

CALVERT COUNTY HEALTH DEPARTMENT

P.O. Box 980
975 Solomons Island Road, N
Prince Frederick, Maryland 20678

Laurence Polsky, MD, MPH, F.A.C.O.G.
Health Officer

Champ Thomaskutty, MPH
Deputy Health Officer

www.calverthealth.org



STATE OF MARYLAND

Phone (410) 535-5400

Washington Area (301) 855-1353

Baltimore Area (410) 269-1051

Fax (410) 535-5285

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Dear Congregation Leaders,

As of November 12, 2020, Religious Leaders should consider the following suggestions in response to the ongoing COVID pandemic. Most of the recommendations from July continue to apply. As you are no doubt aware, the prevalence of COVID infections nationwide and in Calvert have increased recently. Compared to the 15-20 diagnosed cases per week that we were seeing in early summer, 80-90 cases are now being diagnosed in our county each week. Those 60 and older, and younger individuals with chronic health conditions, continue to suffer more severe consequences. Minority populations continue to be disproportionately affected. Recent contact tracing data both locally and statewide shows attendance at religious services as one of the most commonly reported activities of people diagnosed with COVID.

With that having been said, the number of COVID-related deaths due in Calvert has been substantially lower than average across Maryland. This is undoubtedly in part due to the efforts of congregation leaders and parishioners to take precautions to prevent the spread of virus since early spring.

As a result of the recent increase in infections, the association with attendance at religious services, and the approach of flu season, we ask that you continue your efforts to reduce the spread of infection in your facilities and educate your parishioners. Evidence has continued to accumulate that virus is transmitted through aerosol that can linger in the air for minutes-to-hours. Consistent use of face masks over both mouth and nose are extremely important to reduce aerosolization. Masks should be thick enough that individual fibers of material should not be visible if the mask is held up to a strong light. Anyone with respiratory problems that make it impossible to wear a mask should not attend group activities or services.

All changes from earlier guidance are in ***bold, italic font***:

1) Encourage congregants who are at high-risk of COVID complications to either continue to worship in their homes (possibly viewing or listening to a live stream or recorded service) or the ministry should hold a separate service for the medically vulnerable.

Separate services for the medically vulnerable should allow significant spacing of individuals. I would recommend at least 15 feet between participants. If a separate service is held, it should occur prior to the service for the general congregation. This avoids virus particles lingering in the air or on prayer books, door handles, etc., that could lead to infection. The supplemental service should conclude at least an hour prior to the start of the general service so the two groups don't physically interact.

People at high-risk include anyone age 60 or older and those with chronic medical conditions including diabetes, long-standing high blood pressure, COPD, kidney disease, ***sickle cell disease (sickle cell trait is not a high-risk condition)***, congestive heart failure, a recent history of chemotherapy, and any condition that requires immunosuppressant medications.

2) It is extremely important that word be sent to congregation members that anyone with any illness or anyone with a sick member in their household should not attend service for at least 2 weeks. Even if a person feels

well, they could have contracted it from an ill family member and be capable of infecting others. ***Anyone with travel to areas that put them at higher risk for virus exposure should not attend services for 14-days after return to Calvert. Air travel, eating inside restaurants, and attending events with large numbers of people are concerns.***

3) All congregation members should be encouraged to receive influenza vaccinations. Although flu vaccines don't prevent COVID infections, people can be simultaneously infected by COVID and influenza. The damage to the body of concurrent infections significantly increase the risk of life-threatening illness. Flu vaccines are extremely safe. Children over 6-months of age and all adults should be vaccinated. People of minority races and ethnicities are less likely to be vaccinated and more likely to suffer serious complications of influenza.

Flu vaccines are available through each person's family doctor and local pharmacies. Everyone 65 and over should receive a special vaccine formulated to produce a better response in seniors. If anyone has difficulty finding a place to receive their flu vaccine, they can call the Calvert County Health Department at 410 535-5400 x334.

4) Singing by the congregation or choirs should not take place. Humming for brief periods may be considered as an alternative. ***Face masks should be worn at all times.***

Singing dramatically increases the risk of transmitting COVID. If someone is an asymptomatic carrier of the virus (feels fine but is infected), singing increases the amount of virus they exhale and at least doubles the distance the virus carries through the air. Outside of nursing homes, some of the worst outbreaks of COVID have occurred as the result of singing in churches.

Consideration can be given for soloists to perform, but given the recent increase in COVID infections, singing by even one individual carries more risk than it did over the summer. Factors that need to be taken into consideration include the quality of the ventilation system (see #9) and the separation of the soloist from others. Older buildings tend to have poor air circulation and allow aerosolized viruses to linger in the air and accumulate across larger areas of the room. If a soloist performs, she/he should be at least 25-feet from the closest person and wear a face covering. If the service takes place outside, the soloist should ideally be downwind from the congregation.

Although song is such an elemental part of religious tradition, this is one time when it is critically important for us all to modify our established behaviors for the safety of our fellow human beings. As the Good Book teaches, in each of our actions, we must be protective of the most vulnerable.

5) If possible, services should be held outside. This helps dissipate viral particles much more effectively than indoor settings. I realize that the weather in Southern Maryland is not always conducive to outdoor events and some congregations may not have the physical space or equipment to hold services outdoors. If outdoor services are feasible, members of the congregation should be encouraged to bring their own fold-up chairs.

6) Regardless of the setting, members of the congregation should be more than 6 feet apart in each direction. ***Ideally, at least a 10-foot radius should be provided to decrease the potential for virus transmission.*** Family members living in the same household do not need to be spaced apart.

The Governor's Order allows capacity at indoor services to be 75% of the Fire Marshall's allowance. ***That is ridiculous.*** In every building, that is too many people, and will not allow for safe spacing between worshippers. I would strongly discourage leaders from using this benchmark as a safe measure of occupancy.

7) Keep services as short as you reasonably can. Virus transmission is a result of the proximity and duration of exposure to an infected person. The longer someone is near an infected person, the more likely they are to get sick. Given the potential for severe illness with COVID-19, it is very important to limit the time people spend in group settings. (Although this is not a change, it is much more important as we head into winter.)

8) When possible, consider outdoor settings for children's gatherings. Children's services or daycare areas should have no more than 15 people in a room, including supervising adults. If the room is small, please adjust the number of occupants accordingly. Children should wash their hands with soap and water(preferable) or apply hand sanitizer before entering the room. Children over the age of two should be encouraged to wear face masks.

Face masks are mandatory for all children over the age of 5. Consider a craft day that allows children to design or make their own masks with the help of adult volunteers. There are many online guides to making face masks for COVID prevention.

Instead of grouping strictly by age, please consider assigning children from the same household to the same room. Children should attend the same room with the same adult supervisors from week-to-week. Grouping by household and keeping the same assigned rooms each week will decrease the number of children who are potentially exposed to a carrier of COVID. Space children apart as much as reasonable. Children from the same household may sit or play together.

If there are several services in a day, the books, toys, or other materials used should be different for each group of children so virus isn't transmitted via objects. Common touch surfaces should be thoroughly wiped with disinfectant after each group of children leave the room. Please give at least 15 minutes between groups to allow for cleaning **and air circulation. If windows or doors can be opened between groups, please do this.**

9) Regardless of how indoor services are conducted, efforts should be made to maximize the flow of fresh air into buildings, improve air circulation, and use the best quality filters that your budget can accommodate. Please consult your HVAC contractor to see what adjustments can be made to your system so that optimal air flow is circulating prior to the start of services and other activities. Continue to operate the HVAC system in this manner for at least an hour after the service concludes. If windows open, take advantage the fresh air to the extent that the weather permits.

Portable HEPA filter units are reasonable in smaller rooms, such as those used for children's activities, but they are not practical for main congregation halls. Consult "Consumer Report's or your HVAC consultant for brands that have proven reliable and effective.

10) Bathrooms should be cleaned with a basic disinfectant after each service is completed. Please factor this into the timing of services.

11) Consider taping a weekly message, sermon, or service for those who can't safely attend in-person services. This can be placed ahead of time on a Facebook or other social media outlet. For those without internet access, it could be placed on a phone recording.

12) No physical contact should occur between religious leaders and congregants. COVID-19 is more easily spread than the flu. Physical contact of any kind, hand shaking, hugs, delivery of the Eucharist, laying of hands, etc., put you at risk as well as those in your ministry.

13) Good, basic hygiene should be observed. Ideally, hand sanitizer should be made available at the entrance to members of the congregation or they should be encouraged to wash their hands with soap and water immediately upon entry to the facility. All common touch surfaces should be disinfected prior to each service. Ideally, prayer books should not be used. Disposable paper pamphlets for each service are a safer way to provide guides for members of the congregation.

14) Finally, the following question from one of our congregations: "If there is anything we can do as a youth group to provide a service to the community to help people during this time please let me know. Collect needed supplies, make fun videos for kids stuck at home, deliver things to people, etc."

I welcome suggestions from the faith community. There are more families facing financial uncertainty due to COVID impacts on area businesses. Pooling resources to help area foodbanks is one consideration. Toys for Tots or adopting families for holiday gifts is another way to help those less fortunate. Other suggestions can be forwarded to the Interfaith Council or other congregation-to-congregation channels.

For any questions, please contact me: Calvert.Admin@maryland.gov or 410 535-5400 x306.

God bless,



Dr. Larry Polsky, Calvert County Health Officer