



Reducing risk by the way we behave

THE CENTRAL COUNCIL OF CHURCH
BELL RINGERS

Assisting Towers in Decision Making

The way we behave can strongly affect the risk that we have of catching Coronavirus, and of passing it on to others. The owners of the buildings in which we ring are expecting us to maintain the highest standards of behaviour and adherence to guidance. It follows that permission to ring should be actively sought through the appropriate channel (see “Process of Return to Ringing”)

REDUCE THE TIME WE ARE IN CONTACT WITH EACH OTHER

The risk of the virus being passed on to others is proportionate to how long people are in contact with each other. The NHS has used 15 minutes of contact as a rule-of-thumb guide as to when risk becomes significant, and that is why it was chosen as the initial duration for the return of ringing. Ringing for 30 minutes would double that risk.

While infection levels are still rising our guidance is going to stay at the 15 minutes maximum. However, this will be reviewed when infection levels drop again, starting with those towers in lower risk Tiers.

Action: Limit the time we ring together to 15 minutes

DO NOT GET CLOSE TO ONE ANOTHER

Research suggests that virus-containing droplets may travel 2 metres from the person emitting them, and at 1 metre the risk is up to 10 times greater. There appears to be some mitigation by wearing a mask.

While infection levels are still rising our guidance is going to stay at 2 metre separation, with a concession that if three ropes fall in a straight line, the middle rope only needs to be 1.5m from the adjacent ones). However, this will be reviewed when infection levels drop again, starting with those towers in lower risk Tiers.

Actions: Ring no closer together than 2 metres (1.5m in straight line), and always wear a mask
No face to face teaching or rope handling sessions

DO NOT PASS ON INFECTION BY TOUCHING SURFACES

There is evidence for infections being passed on by touching contaminated surfaces, and then our faces. This underlies the government’s advice about hand sanitisation.

Actions: Always use hand sanitiser
Thoroughly clean any surface touched by more than one ringer

MIX WITH AS FEW PEOPLE AS POSSIBLE

The more people we mix with, the more likely we are to encounter someone who is infectious. And if we are asymptomatic ourselves, the more people we mix with the more people we put at risk.

Actions: Apply the Rule of Six
 Form a stable ringing community, who always ring together and trust one another
 Do not travel out of your own community to ring elsewhere
 No visiting ringers, no extra people in the tower during ringing unless absolutely necessary (e.g. parent accompany or helping a young ringer)

RECHECK BEFORE EVERY SESSION: IS IT APPROPRIATE FOR EACH OF US TO RING?

Ask oneself the following questions each time, before ringing.

- 1) Do I (or anyone in my household) have a temperature or fever?
- 2) Have I (or anyone in my household) had a sudden loss of, or change in, my normal sense of taste or smell?
- 3) Do I (or anyone in my household) have a new continuous cough?
- 4) Have I (or anyone in my household) been in contact with anyone that is confirmed Covid-19 positive in the last 7 days.

If the response to any of these is YES, then we should NOT ring until the possibility of Covid-19 infection has been excluded and any quarantine period has been completed.



Is it appropriate for an individual to Ring?

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Returning to ringing is not risk-free. So it is important for each individual to carefully consider, and personally decide, whether it is appropriate for them to do so – with respect to their own health, that of their fellow ringers, and of the community as a whole.

One of the stronger objective facts that has emerged in the first few months of the Coronavirus pandemic is the difference of risk (of severe illness and death) between individuals. The risk of hospitalisation and death increases very significantly with age, particularly over the age of 50. In addition, men tend to have more severe illness than women, as do people with BAME heritage, whilst pre-existing conditions strongly affect the outcome of infection.

AGE The risk of death, and the likelihood of a severe infection, as a result of contracting Coronavirus, increases very significantly with age.

Older band members should consider seriously whether it is appropriate for them to ring.

RISKS FROM MEDICAL CONDITIONS

The NHS classifies two levels of increased risk. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

1. People at HIGH risk (clinically extremely vulnerable)

These people will have been contacted by the NHS in March / April 2020 and told to shield.

Although the advice to shield has been relaxed, these people should certainly NOT ring.

2. People at MODERATE risk from coronavirus include people who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant

Note how this list starts by including anyone with no illness other than that of being aged over 70!

For anyone with one of these conditions, the likelihood of a bad outcome from catching an infection is considerably greater, and so please bear this in mind in your decision making.

Each band member should read this before deciding whether to return to ringing

BEING A RISK TO OTHERS

Some people, although at low personal risk if they were to contract the infection, may be at greater risk of catching it, and then passing it on to the rest of the band – either in the infectious day or two before starting symptoms, or because they happen to be an asymptomatic carrier. Similarly some people by nature of their work or other activities carry much more risk of spreading the disease if they catch it from a fellow ringer in the tower.

Examples of such people are:

University and School Students
Staff in hospital and care environments
Teachers and University staff
Essential workers with client contact e.g. supermarket staff
Security Guards
Factory and processing plant workers

In caring for one another, you may feel that it is better for you not to bring an increased risk into the tower, or to take it away with you.

BEING ANXIOUS ABOUT IT

If the thought of returning to ringing makes you anxious, then you should not do it. You do not have to explain yourself. No one will criticise you. No one will pressurise you.



Process for return to Ringing

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A *typical* process would be:

1. Informal discussion between tower captain, ringers, Churchwardens, PCC and incumbent (or Chapter and Dean), whether to consider a restart of ringing, a continuation of the current level of ringing, or a change in the policy for ringing in your tower.
2. A review takes place (using advice published by the CCCBR, and if appropriate informal support from an Association / Guild advisor), concerning the characteristics of
 - a. the tower
 - b. the ringers (all are given a copy of “Individual Risks” document to help them to decide for themselves)
 - c. the community (in particular what Tier it is in).
3. A Risk Assessment for the resumption of ringing is undertaken by the Health and Safety Officer of the PCC (assisted by the Tower Captain).
4. A physical check of the bells takes place and any necessary repairs made.
5. Sign off with Incumbent, Churchwardens and PCC.
6. Resumption of ringing.
7. Regular review – dependent on the health / risk exposure of the ringers, local community Tier status and amendments in CCCBR guidance.



Physical Environment for Ringing

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During the Coronavirus pandemic, the characteristics of the Ringing Chamber strongly affect whether it is appropriate or not to resume ringing.

Why is this important? A very significant proportion of infections are caught through droplets and aerosols spread in the air: people are more likely to catch Coronavirus if they are closer to one another and if the air around them is not being changed. Most of us will have the experience of having caught a cold from someone who came to ringing practice whilst unwell. This is an example of how respiratory viruses can be transmitted through the air, and because of the far greater potential danger of coronavirus, we must do all we can to ensure it doesn't happen.

Ventilation

Scientific evidence suggests that excellent ventilation will be beneficial in reducing the risk of transmission of Coronavirus, and this has underlain why the Government first permitted families to meet out of doors when beginning to relax the lockdown.

This is an area where there is much more variation between ringing chambers, and there is very little objective evidence to help with decision making. At the good extreme would be a ground floor ring, where the external doors can be open to allow free flow of air. At the other extreme would be a small ringing chamber with no openable windows and a low ceiling.

In deciding whether ventilation is sufficient, Tower Captains, Churchwardens and Incumbents will want to ensure their ringing chamber is suitably spacious, and that the air is capable of changing regularly (not just circulating), by opening windows and leaving the stair door open, so as to cause draughts. If this is not possible, then it is unlikely that ringing is appropriate in that tower.

Size of Ringing Chamber

While we are still ringing with 2m separation, or 1.5m if three ropes fall in a straight line, the size of the ringing chamber is essentially going to dictate how many bells can be rung.

Access and Physical Surfaces

There is some evidence for the transmission of Coronavirus by people touching surfaces that have been contaminated by virus. Although this comes from clinical environments, it is sensible to adjust behaviour so as to minimise the possible contamination and touching of surfaces by different people, especially as this has little detrimental effect on ringing. In practice this means:

- Use of hand sanitiser before and after ringing
- Thorough cleaning of surfaces that are touched by more than one person
- Only one person per bell rope
- Not touching handrails, etc. if safely possible
- Minimising clutter in the Ringing Chamber that can be a surface for droplets and aerosols to land on