

ST. MATTHEW'S EPISCOPAL CHURCH
SPECIAL COMMITTEE ON THE PUBLIC HEALTH OF THE PARISH
RESPONSE TO COVID-19: REPORT OF RECOMMENDATIONS

On February 28, 2020, Father Rob Brown convened a Special Committee of healthcare professionals in the parish, with the charge to make recommendations to the clergy and vestry relative to church and preschool activities in view of the current spread of COVID-19 (coronavirus) into the U.S., coupled with existing influenza cases among parishioners.

SPECIAL COMMITTEE PROCESS

The committee would use their professional education and experience, review of literature, and position statements issued by accreditation bodies, Episcopal Church leadership, and others to reach consensus on:

- Changes, if any, to be considered in current practices and planned activities within the church and preschool
- Information and education to be provided to parishioners and users of the facilities, as well as the means for communicating (e.g., handouts, website, group presentations)
- Identification of method for clergy, ministry leadership, and parishioners to appropriately communicate questions and concerns to the special committee and receive appropriate answers

The first topic to be considered is the mission trip planned to Ecuador in June, since the need for confirmation and payment are imminent.

Special Committee recommendations are made to, and approved by, the Clergy and Vestry before implementation.

[NOTE: The role of the Special Committee will be to provide public health recommendations to the institution, including both church and preschool activities. Individual, specific medical advice should be sought in the context of a patient/practitioner relationship, and will not be provided as part of this Committee's activities.]

MEMBERSHIP

Sandra Brown, RN

Susan Cherry-Casey, FNP-C

Andrew Donnan, PA

Sarah Donnan, BS

Caroline Dy-Go, MD

Karen Carpenter, RN

Catherine Henderson, RN, DrPH, Chair

WHAT IS THE CORONA VIRUS?

- Coronaviruses are a large family of viruses that cause respiratory infections, including the common cold.
- Cases of respiratory illness were first identified in Wuhan City, Hubei Province, China in December 2019. The causative virus was identified in January 2020, and was named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated COVID-19). By January 30, 2020, the World Health Organization declared the outbreak a “public health emergency of international concern.” COVID-19 has been diagnosed in multiple areas of the U.S., resulting in some deaths.
- While the potential public health threat is high, the risk of any one individual depends on their exposure to the virus. Epidemiologists look at two sources of infection with COVID-19:
 - Exposure to the virus from foreign travel (e.g., the person contracted the virus in China or Italy, for example), or direct contact with someone who did (while in transit or after return home).
 - “Community acquired virus” – the individual has not traveled to an area with known COVID-19, and has not knowingly been in contact with anyone who did. The source of the infection is difficult to identify.
- The virus is spread by respiratory droplet, not by airborne transmission. It is thought to spread from person to person who are in close contact with another person (within 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It can also be spread by touching a surface or object that has the virus on it. Earlier studies of SARS and MERS concluded that the family of coronaviruses can remain infectious on inanimate surfaces for up to nine days at room temperature – but are quickly rendered inactive by common disinfectants. (These points are critical to our recommendations for actions within St. Matthew's.) Infected people are most contagious when they are symptomatic, although there have been reports that the virus may be transmitted before the infected person becomes symptomatic. Testing is currently available through DHEC and there is a plan to develop commercially available test kits similar to testing for flu at doctor's offices, hospitals and other medical facilities.
- The incubation period (the time between exposure to the virus and showing symptoms of the disease) ranges from 2 to 14 days, with 5 days seeming to be the average. The individual shows few or no symptoms of being ill or being exposed during the time they are incubating COVID-19.
- Symptoms of COVID-19 are fever, cough, and shortness of breath. The person also may have sore throat, chills, headache, muscle aches, nausea, vomiting or diarrhea.

- At the time of this writing, there is no vaccine to protect against COVID-19, and there are no medications approved to treat it (other than supportive care).
- The CDC (U.S. Centers for Disease Control) estimate 80% of individuals infected will recover without special treatment. Those at risk for developing severe illness are older people (i.e., 60+), and people with pre-existing conditions (high blood pressure, diabetes, heart disease, compromised immune systems). The resultant severe illness can be fatal, and often takes the form of pneumonia in both lungs.
- Influenza has sickened and killed far more people than have coronaviruses. The public health concern is that, unlike influenza, we do not have vaccine or specific pharmaceutical treatment for COVID-19. Some cases progress from mild to severe quickly. And, apparently, COVID-19 can be spread between individuals even when the infected person shows no symptoms.

The best way to prevent the infection is to avoid being exposed to the virus. St. Matthew's will take all reasonable steps to reduce exposure within our facilities and associated with our activities.

SPECIFIC RECOMMENDATIONS: A TWO-PART APPROACH

When there is no vaccine to prevent a disease, and no medication to treat it, we turn to non-pharmaceutical interventions (NPIs). These interventions are initiated in two stages:

1. non-pharmaceutical intervention recommendations for community preparedness
2. non-pharmaceutical intervention recommendations for outbreak response

We recommend that the Clergy and Vestry approve the NPIs for community preparedness and begin implementation without delay!

NPIs for outbreak response would be initiated immediately upon identification of a confirmed community acquired COVID-19 case within "our community." For the purposes of this response, we are defining our community to be the counties of Spartanburg, Greenville, Cherokee, Anderson, and Union counties, since the majority of individuals who utilize our facilities or attend our programs live, work, or frequent one or more of those four counties. "Community acquired case" means an individual with a positive diagnosis of COVID-19 that cannot be traced directly to relevant travel history or exposure to another known patient with COVID-19.

Specific actions under each of these two NPI categories are listed below. Actions proposed in Stage 2, our response to an identified community acquired case within our defined community, may be controversial. Therefore, **we urge the Clergy and Vestry review, consider, and approve the actions to be taken in an outbreak response now,** so that they can be initiated if/when they are needed.

STAGE 1: NPI RECOMMENDATIONS FOR COMMUNITY PREPAREDNESS1. General principles applicable to all individuals

- a. WASH YOUR HANDS!!! OFTEN! Wash with soap and running water, including the wrists, back of hands, under the nails. Supervise/help children wash well. Dry your hands on a towel used only by you – or use paper towels and discard. Use a 60% alcohol-based hand sanitizer if soap and water are not available. Wash, or use sanitizer, for at least 20 seconds. (Ask the Preschool to teach you the song they use – or sing the “Happy Birthday” song, twice to estimate 20 seconds.)
- b. Stay home if you are sick. If you are a parishioner, follow the sermon online. If you are scheduled to serve, notify Kay or Father Rob (even if at the last minute). We will manage!
- c. Get a flu vaccine, and take flu antivirals if prescribed.
- d. Cover your cough or sneeze into a tissue – then throw the tissue into the trash, and go wash your hands. If no tissue is available, cough or sneeze into your bent elbow (which “touches” less than your hand).
- e. Avoid touching your face - eyes, nose, and mouth - with unwashed hands. Your skin is a reasonably effective barrier to infection, but your eyes and mucous membranes do not give the same protection. When you touch a dirty surface and then touch your eyes, you can introduce the virus into your system.
- f. Try to stay at least 3 feet – and preferably 6 feet – away from anyone who is coughing or sneezing. Hand-shakes and social kisses can wait.
- g. If you feel sick – and especially if you have a fever, cough, or difficulty breathing – seek medical care quickly. Do not just show up in the doctor's office, urgent care center, or emergency department. Call first and explain your symptoms. You may be asked to enter through an alternate door so that you do not contaminate the waiting room.
- h. Watch out for others. If someone who is elderly or lives alone does not attend church or other regular activities, call to check on them.
- i. DO NOT WEAR PAPER MASKS unless you are sick. Paper masks are not effective to prevent infection from respiratory viruses. Paper masks give a false sense of security

STAGE 1: NPI RECOMMENDATIONS FOR COMMUNITY PREPAREDNESS (continued)2. Recommendations applicable to worship services

- a. Discourage intinction; encourage drinking from the chalice. These seems counterintuitive, but there are studies that have shown that the proximity of the hand to wine during intinction is less sanitary than use of the common cup – when properly offered by the chalice bearer.

We need to reinforce proper procedure. The rim – including the interior and exterior – must be wiped between communicants, and the purificator adjusted often to use other portions of the cloth.

- b. Educate communicants that receiving the sacrament in one kind (i.e., only the wafer, in this case) equates to fully receiving the sacrament. Communicants may choose to consume the wafer and forego the wine from a common cup. This option should be noted by the Priest in his pre-communion instruction to the congregation, and included in educational materials.
- c. All priests and Eucharistic Ministers presiding at the Eucharist should wash their hands with soap and water before the service, and then use sanitizer for 20 seconds before preparing the communion table and/or administering the elements.

The same principles apply to clergy and/or Eucharistic Visitors who take communion to the home or hospital.

- d. Passing the Peace: worshipers may choose to greet each other without physical contact. Encourage substituting hand-shakes with fist bumps, waves, and peace signs. (Note that in Stage 2, church traditions such as this will have stronger directives. Without identified community spread, foregoing the practice can be suggested without insisting that everyone give up the practice at this time.)
- e. Receiving line: Hand-shakes should be discouraged.

3. Recommendations applicable to Christian Formation

- a. In Stage 1, the recommendations for child and adult classes, and for EYC, are the same as the general principles applicable to all individuals (above), and the standard sanitary precautions applicable to child care settings.
- b. Additional scrutiny of hand-washing and sanitizing surfaces applies in the church nursery. Thorough soap and water hand-washing after changing diapers or attending to any body fluids (e.g. runny nose) is essential – hand sanitizer is not adequate. Children who are visibly sick should not be accepted for care in the church nursery.

STAGE 1: NPI RECOMMENDATIONS FOR COMMUNITY PREPAREDNESS (continued)4. Recommendations applicable to food service:

In Stage 1, parish food service (Lenten meals, coffee hour) does not need to be cancelled. However, basic principles of food safety should be followed.

- a. Individuals, especially children, should not freely take food (for example, cookies) from a common plate.
- b. Food should be served by individuals who have washed their hands, and who then use serving gloves or tongs to minimize touching the food.
- c. We recommend that St. Matthew's eliminate the use of reusable mugs, plates, and flatware during the community preparedness phase. This recommendation was part of the Bishop's advisory letter, as well. Reusable items need to be cleaned in an industrial quality dishwasher to ensure a sufficiently high temperature to kill germs.

5. Recommendations applicable to physical plant housecleaning services (church and preschool)

(In our discussions with users of the facility, it was noted by several individuals that the buildings are "much cleaner than they were a couple of years ago.")

- a. Vestry/Junior Warden review current practices with the cleaning service. Is an EPA-registered disinfectant/industrial cleaner being used? Are doorknobs, toilet flush levers, and other frequently used common surfaces wiped with disinfectant?
- b. Ensure sufficient supplies of paper towels and soap are maintained at all sinks.
- c. Place containers of hand sanitizer in easily visible areas throughout the buildings. Provide tissue boxes in multiple places.

6. Recommendations applicable to the various entities that use the church facilities.

- a. Develop a current list of all entities, internal and external, who use St. Matthew's facilities, name of the individual in charge of coordinating that activity, and current contact information for that individual. This includes external entities (e.g., Spanish-speaking service, Girl Scouts, NA, AA, Survivors of Suicide) and St. Matthew's ministries (e.g., Food Pantry, Medical Clinic, greeters, ushers, worship servers, choir, EFM, St. Clare's Guild.)
- b. Communicate these recommendations to the leadership of each of those entities, so that they are better able to protect themselves and others during Stage 1, and so that they are prepared to immediately implement necessary changes if we escalate to Stage 2.

STAGE 2: NPI RECOMMENDATIONS FOR OUTBREAK RESPONSE

NPIs for outbreak response would be initiated immediately upon identification of a confirmed community acquired COVID-19 case within “our community.” For the purposes of this response, we are defining our community to be the counties of Spartanburg, Greenville, Cherokee, Anderson, and Union counties, since the majority of individuals who utilize our facilities or attend our programs live, work, or frequent one or more of those four counties. “Community acquired case” means an individual with a positive diagnosis of COVID-19 that cannot be traced directly to relevant travel history or exposure to another known patient with COVID-19.

One or more confirmed COVID-19 cases within our broader community necessitates a more assertive – and restrictive – response to do as much as we can to reduce the spread of the disease person-to-person. These actions will be controversial to some. The decisions must be finalized NOW, so that the actions can be taken immediately upon confirmation that we have reached a Stage 2 condition.

The general principles to address COVID-19 Outbreaks in the Community include:

1. Separating seemingly well individuals from those who are sick
2. Limiting face-to-face contact with other people
3. Staying home if any member of the household is sick with respiratory disease symptoms (“self-isolation”).
4. Temporary closure or dismissal of childcare facilities and schools may be ordered.
5. Taking actions to increase the physical space between individuals (teleworking instead of meetings; postponing or cancelling mass gatherings)

In Stage 2, the recommendations in Stage 1 would still apply, with these additional recommendations:Recommendations applicable to worship services

1. Communion offered in one kind only. Communicants would be served the wafer only, no wine. Bread would not be used in any service; it would be replaced by the wafer.
2. Passing the Peace: worshipers would be instructed to remain seated in their pews, offer peace through a smile or hand-signal, without any physical contact
3. Receiving line at the end of the service would not include hand-shakes or hugs.
4. Consider removing hymnals and Books of Common Prayer from the pews, providing all needed information in a full service sheet.

5. Reduce or eliminate use of choir robes and albs. Reduce the number of worship assistants (e.g. Eucharistic Ministers will not be needed). The choir may be asked to wear their own clothes without robes.
6. Cease person-to-person passing of the collection plate. Plates can be placed at each entrance to the sanctuary for offerings to be deposited on the way into the church, and all brought forth by the ushers for a blessing.
7. Individuals who count or otherwise handle cash, checks, and envelopes from the collection plate should wear gloves. At minimum, it is essential that they wash their hands thoroughly (soap and running water – not sanitizer) when done with the task.
8. Communion brought to the home or hospital, either by Eucharistic Visitors or Clergy, would be reviewed on a case-by-case basis by the Clergy. At minimum, the number of Eucharistic Visitors should be limited, and only one Visitor used for each visit. The importance of thorough hand washing and hand sanitizing should be reinforced with each Visitor. The Rector may consider: eliminating lay Eucharistic Visitors; reducing the number of visits made to each communicant; and/or other moderations as the need arises. The Special Committee will remain available to research additional questions if/as needed.

Recommendations applicable to Christian Formation

1. Consider cancelling all child and adult CF classes, and EYC activities.
2. Eliminate provision of the nursery during worship services.

Recommendations applicable to Food Service

1. Lenten meals would be eliminated.
2. Coffee hour between worship services would be eliminated.
3. Only paper cups, plates, and disposable flatware can be used, and then are disposed.

Recommendations applicable to housekeeping service

1. Procedures used by the cleaning service are reviewed again, in light of any new advisories.
2. Initiate additional cleaning each Saturday by parishioners and other volunteers to further disinfect surfaces (e.g., doorknobs, bathrooms, telephones, keyboards, remote controls, etc.)

Recommendations applicable to the entities that use the church facilities, and internal ministries

1. A cardinal principle of Outbreak Response is reducing face-to-face contact and, especially, eliminating mass gatherings as much as possible. We expect that the worship services will be needed more than ever – but other meetings and mass gatherings should be reduced.
2. Actions relative to the Medical Clinic should be determined by VCOM.
3. Crowding in the Food Pantry must be reduced for it to remain open. Chairs should be set up with a minimum of 3 feet separating all individuals who do not reside in the same household. Consider establishing a control at the door to limit the number of people allowed into the building at any one time. “Shopping” might need to be replaced with pre-packaged bags/boxes.
4. Consider eliminating use of the church facilities by external groups for the duration of the Stage 2 status.

RECOMMENDATIONS APPLICABLE TO THE PRESCHOOL

Barbara Coleman, the Preschool Director, was interviewed at length as part of this report. Barbara is an exceptionally experienced and competent school administrator. She has secured the recommendations and regulations from her accreditation body (DSS), from CDC, and DHEC. She has implemented all recommendations and monitors to ensure they are followed. We believe that it would be counterproductive for our Special Committee to interject further recommendations. In addition, if/as the COVID-19 epidemic/pandemic spreads, we can expect that the accreditation bodies will issue a series of changed requirements in rapid fashion. The Director will need to respond to them promptly, without review/approval by the Special Committee or Vestry.

We recommend that the Clergy, Vestry, Preschool Board, and church body offer full support to the Preschool Director as she navigates difficult times ahead. One can expect that some families will “push back” against unpopular requirements. We have offered open access to this committee to Barbara, so that we can help her field questions as they arise. Similarly, Barbara has offered to share advisories that she receives related to COVID-19 with the Special Committee for inclusion in recommendations, as appropriate. Barbara has shared advisory material applicable to the Preschool with the Director of Christian Formation for application to CF activities, and will continue to do so in the future.

ECUADOR MISSION TRIP

Concerns about the planned Ecuador mission trip in possible pandemic conditions include: lack of adequate sanitation and medical facilities in Ecuador; exposure to contagion in international airports and on planes; and the potential that the participants could be quarantined when they attempt to return. Kristen Ewing, the coordinator, is in regular discussion with Father Rob and the Special

Committee. As of 3/3/2020, the trip is "on hold temporarily" and a final decision will be made around 4/1/2020, based on the extant circumstances and advisories at that time.

RECOMMENDATIONS FOR THE EDUCATION OF THE CHURCH FAMILY

Education of parishioners, visitors, groups, and our leaders may be the most important action to be taken. The facts which are known about COVID-19, and the recommended actions, should be reduced to easy to follow fact sheets.

The Vestry will need to coordinate a multi-media effort to inform all concerned. This effort would include posters, fact sheets, information on the church website, small group meetings with ministry leaders, and direct contact with leaders of groups that utilize the facilities. In addition, the Special Committee would be available to respond to the questions and concerns of the Clergy and Vestry as COVID-19 unfolds.

Respectfully submitted,

Catherine Henderson, Chair

On behalf of the Special Committee on the Public Health of the Parish

7 March 2020