Interim Guidance for Faith-Based Organisations and Communities of Faith during the COVID-19 Pandemic in the Caribbean

29 JUNE 2020

This guidance document provides information for Faith-Based Organizations and Communities of Faith with respect to COVID-19 pandemic in the Caribbean. This information is based on currently available scientific evidence and expert opinion and is subject to change as new information becomes available. It should be read in conjunction with relevant national legislation, regulations, and policies. This document has been adapted for the Caribbean situation, and therefore may differ from guidance developed by other agencies.

Background
On 11 March 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of a novel coronavirus, COVID-19 as a pandemic. The majority of Caribbean countries have reported at least one confirmed case of COVID-19. CARPHA has assessed the risk of continued transmission in and to the Caribbean Region as Very High. Most countries in the region have implemented significant and effective measures in this regard to stop transmission and prevent the spread of the virus. Border closures, implementation of social distancing norms, and the restriction of movement to essential personnel have helped to slow the spread of the virus. CARPHA urges continued efforts which will keep the region safe as countries begin to ease many of the restrictions. Recently, countries have decided to ease those restrictions in a phased approach that may be linear or may require returning to a more restricted environment if the appearance of new cases warrants.

What is COVID-19?
The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), 2002/03 outbreak (Reuters, CDC) and Middle East Respiratory Syndrome (MERS-CoV), 2012 outbreak. This 2019 virus is a new strain of coronavirus that has not been previously identified in humans. The cases in the Wuhan pneumonia outbreak have tested negative for both SARS and MERS-CoV. ¹,²

How is COVID-19 transmitted?
The virus can be spread by individuals from 2 days before and until 14 days after the onset of symptoms. Precautions must therefore be taken to prevent human-to-human transmission of the disease. Currently, COVID-19 has been shown to spread by:

- Large respiratory droplets often produced by coughing or sneezing which land on a person or surface and transferred to the mouth or nose
- Direct or indirect contact with infected secretions
- Body fluids (e.g., blood, sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea)
- There have been some instances when airborne transmission of other coronaviruses was thought to have taken place through exposure to aerosols of respiratory secretions and sometimes faecal material
- The COVID-19 virus may be spread by individuals that exhibit no symptoms
- There is no evidence that COVID-19 is spread by water, mosquitoes, or food.

Background and Context

Faith-based Organisations (FBOs) and Faith leaders are playing a valuable role and can play a further integral role in preventing the transmission of COVID-19 and supporting Caribbean and National efforts to respond to the COVID-19 pandemic. This includes public education, supporting their communities mental, social and spiritual needs, reducing stigma and discrimination and alleviating the community fear about the COVID-19. Along with these activities, it is also important that Faith-based Organisations prepare for and prevent transmission of COVID-19 in their community.

Faith-based Organisations and their leaders are poised to take a leadership role due to their position of influence and respect within their communities. The community also sees FBO as credible sources of information and as places to seek help and refugee during times of crisis.

Preventing COVID-19 transmission in Faith-based settings

The best way to prevent infection with COVID-19 is to minimize exposure to the virus. Ensure that you are aware of National guidelines and that you have contact information and are in touch with the Local Health Authorities. National authorities’ guidance and restrictions with respect to movement of people, and gatherings, should be complied with and followed.

The purpose of this interim guidance is to prevent the likelihood of transmitting COVID-19 infection in the Faith-based setting. Faith-based Organisations and faith-based communities are encouraged to modify and tailor these guidelines to make them consistent with their own faith traditions, beliefs and in keeping with national guidance on prevention of COVID-19 infection.

Considerations for Preventing COVID-19 infection

To prevent COVID-19 infection in Faith-based organisations, the PRAYER and actions listed below should be considered. These recommendations should be implemented taking into account the national and local authority policies.

1. Prepare
   1.1. Conduct a risk assessment for the for potential spread of COVID-19 based on your faith-based organisation’s practices, and services in line with National guidance from National authorities for COVID-19. Consider suspending the use of religious rituals and traditions that may place staff and congregants at higher risk of getting COVID-19 infection. This should be done with the assistance of the local health department/authority. Consider using [WHO mass gathering risk tool link](https://www.who.int/publications/i/item/how-to-use-the-who-mass-gathering-religious-addendum-risk-assessment-tool-in-the-context-of-covid-19).
   1.2. After risk assessment develop a COVID-19 Response Plan for your organisation and make the necessary modifications to address the risk. That should include at minimum the KEY ACTIONS listed in this document:

2. Reconfigure/Restructure for physical (social) distancing
   2.1 Limit number of persons in attendance at gatherings such as faith services, funerals, weddings, religious education classes, youth events, support groups and any other events, based on national authority policy.
   2.2 Keep duration of the faith gatherings to a minimum to limit contact among participants based on national authority policy.
   2.3 Provide physical guides, such as tape on floors or walkways and signs on walls, to ensure that staff and children remain at least 6 feet (about 2 arms’ length) feet apart in lines and at other times (e.g. guides for creating “one-way routes” in hallways).
   2.4 As far as possible, seek to hold services and gatherings in a large, well-ventilated area or outdoors.
   2.5 Prevent touching between people attending faith services.
   2.6 Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
   2.7 Consider whether physical contact (e.g., shaking hands, hugging, or kissing) can be limited among members of the faith community.

3 Assign teams to promote healthy hygiene practices among staff and congregants
   3.1 Promote good hand hygiene washing hands with soap and water for at least 20 seconds.
   3.2 Put in place hand washing station with or hand sanitiser with 60% to 80% alcohol (either ethanol, isopropanol or a combination), for those who can safely use hand sanitizer to
support hand hygiene among participants in faith services and other activities when gatherings are permitted.

3.3 Provide tissue and no-touch garbage cans.
3.4 Encourage staff and congregants to cover coughs and sneezes with a tissue or use the inside of their elbow.
3.5 Consider avoiding/reducing the touching or kissing of devotional and other objects that the community is accustomed to handling communally.
3.6 Post signs on how to protect against contracting and spreading COVID-19 and proper hygiene practices see link to CARPHA resources and Annexes.

4 Yield and conduct faith activities remotely/virtually as long as required
4.1 Consider how your organization can use technology to make the service or events available online.
4.2 Ensure community contact lists are up-to-date and that ‘calling trees’ (call list) or other practices to account for individuals who may be living alone, elderly, and vulnerable are in place;
4.3 Put plans in place to continue essential services if onsite operations are scaled back temporarily. For example, if possible, consider using telephone services, email, conference calls, and video conferencing.
4.4 Conduct outreach visits by phone or online, especially if the individuals are in quarantine, isolation, or are taking precautions by staying at home.

5 Encourage use of facial masks as per local recommendations
5.1 Promote the use of facial masks among staff and congregants based on National Health authority’s guidelines. Protects against persons who may have COVID-19 and are not aware as they have no symptoms. Facial masks are essential when social distancing is difficult. For more information see CARPHA guidance on masks (Annex C).
   - Masks should not be used in the following situations:
     ▪ on children younger than 2 years old,
     ▪ a person who has trouble breathing, unconscious,
     ▪ anyone who is incapacitated
     ▪ anyone unable to remove the facial mask without assistance.

6 Routine cleaning and sanitization
6.1 Routinely clean worship spaces, sites, and buildings immediately before and immediately after all gatherings.
6.2 Use recommended methods to clean and sanitise after general use (no known exposure to anyone with Coronavirus symptoms)
   6.2.1 Ensure that cleaners are not in a vulnerable group or self-isolating
6.2.2 Ensure all cleaners provided with disposable gloves (ideally) to protect their skin from exposure to cleaning materials.
6.2.3 Ensure to use cleaning materials based on guidance from National authority
6.3 Cleaning and sanitisation of the facility after known exposure to someone with Coronavirus symptoms
6.3.1 If possible close the facility for 72 hours with no access permitted.
6.3.2 After 72 hours then carry out cleaning as per the normal advice on cleaning.
6.4 Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
6.5 If your faith community offers multiple services, consider scheduling services far enough apart to allow time for cleaning and disinfecting high-touch surfaces between services.

7 Limit community sharing of worship materials and other items
7.1 Temporarily limiting the sharing of frequently touched objects, for example, worship aids, prayer rugs, prayer books, hymnals, or other items passed or shared among congregants.
7.2 Encourage congregants to bring their own such items, if possible, photocopy or project during service or send information via email.
7.3 Modify the methods used to receive financial contributions e.g. use stationary collection box, or online methods of collection instead of shared collection trays or baskets.
7.4 If food is offered at any event, consider pre-packaged options, and avoid buffet or family-style meals if possible.

8 Plan for when a staff member or congregant becomes sick at your facility
8.1 Identify an area to separate anyone who exhibits symptoms of COVID-19 during hours of operation.
8.2 Establish procedures for safe movement of the person to isolation area and transporting anyone who becomes sick at the facility to their home or a healthcare facility.
8.3 If someone becomes sick, take them to an isolated room and make arrangements for them to leave as soon as possible. Ensure that children are not left without supervision.
8.4 Close facility for 72 hours and clean as above.
8.5 Notify local health officials if a person diagnosed with COVID-19 has been at your facility and communicate with staff and congregants about potential exposure while maintaining confidentiality.
8.6 Consider providing counselling and support for those persons affected.
8.7 High-risk groups for severe COVID-19 illness, such as, persons over 60 years old and persons with underlying conditions such as a chronic illness e.g. diabetes, and cancer should limit attendance according to national authorities’ recommendations.
9 Educate Staff, congregants and community on the COVID-19 basic facts

9.1 Faith-based organisations can assist with minimising panic, fear and stigma by educating communities on COVID-19 infection.
9.1.1 Sermons and/or messages can build on factual information provided by CARPHA, PAHO/WHO, and National health authorities that is in line with the doctrine or teaching and practice of the faith traditions.
9.1.2 Information can be shared through the community’s network and on webpage and social media platforms

9.2 Links to CARPHA public education resources:

9.2.1 Links to Public Education Resources https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus
9.2.2 Links to Media https://www.carpha.org/More/Media/Articles
9.2.3 Links to Videos https://www.youtube.com/user/CARPHACampus

REMEMBER!

- Review routinely your national authorities’ guidance and instructions on specific COVID-19 prevention activities relative to your community and adapt the plan accordingly.
- These activities if implemented can reduce the risk of spread and contracting COVID-19 infection. Please note that they cannot however eliminate the risk totally.

Key References:
ANNEXES

The tools can be accessed from the following links.
Risk assessment tool for Religious Leaders and Faith-based Communities in the context of COVID-19 [link]
Decision tree for risk assessment tool for Religious Leaders and Faith-based Communities in the context of COVID-19 [link]
Annex B – Infographics 1: What is physical (social) distancing?

**Social Distancing**
- This is a set of strategies for limiting face-to-face contact with others in order to stop or slow down the spread of a communicable disease in the community.
- Social distancing involves staying at a certain physical distance to allow for a safe space between yourself and other people outside of your home.

**Physical Distancing**
- Physical distancing is a type of social distance strategy that involves staying a certain physical distance apart (e.g. 6 feet or 2 metres) from other persons in order to limit the spread of a disease.
- *It ensures that we do not socially disconnect ourselves from our family and loved ones while trying to curb the disease.*

---

**What really is physical distancing?**

It is a method used to limit the spread of COVID-19. **It involves staying a distance of 6 feet (2 metres) from everyone.**

This is about the length of two trolleys/shopping carts.

[www.carpha.org](http://www.carpha.org)

---

**What really is physical distancing?**

It is a method used to limit the spread of COVID-19. **It involves staying a distance of 6 feet (2 metres) from everyone.**

This is about the average length of a bicycle.

[www.carpha.org](http://www.carpha.org)
Annex C – Infographics 2: How to put on, use and take off a face mask while in Place of Worship

HOW TO PUT ON, USE AND TAKE OFF A FACE MASK WHILE IN PLACE OF WORSHIP
Coronavirus (COVID-19)

Perform hand hygiene using either soap and water or an alcohol-based hand rub.
This must be done before putting on the face mask and after removing it.

Hold the face mask by the straps ONLY. Place loops over each ear. Do not touch the inside of the mask.
Make sure the mask completely covers your nose and mouth.

The face mask should fit from the bridge of your nose down to your chin.
Make sure that there are no gaps between your face and the mask.

Only wear the mask for tasks/activities which require its use.
Do not touch your face or your mask. If you touch your mask accidentally, perform hand hygiene.

Hold the face mask by the straps and remove the mask by pulling it away from your face.
Do not touch the front of the mask.

For a single-use mask, carefully dispose of the mask by placing it into a closed bin.
Do not reuse a single use mask. Perform hand hygiene after removing the face mask.

After using a cloth mask, place it in a resealable plastic bag.
Perform hand hygiene after removing the face mask.

Wash cloth masks immediately after use with detergent at 60 ℃.
Keep clean cloth masks in one bag and used ones in another bag.

www.carpha.org
Annex D1 – Infographics 3a: How to hand wash with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Right palm over left dorsum with interlaced fingers and vice versa
5. Palm to palm with fingers interlaced
6. Backs of fingers to opposing palms with fingers interlocked
7. Rotational rubbing of left thumb clasped in right palm and vice versa
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. Rinse with water
10. Dry thoroughly with single use towel
11. Use towel to turn off pipe

Annex D2 – Infographics 3b: How to hand rub with alcohol-based sanitiser

1. Apply a palmful of the product in a cupped hand and cover all surfaces
2. Rub hands palm to palm
3. Right palm over left dorsum with interlaced fingers and vice versa
4. Palm to palm with fingers interlaced
5. Backs of fingers to opposing palms with fingers interlocked
6. Rotational rubbing of left thumb clasped in right palm and vice versa
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8. Once dry, your hands are safe.

www.carpha.org
**Annex E – Infographics 4: Healthy Hygiene - Precautionary measures**

**PRECAUTIONARY MEASURES**

- **Wash your hands often and carefully with soap and water or clean with an alcohol-based hand rub.**
- **Cough or sneeze into your elbow or sleeve if tissue is not available.**
- **Practice social distancing. Avoid contact with anyone who is coughing or sneezing.**
- **If you have fever, cough and difficulty breathing, seek medical care early and share previous travel history.**
- **If you develop symptoms, stay home. Avoid public transport and public spaces. Seek medical care.**
- **Use face masks when applicable, e.g. when visiting the grocery or market.**

**Annex F – Infographics 5: Cleaning Process**

**THE CLEANING PROCESS**

1. **Start by cleaning the surface of any dirt or visible soiling.**
   - Use a clean cloth or sponge
   - Use warm or hot water
   - Use an appropriate soap or detergent for the surface

2. **Make sure to change the water and cloth or sponge frequently.**
   - Remember to disinfect the sponge or cloth before reuse

3. **After cleaning the surface, or if not visibly soiled, it can be sanitised or disinfected.**
   - **Bleach (sodium hypochlorite) should be diluted to 0.1% and in contact with surfaces for 10 minutes.**
   - Alcohol used should be at least 70% and should be allowed to dry on the surface to be effective

---

**Version Control**

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Version Number</th>
<th>Issued by</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 29, 2020</td>
<td>1.0</td>
<td>The Caribbean Public Health Agency</td>
</tr>
</tbody>
</table>
The Coronavirus Disease (COVID-19)

The virus that causes COVID-19 is a new type that has never been found in humans before.

The Symptoms

The symptoms of COVID-19 include:

- Fever
- Dry cough
- Fatigue
- Shortness of breath
- Productive cough
- Muscle pain

ADVICE FOR PERSONS WITH SYMPTOMS OF COVID-19

☑ Seek medical attention

Anyone who shows symptoms of COVID-19 should seek medical attention immediately. If you are a patient with symptoms of COVID-19 and your symptoms get worse, seek additional medical attention immediately.

☑ Keep an eye on symptoms

If your illness gets worse, you should call the doctor who cared for you or the emergency department where you were seen. If you have shortness of breath at rest or difficulty breathing, you should call the local emergency number.

☑ Wear a surgical mask

You should wear a surgical mask when you are in the same room with other people. You should wear a surgical mask when you visit a healthcare provider. If you cannot wear a surgical mask, let your healthcare provider know before you arrive.

☑ Stay at home

You should limit activities outside of your home to seeking medical care. Do not spend time in areas that you must share with others. You should not go to work, school, or public areas. You should not use public transportation or taxis. You should stay at home until cleared by the public health unit or your doctor.

☑ Keep yourself away from other people where you live

When possible, do not share areas with others. Try to stay in a different room from other people. Or, you should stay as far away as possible from other people. You should sleep in a separate bed. Use a different bathroom than others, if available. Wear a surgical mask when you are moving through rooms and other areas that have people. If you cannot wear a surgical mask, the people who live with you should wear one when they are in the same room with you. Clean any surfaces in shared areas immediately after use.

☑ Cover coughs and sneezes

You should cover your mouth and nose with a tissue or your sleeve when you cough or sneeze. Used tissues should immediately be placed in a bin, and hands immediately washed with soap and water for at least 20 seconds.

☑ Wash your hands

You should wash your hands often and carefully with soap and water for at least 20 seconds. If you cannot get to soap and water and your hands look clean, you can use an alcohol-based hand sanitiser. Wash your hands or use a hand sanitiser before and after entering an area or touching things used by other people.

☑ Do not share household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them carefully with soap and water. You can use a dishwasher or washing machine. Or use soap and water to wash the items carefully by hand.

☑ Clean household surfaces

Clean surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day wearing disposable gloves. Also, clean any surfaces that may have blood, body fluids and/or waste from the body on them. You can clean items with soap and water, sanitising wipes, or correctly diluted bleach.

☑ Throw away dirty items

Place all used plastic gloves, face masks, and other used and/or unclean items into a waste bin that has a plastic bag or lining. Close the plastic bag when throwing it away. Wash your hands immediately after handling these items.
PREVENTION OF DISEASE

Social Distancing

Social Distancing can stop or slow down the spread of a disease in the community. It requires limiting the time we spend with persons outside of our close family and/or house mates. It means putting more space between persons to decrease the chance of spread and thus, infection.

Other Precautionary Measures

- Wash your hands often and carefully with soap and water or clean with an alcohol-based hand rub.
- Cough or sneeze into your elbow or sleeve if tissue is not available.
- Practice social distancing. Avoid contact with anyone who is coughing or sneezing.
- Use face masks when applicable, e.g. when visiting the grocery or market.
- If you have fever, cough and difficulty breathing, seek medical early and share previous travel history.
- If you develop symptoms, stay home. Avoid public transport and public spaces. Seek medical care.

EXPLAINING COVID-19 TO CHILDREN

COVID-19 has affected everyone, including children. Adequate time should be spent discussing this disease with the children in your household. Some tips when explaining COVID-19 with children include:

1. Remain calm and reassure them that they are safe.
2. Make time to talk and listen to their concerns. Try to answer truthfully and age appropriately.
3. Teach them actions to include in their daily routine to stay safe.

Storytelling is also an option when explaining COVID-19 to children. The excerpt below is from inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings entitled "My Hero is You: How Kids Can Fight COVID-19".

"What does COVID-19 look like?" Sara asked her mum. "COVID-19, or the coronavirus, is so tiny we can’t see it," said her mum. "But it spreads in the coughs and sneezes of people who are sick, and when they touch things or people around them. People who are sick get a fever and a cough and can have some trouble breathing."

For more information of CARPHA’s activities and guidelines on COVID-19, please access Situation Report 59 - June 18 2020 by clicking here.
Annex H – Infographics 7b: General messages for COVID-19

**IMPORTANT DEFINITIONS**

**Imported Cases**
- Exposed to COVID-19 abroad
- Developed symptoms in home country
- Tested positive for COVID-19
  
  E.g. Husband returning from a conference abroad

**Local Spread/ Secondary Cases**
- No travel history
- Exposed to imported case
- Developed symptoms and tested positive for COVID-19
- Able to identify source of, or link to infection

E.g. Wife of the man who attended the conference abroad

**Community Spread**
- Persons in the community developed symptoms and tested positive
- No travel history or contact with an imported case or confirmed COVID-19 case
- Source of, or link to infection is unknown

**TRANSMISSION OF COVID-19**

1. Transfers from person to person via tiny droplets from the nose or mouth
2. Spreads when a person with COVID-19 coughs or sneezes
3. Also spreads via contact
4. Touching surfaces, such as desks and door handles where the tiny droplets from an infected person have fallen

**CLINICAL PRESENTATION**

*Based on patients in the United States of America*

**Most Common:**
- Fever (temperature > 37.5°C)
- Shortness of breath
- Fatigue
- Cough (both dry and productive)
- Muscle pain

**Atypical:**
Older adults and persons with medical conditions may have delayed presentation of fever and respiratory symptoms.

- Diarrhea and nausea may be experienced before developing fever and other symptoms.
- Loss of smell and an altered sense of taste have been reported.

**Illness Severity**

**MILD to MODERATE:**
Patients present with mild symptoms up to mild pneumonia.

**SEVERE:**
Patients have severe difficulty breathing, low oxygen levels and >50% lung involvement on imaging.

**CRITICAL:**
Patients can have respiratory failure, shock and multi-organ system dysfunction.

Mild to Moderate (81%)  Severe (14%)  Critical (5%)