

COVID-19 Infection Control Guidance for churches

SUMMARY

We want to support you and are very aware that you know the situations within your own parishes. Therefore, you are well placed to provide the circumstances in which your church can resume activities within infection control recommendations. In addition, we want to provide an avenue for you to ask questions and provide feedback about where you would like further guidance.

In short, we advise that, at present:

1. cleaning and disinfecting of church buildings must be observed
2. 2m physical distancing must be observed
3. increased hand washing should be observed and hand sanitiser should be available and utilised
4. face coverings must be worn at all times within church buildings (except by the priest within liturgical services when at least 2m of physical distance is possible).

What is Covid?

Coronaviruses are a family of viruses that, primarily, cause disease in animals. Seven different types, including the new virus, have made the jump to humans. Most produce minor symptoms but Covid-19 is closely related to severe acute respiratory syndrome (SARS) which infected around 8,000 people in 2002/3 and killed about 800. It was relatively easy to control because most of those infected were seriously ill so it was easier to detect. Middle East respiratory syndrome (MERS), is another coronavirus which has been occurring sporadically since 2012, It has been more deadly. There have been around 2,500 cases and around 900 deaths. Covid-19 is different to these two other coronaviruses in that the spectrum of disease is broad, with around 80 per cent of cases experiencing mild infection and many people carrying the disease display no symptoms making cases harder to identify and isolate to control spread.

In any gathering, therefore, there may be people with the virus capable of spreading it. Hence the "lockdown" strategy which aims to reduce spread in the hope that the number of cases in any community falls below a level in which spread is possible. As we leave lockdown, it will be important to maintain a degree of isolation of individuals who are still capable of being infected and those capable of infecting them.

How does the virus spread?

Studies that have collected repeated samples from infected patients provide evidence that shedding of the virus is highest in the upper respiratory tract early in the course of the disease and particularly within the first 3 days from onset of symptoms. People may, therefore, be more contagious around the time of symptom onset compared to later on in the disease. Probably the most highly infectious individuals attending Church services are those with early onset symptoms who may not be aware they are infected.

Coughing, sneezing and simple exhalation all carry droplets which are likely to contain virus in such individuals. Those who are in close proximity may inhale the droplets or absorb them as the droplets are deposited in the moisture of the eyes. Confined spaces, such as confessional boxes and small rooms, by containing these droplets, are potential sources of risk.

The droplets can contaminate surfaces. Based on data from lab studies on COVID-19 and what we know about similar respiratory diseases, it may be possible that a person can get COVID-19 by touching a physical surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, although this is not the main way the virus spreads. Evidence as to how long the virus survives on surfaces is not consistent. As droplets dry out, the virus is likely to die off. The humidity and ambient temperature in the room affect the time the virus can survive. Estimates for survival times suggest it can last from 3-7 days on plastic and metal surfaces. Wooden surfaces seem to carry the virus for up to 2 days. Paper, including bank notes, are thought to be infectious for up to 4 days. Fabrics can keep the virus alive for a variable time. Research in this area continues.

Strategies to avoid infection

Physical distancing, face coverings, gloves, hand washing and decontamination of surfaces will remain the mainstays of infection control.

A minimum of 2 metres distance between people is recommended as the basis of avoiding infection. There is talk of “social bubbles” in which family members and others who have been spending time together without infection can be together in public. This means that, for example, family groups in church would not need to separate and take up large amounts of space. Churches would need to leave at least 2, and probably three rows of seats empty to ensure the 2 metre distance between occupied rows. Realistically, this would mean a maximum number at each Mass which was less than 30% of normal capacity. German guidelines suggest allowing only 1 person per 10 square metres.

The forced exhalation associated with singing would, potentially, infect those at greater distance. Several choirs report high levels of infection in their members with several deaths occurring. There should be no congregational singing. A cantor might be used if they were separated from others by a significant distance.

Airflow and lack of ventilation within confessionals has been identified as a problem which means confessions should not take place in an enclosed space. In addition, air conditioning has been identified as a means by which the virus can travel greater distances within a building. Air conditioning should not be used, and where possible the building should be well ventilated.

Wearing of face coverings has been slightly controversial because Ministers in England have been dismissive of their effectiveness. In Scotland face coverings are recommended for wearing in public spaces. The Scottish approach is correct. Face coverings which are not of the close-fitting kind and which do not have filters are not particularly effective in preventing the wearer becoming infected. The standard surgical face mask and the home-made cloth face coverings are, however, effective in preventing an infected person from spreading the virus. Face coverings should be worn in public to prevent the asymptomatic person spreading the disease. All those

attending Mass should wear face coverings. Not only would face covering wearing reduce the risk of infecting others, it would also reduce the contamination of the environment.

Hand washing and the use of antibacterial hand gels are important in preventing infection from contaminated surfaces. Door handles, hymnals, orders of Mass etc are obvious sources of cross infection. Metal handles can easily be washed down before and after services. Wooden seats may or may not be a problem if the evidence that suggests the virus only survives a few days on wood is correct. However, if churches are to be open daily and not just for Sunday Mass, then the need to decontaminate seats is potentially a significant issue. One of the documents we have seen from Italy recommends decontamination of floors. This is unlikely to be a source of spread of the virus.

Protocol for parishes in Scotland

Those countries in which the celebration of Mass has restarted have, with some variation, introduced protocols broadly consistent with the scientific evidence outlined above. Taking these protocols into account would suggest that, in Scotland, we might proceed with the following action.

1. Parishes should begin by identifying parishioners who will assist in the design and operation of the precautions necessary to protect priests and the faithful. These might be pass keepers or others already involved in the running of services. They should begin by reviewing their seating arrangements to calculate the maximum capacity they would have if people were observing the 2 metre distance. Our general rule of thumb is that this typically results in about 20 -30 percent of total capacity. The exact number will not be known until they mark out spots for the faithful within their building and consider the movement of people around the space. It is important that they do not compromise on this and ask questions of the designated person in the diocese. Once this figure is known, parishes can decide on how they fill those spaces. It may be a ticketing system or they may wish to provide more Masses. This is an issue for local discussion and agreement. There should be volunteers in the church to ensure that distancing is observed. This includes children, so parents/carers will need to take extra care.
2. Depending on the design of the Church, it would be sensible to provide separate entrance and exit arrangements. It is necessary to avoid congestion as people enter or leave. It may be that one row leaves at a time with worshippers staying 2 meters apart. Cry rooms and confessionals should be closed
3. At Communion, arrangements should permit separation between those going to and those coming back from Communion. This will be a problem for churches with only a central aisle. In this case, a feasible arrangement would be individuals going one at a time to communion. While most activities of the church are possible to achieve relatively safely during strict physical distancing, distribution of communion is complex and in some cases, may be restricted until closer physical distancing is possible. Further guidance on options to facilitate Communion will follow.

4. Providing hand sanitising hand gel entering or leaving the church would be an important way of reducing contamination of pews and an surfaces being touched. Care should be taken until hands are dry as the gel is flammable. It would also be a significant indication of the seriousness with which the Church is taking these precautions.
5. Face coverings should be worn by all those in the Church whether during private prayer or Mass. If no face coverings are available, the mouth and nose should be covered by a scarf or other cloth covering.
6. No paper notices, hymnals, magazines should be available in the church.
7. Collection boxes should not be passed around but might be made available as parishioners leave. The potential infection of the money would require desanitising of the notes or storage of money for a suitable time (4 days) before contact. Coins are not thought to be too significant a risk.

SPECIFIC GUIDANCE ON CLEANING

Cleaning & disinfecting:

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals, for example, disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Wash hands with soap and water immediately after gloves are removed.

Clean and disinfect high-touch surfaces daily in common areas (e.g. tables, hard-backed chairs and pews, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks) etc. Estimates for survival times suggest it can last from 3-7 days on plastic and metal surfaces. Wooden surfaces seem to carry the virus for up to 2 days. Paper, including bank notes, are thought to be infectious for up to 4 days. Fabrics can keep the virus alive for a variable time. Ideally surfaces would be cleaned and disinfected after each use. So for example if you were to open for private prayer, Funeral Masses and Marriage ceremonies initially in a distanced way (which seems likely) you would look at cleaning the Church after each Mass, or the individual seat where someone might sit for private prayer. Research in this area continues.

For disinfection, many common household disinfectants should be effective. While most of these disinfectants will not have been tested directly against the novel coronavirus, the virus will have the same kind of lipids in their outer surface, which can be removed by commonly used disinfectants and soaps. Studies have shown that disinfectants and bleaches containing ethanol, hydrogen peroxide or sodium hypochlorite are most effective as they virtually destroy all of the virus' pathogenic particles. Make sure to follow manufacturer's instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.). Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. The solution should be mixed new everyday, to make sure it stays strong - so don't use the same solution overnight.

The recipe for an effective cleaning solution is:

1:50 household bleach solution for intermediate to high level disinfection:

For spray bottles – 20ml household bleach to 1000ml water

For buckets – 100ml household bleach to 5000ml water

Hand Sanitiser: Your hands are one of the main routes that viruses make their way from surfaces to your respiratory system, so keeping them clean is one of the most effective things you can do to stop yourself contracting the virus. Wash your hands thoroughly with soap and water where possible and if you can't get to a sink, an alcohol-based hand sanitiser is a good option. The coronavirus has an envelope structure which alcohol can attack. Hand sanitisers with between 60 and 80 percent alcohol content are most effective at killing microbes. Keep in mind these sanitisers are flammable and need to be stored safely and care should be taken until hands have dried.

Face coverings: We require the use of face coverings in church buildings. It's likely that your parishioners will have their own face coverings, and they will be asked to bring them and wear in the church buildings. It may also be that you might want to help parishioners who are unable to procure their own face coverings, or come along without one. It might be a good idea to have a small supply of your own. There is good evidence-based advice on how to sew home-made face coverings at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> and there may be volunteers willing to sew these.

Specific advice on church activities:

We recognise that implementation will be informed by individual parish circumstances, and there are many options. Many evidence based guidance on specific church activities have already been developed internationally and good guidance can be found at:

<https://thomisticinstitute.org/covid-sacraments>

Document Version Control

| Name | Organisation | Date | Version Number (e.g. 1.2) |
|---------------|---------------------------------|-------------|--------------------------------------|
| Anthony Horan | Bishops' Conference of Scotland | 1 June 2020 | 1.0 |
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