - ◆ Before and after lighting a candle;
 - ◆ On leaving.
- Please sit in the designated areas. Each is marked by a strip of black & yellow tape.
- Please follow the one way system as identified on the floor and exit by the far door.
- If you are a household living together you may sit together but please respect other individuals and their space.
- Do not shake hands, hug or kiss anyone (we know its great to see your friends again!)
- Entry to the sacristy, flower room and confessional are still restricted.
- The toilets are closed.
- Please note that at this stage the church is allowed to be open for PRIVATE PRAYER ONLY. Please do not recite together any devotions i.e. Divine Mercy or the Rosary.
- Do not leave anything behind in church (literature, tissues etc.). There will be a disposal bin on leaving.
- If you wish to make an offering or return your weekly giving envelopes, collecting buckets are placed by the exit.
- It's great to be back in Church. Thank the Lord, continually present in the Blessed Sacrament. He has been waiting for the moment to be with you again. Pray for our Parish and one another.
[an be downloaded. It will keep you in touch with what is going on.](#)
- If you have not yet discovered it, our website has a weekly Newsletter which will keep you up to date. parish.rcdow.org.uk/sudbury
- **PLEASE TAKE THIS LEAFLET HOME WITH YOU—DO NOT LEAVE IT BEHIND**



Daily Checklist for Churches.

Week Commencing:	Daily checks should be initiated by person completing the checks and monitored by the Parish Priest or Health & Safety representative.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Daily Checks to be Completed.								
Check Church to ensure all markings are still in place and do not pose a tripping hazard.								
Ensure all restricted areas remain cordoned off Inc. WC.								
Ensure all signage remains intact and in place.								
Ensure hand sanitisation stations are adequately provided for.								
Identify your team for the day. If you do not have a full team – revise plan.								
Ensure the Church has been thoroughly cleaned either at the end of previous day or prior to opening.								
Ensure there is a cleaner available to carry out frequent touch cleans throughout the day.								
Ensure there is adequate protective equipment available for team. (They may use their own protective equipment)								
Ensure no shared publications have been left in the church.								
Ensure items left behind by parishioners have been removed to lost property.								
The collection plate/basket has been taken to the Sacristy at the end of day and handled only when using protective equipment.								
Areas of concern/to be considered:								
This document should be retained and be available on request for inspection by HSE or other relevant Inspectorate during the COVID-19 restriction period.								
Monitored by:							Date:	



HCC-APPLICATION

The Catholic Church of St. George
 Surrbury

Proposed Church Plan

Project Name	Location	Date
Client	Architect	Scale

Materials Legend:

- Flanking - Action Stone
- Steps - Limestone



Scale 1:100

