SHEPHERDING THROUGH A PANDEMIC

J.W. Richardson (2020)

With Special Guest: Ryan McKay, Sr. Policy Analyst for the Thomas Jefferson Health District
Purpose

- Given the easing of restrictions, faith leaders are faced with deciding how, when, where and if to gather congregants, while simultaneously keeping them as safe as possible. This is a daunting task, because not only are we bombarded with an endless stream of information, additionally the health safety recommendations seem to change daily. This short information session is designed to provide the latest scientifically-based information on preventing the contraction and spread of COVID-19 in communities of faith.
Disclosure

This session was created to synthesize the current recommendations from Centers for Disease Control and Prevention. Information about the COVID-19 virus is evolving. As we learn more about this novel virus some recommendations may change or be added over time. This session is NOT intended to provide clinical consultation. Specific clinical questions should be directed to the Thomas Jefferson Health District and health care providers.
What is COVID-19?

- COVID-19 is a new virus that created a global pandemic.
- Because the virus is new, information about its transmissibility, health impact, vulnerable populations and infectious pathways adjusts as scientific knowledge is produced.
- The virus seems to target the respiratory system most severely, however, it also affects varied populations in different ways.
- One of the characteristics of this novel virus is its apparent ability to live on surfaces (cans, paper, clothes) for extended periods of time.
COVID-19 Testing

- How is testing for coronavirus done?
- One testing protocol for COVID-19 involves inserting a 6-inch long swab (like a long Q-tip) into the cavity between the nose and mouth (nasopharyngeal swab) for 15 seconds and rotating the swab several times.
- The swabbing is then repeated on the other side of the nose to make sure enough material is collected.
- The swab is then inserted into a container and sent to a lab for testing.
Terminology

- **Social distancing**, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:
  - Stay at least 6 feet (about 2 arms’ length) from other people
  - Do not gather in groups
  - Stay out of crowded places and avoid mass gatherings

- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

- **Isolation** is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it’s safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific “sick room” or area and using a separate bathroom (if available).

- **Contact tracing**, a core disease control measure used by local and state health department personnel for decades. Contact tracing is part of the process of supporting affected individuals and warning contacts of exposure in order to stop chains of transmission.

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How can you catch it?

- The virus that causes COVID-19 is spreading very easily and sustainably between people.
- The CDC estimates that 40% of coronavirus transmission is occurring before people feel sick.
- People who have no symptoms and feel fine and persons with symptoms can infect others.
- The virus can spread 6 feet (about the length of a couch) or more through breathing, coughing or sneezing.
- The onset and duration of viral shedding and the period of infectiousness for COVID-19 are suspected to be between 2-14 days.
- A person can contract COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

- Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - Fever
  - Chills
  - Muscle pain
  - Sore throat
  - New loss of taste or smell

- This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
Symptoms of Coronavirus Disease 2019 poster

Patients with COVID-19 have experienced mild to severe respiratory illness. Symptoms can include fever, cough and shortness of breath. Symptoms may appear 2-14 days after exposure.

Size: 8.5”W x 11”H

Alternative Languages: Amharic | Arabic | Burmese | Dari | Farsi | French | Haitian Creole | Karen | Korean | Kinyarwanda | Kunama | Nepali | Oromo | Pashto | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Swahili | Tagalog | Thai | Tigrinya | Ukrainian | Vietnamese
PREVENTION IS THE BEST STRATEGY
Who is at risk?

People of all ages have gotten the virus. Some had no symptoms and some had life-threatening illness.

People over 65 and African Americans are at more risk.

People with illnesses, such as high blood pressure, overweight, diabetes, moderate-severe asthma, lung disease, kidney disease, liver disease, and compromised immune systems are more at risk.
Why Social Distancing is Important

- COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.
- COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.
- Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community.
**How does a mask protect me from coronavirus?**

Coronavirus is transmitted by respiratory droplets. Droplets are released when we breathe, talk, sneeze or cough. They carry the virus, and even people who don’t feel sick can spread the virus this way. You can be infected if droplets carrying the virus get into your eyes, nose or mouth. This often happens when we touch a contaminated surface and then touch our faces.

Masks work mainly by preventing the release of respiratory droplets.

- Masks make it less likely that we will get respiratory droplets on things we touch, like food at the grocery store. Masks can protect you from directly getting respiratory droplets in your nose or mouth, but you can still get infected by touching your face if your hands are contaminated.

**Masks do not 100% prevent transmission. You still need to maintain 6 feet of distance between yourself and others.**

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**How do I wear a mask properly?**

1. **Wash your hands.** This removes respiratory droplets from your hands before you put your mask on.
2. **Put the mask on.** Use the strings to set the mask on your face. Fasten the strings so the mask fit is tight, but comfortable. Adjust the mask to close any gaps. **TRY NOT TO TOUCH YOUR FACE, AS MUCH AS POSSIBLE.**

A correct fitting mask will cover your chin and nose, without leaving gaps or slipping off.

**Masks only work if you wear them!**

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**Where should I wear a mask?**

**DO wear a mask when you are going to be near other people in public.**

- Shopping at the store (including curbside pickup)
- Medical care appointments
- *Experts say the risk of spread is low outdoors, but you may need to wear a mask if you are near other people (ex: passing people on the sidewalk).*

**You do NOT need to wear a mask if you can keep 6 feet of distance from other people.**

- In your own backyard
- Driving in your car
- Outdoor exercise

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**How do I take a mask off safely?**

**REMEMBER: THE OUTSIDE OF THE MASK IS “DIRTY”**

1. Remove the mask by the strings. Try not to touch your face with your hands or parts of the mask.
2. Put the used mask directly into the washing machine. Do not touch the outside of the mask. Do not set the mask on any unnecessary surfaces (you need to clean anything the mask touches).
3. Wash your hands. This removes respiratory droplets that might accidentally get on your hands while removing the mask.
How to protect yourself and others

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid close contact with people who are sick, even inside your home. If possible, maintain 6 feet between the person who is sick and other household members.
- Put distance between yourself and other people outside of your home.
- Remember that some people without symptoms may be able to spread virus.
- Stay at least 6 feet (about 2 arms’ length) from other people.
- Do not gather in groups.
- Stay out of crowded places and avoid mass gatherings.
- Keeping distance from others is especially important for people who are at higher risk of getting very sick.

- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
PHASED REOPENING
<table>
<thead>
<tr>
<th>Gating Criteria</th>
<th>Threshold for entering Phase 1</th>
<th>Threshold for entering Phase 2</th>
<th>Threshold for entering Phase 3</th>
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</thead>
<tbody>
<tr>
<td>Decreases in newly identified COVID-19 cases</td>
<td>Downward trajectory (or near-zero incidence) of documented cases over a 14-day period</td>
<td>Downward trajectory (or near-zero incidence) of documented cases for at least 14 days after entering Phase 1</td>
<td>Downward trajectory (or near-zero incidence) of documented cases for at least 14 days after entering Phase 2</td>
</tr>
<tr>
<td>Decreases in emergency department (ED) and/or outpatient visits for COVID-like illness (CLI)</td>
<td>Downward trajectory (or near-zero incidence) of CLI syndromic cases reported over a 14-day period</td>
<td>Downward trajectory (or near-zero incidence) of CLI syndromic cases reported for at least 14 days after entering Phase 1</td>
<td>Downward trajectory (or near-zero incidence) of CLI syndromic cases reported for at least an additional 14 days after entering Phase 2</td>
</tr>
<tr>
<td>Decreases in ED and/or outpatient visits for influenza-like illness (ILI)</td>
<td>Downward trajectory (or near-zero incidence) of ILI reported over a 14-day period</td>
<td>Downward trajectory (or near-zero incidence) of ILI reported for at least 14 days after entering Phase 1</td>
<td>Downward trajectory (or near-zero incidence) of ILI reported for at least an additional 14 days after entering Phase 2</td>
</tr>
<tr>
<td>Decreases in percentage of SARS-CoV-2 tests positive</td>
<td>Downward trajectory (or near-zero percent positive) of positive tests as a percentage of total tests over a 14-day period (flat or increasing volume of tests)</td>
<td>Downward trajectory (or near-zero percent positive) of positive tests as a percentage of total tests for 14 days after entering Phase 1 (flat or increasing volume of tests)</td>
<td>Downward trajectory (or near-zero percent positive) of positive tests as a percentage of total tests for at least 14 days after entering Phase 2 (flat or increasing volume of tests)</td>
</tr>
<tr>
<td>Treat all patients without crisis care</td>
<td>Jurisdiction inpatient &amp; ICU beds &lt;80% full Staff shortage in last week = no PPE supplies adequate for &gt;4 days</td>
<td>Jurisdiction inpatient &amp; ICU beds &lt;75% full Staff shortage in last week = no PPE supplies adequate for &gt;4 days</td>
<td>Jurisdiction inpatient &amp; ICU beds &lt;70% full Staff shortage in last week = no PPE supplies adequate for &gt;15 days</td>
</tr>
<tr>
<td>Robust testing program</td>
<td>Test availability such that percentage of positive tests is &lt;20% for 14 days. Median time from test order to result is &lt;4 days</td>
<td>Test availability such that percentage of positive tests is &lt;15% for 14 days. Median time from test order to result is &lt;3 days</td>
<td>Test availability such that the percentage of positive tests is &lt;10% for 14 days. Median time from test order to result is &lt;2 days</td>
</tr>
</tbody>
</table>
Virginia Phase One Reopening: Religious Services

Mandatory Requirements:

◦ Occupancy shall be limited to no more than 50% of the lowest occupancy load on the certificate of occupancy of the room or facility
◦ It is recommended that persons attending religious services be encouraged to wear face coverings over their nose and mouth at all times
◦ No items must be passed to or between attendees, who are not family members (think collection plates, hymnals, sacraments, bulletins etc.)
◦ Individuals attending religious services must be seated at least six feet apart at all times and must practice physical distancing at all times.
◦ Any items used to distribute food or beverages must be disposable and used only once and discarded
◦ A thorough cleaning and disinfection of frequently contacted surfaces must be conducted prior to and following any religious service
◦ Post signage at the entrance that states that no one with a fever or symptoms of COVID-19, or known exposure to a COVID-19 case in the prior 14 days, is permitted in the establishment.
◦ Post signage to provide public health reminders regarding social distancing, gatherings, options for high risk individuals, and staying home if sick

*If any place of worship cannot adhere to the above requirements, it must not conduct in-person services.*
Cleaning AND Disinfecting

- **Wear disposable gloves** to clean and disinfect.
- **Clean surfaces using soap and water, then use disinfectant.**
- **Recommend use of EPA-registered household disinfectant external icon.**
  Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend:
  - Keeping surface wet for a period of time (see product label).
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Alcohol solutions with at least 70% alcohol may also be used.**
<table>
<thead>
<tr>
<th>VA Suggested Best Practices in Faith Community Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>◦ Allow interior doors to remain open to limit touching of door handles</td>
</tr>
<tr>
<td>◦ Use separate doors to enter and exit the establishment when possible</td>
</tr>
<tr>
<td>◦ Provide sanitizing stations throughout the building, particularly at entry and exit points</td>
</tr>
<tr>
<td>◦ Consider discontinuing use of common items (e.g., microphones, books, hymnals, scriptural texts) that may be shared between people and are difficult to clean. Consider assigning religious books to a family or individual that they can bring to each service, or use a projector for the display of sacred texts, scriptures, and songs</td>
</tr>
<tr>
<td>◦ Discontinue shared meals and other activities where people may gather in groups (e.g., limit or suspend coffee stations, shared food, meet and greet time before and after services etc.), with the exception of essential food services for low-income residents</td>
</tr>
</tbody>
</table>
SAMPLE SUPPORT MATERIALS
What is it?
- COVID-19 is a new virus that is spreading around the world.
- Because the virus is new, everyone is learning and information is always changing.
- The virus attacks breathing most (respiratory system). See other side for warning signs.
- The virus can live on surfaces (cans, paper, clothes) for days.

Coronavirus — it’s real.

How can you catch it?
- People can carry the virus and not know it.
- People who feel good can give the virus to others.
- The virus can spread 6 feet (about the length of a couch) or more through a cough or sneeze.
- The virus can spread if you touch a surface with the virus on it and then touch your face.
- Read the other side of this flyer for information about how to keep yourself and others safe.

Are you at risk?
- People of all ages have gotten the virus. Some had no symptoms and some had life-threatening illness.
- People over 65 and African Americans are at more risk.
- People with illnesses, such as high blood pressure, overweight, diabetes, moderate-severe asthma, lung disease, kidney disease, liver disease, and compromised immune systems are more at risk.

Protect yourself & others.
Spread the word, not the virus.

HOTLINE: (434) 972-6261
**Stayin' Alive**

**Spread the Word, Not the Virus.**

**Prevention**
- Stay ready, get ready.
- Wash your hands with soap and water for 20 seconds to remove all germs.
- Only use clean, glove-free hands when touching personal items (purse, cell phone, keys, car).
- Clean/dirty surfaces such as doorknobs, countertops, and floors using household cleaners or soap and water.
- Cover your nose and mouth with a washable mask or scarf.
- Only leave your home for emergencies or work and stay at least 6 ft away from other people when you’re out.
- Wipe down all items that enter your home (food, groceries, boxes) because the virus can live on plastics and cardboard.
- Avoid person-to-person contact during deliveries and avoid shaking hands.

**Presentation**
- Save yourself. Save others.
- If you are sick, avoid physical contact and consider wearing a mask in the home to keep from spreading germs on surfaces and to other family members.

**Sharing space with others:**
- Try to avoid sharing common spaces and household items (bathroom, bedroom, clothes, remote controls). If sharing a bathroom, ALL surfaces need to be cleaned before use by others.
- Separate your trash and laundry.

**PREP**

Get your house in order.

- Make sure you have enough:
  - Cough & cold medicine
  - Medicine prescribed by your doctor
  - Water and non-sugary drinks
  - Low-salt soups and other non-perishable foods
  - Baby supplies
  - Label, date, and freeze food if you can
- Make a list of people who can help you and your family if you become sick.

Primary care doctor:

Telehealth doctor:

Local Health Department:

State Health Department:

Supporters (pastor, therapist, friends, family):

Call 911 for emergencies
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- **6 ft**
  - Stay at least 6 feet (about 2 arms' length) from other people.

- **Cover your cough or sneeze with a tissue**, then throw the tissue in the trash and wash your hands.

- **When in public**, wear a cloth face covering over your nose and mouth.

- **Do not touch your eyes, nose, and mouth.**

- **Clean and disinfect frequently touched objects and surfaces.**

- **Stay home when you are sick, except to get medical care.**

- **Wash your hands often with soap and water for at least 20 seconds.**

[cdc.gov/coronavirus]
We're going to be O.K.

Tips & Advice by
Dr. Ebron Jade Hitter & Dr. Leigh-Anne Webb

Illustrated by
Ashleigh Corrin Webb

Staying safe, healthy, and optimistic during the COVID-19 pandemic
MAKING THE DECISION TO GATHER
REOPENING FAITH COMMUNITIES DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist leaders of faith communities in making decisions during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions. When completing the decision tree, consider that faith communities may also provide social, educational, and child care services at their facility.

Should you consider having in-person gatherings?
- Yes: Facility in a community no longer requiring significant mitigation?
  - Yes: Will reopening be in compliance with state and local orders?
    - Yes: Will you be ready to protect staff and congregants at higher risk for severe illness?
      - Yes: Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
      - Yes: Increase daily cleaning and disinfection
      - Yes: Ensure social distancing in large gatherings, avoid holding hands, offer additional smaller services
      - Yes: Limit sharing of items such as worship aids and collection tongs
      - Yes: Offer virtual services if possible
      - Yes: Train all staff and congregants on safety actions

Are recommended safety actions in place?
- Yes: Encourage staff and congregants who are sick to stay home
- Yes: Plan for if staff or congregants get sick at facility
- Yes: Regularly communicate with local authorities, staff, and congregants
- Yes: Monitor staff absences and have flexible leave policies and practices
- Yes: Be ready to cancel in-person gatherings if there are increased cases

Is ongoing monitoring in place?
- Yes: Offer in-person gatherings and monitor

For more information, please visit CORONAVIRUS.GOV
As you decide....Consider

- Consider all the surfaces congregants and staff touch
- Consider the points in worship where social distancing might be breached
- Consider the items that tend to pass between and among congregants
- Consider your entrances, exits and rest rooms
- Consider the personnel involved in worship (e.g. ushers, parking attendants, musicians, individuals who count offerings)
- Consider how you will educate the congregation on the meeting protocol
- Consider how you will enforce protocol measures
- Consider the most vulnerable in your congregation and how to mitigate their risk
- Consider your plan if an attendee tests positive for COVID-19
Resources

  - https://www.cdc.gov
- Virginia Governor’s COVID-19 Web page: https://www.virginia.gov/coronavirus/

Thomas Jefferson Health District

Working together for a healthy community.

The Thomas Jefferson Health District provides public health services to the residents of the City of Charlottesville, and the counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson.

Thomas District COVID-19 Hotline
434-972-6261
8:00 a.m. to 4:30 p.m. Monday–Friday
## COVID-19 Cases in Virginia: Testing

Dashboard Updated: 5/26/2020, Data entered by 3:00 PM the prior day.

**Select Health District from Drop Down Menu**
(Choose Number of Testing Encounters, Current Positivity Rate, and Both Bar Charts)

**Select PCR* or Total Tests from Drop Down Menu**
(Choose Table and Both Bar Charts)

### All Health Districts
**Testing Encounters PCR Only**

<table>
<thead>
<tr>
<th>Health District</th>
<th>Number of Testing Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfax</td>
<td>37,581</td>
</tr>
<tr>
<td>Prince William</td>
<td>22,398</td>
</tr>
<tr>
<td>Virginia Beach</td>
<td>11,805</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>10,924</td>
</tr>
<tr>
<td>Loudoun</td>
<td>10,996</td>
</tr>
<tr>
<td>Henrico</td>
<td>10,020</td>
</tr>
<tr>
<td>Roanoke-Huntington</td>
<td>8,599</td>
</tr>
<tr>
<td>Arlington</td>
<td>8,167</td>
</tr>
<tr>
<td>Peninsula</td>
<td>7,917</td>
</tr>
<tr>
<td>Thomas Jefferson</td>
<td>7,439</td>
</tr>
<tr>
<td>Alexandria</td>
<td>6,305</td>
</tr>
<tr>
<td>Norfolk</td>
<td>6,940</td>
</tr>
<tr>
<td>Central Virginia</td>
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<tr>
<td>Chesapeake</td>
<td>5,593</td>
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<tr>
<td>Roanoke-Huntington Rapid</td>
<td>5,554</td>
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<tr>
<td>Richmond</td>
<td>5,409</td>
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<tr>
<td>Central Virginia</td>
<td>5,189</td>
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<tr>
<td>Western Tidewater</td>
<td>4,911</td>
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</table>

### All Health Districts
**Current 7-Day Positivity Rate PCR Only**

<table>
<thead>
<tr>
<th>Health District</th>
<th>Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfax</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

https://www.vdh.virginia.gov/coronavirus/