

Faith-Based Organizations & COVID-19 Webinar

Chat Room questions with responses 8.26.20

1. Do you have a response to people who say that the numbers are inflated? Many critics are claiming that non-Covid cases and deaths are counted in those numbers.

We cannot ignore the current numbers. The numbers are probably higher due to cases not being tested and reported.

2. CDC changed the guidelines to test only symptomatic people?

This recommendation is controversial. In MN, it is recommended that Minnesotans in close contact with COVID-19 cases should continue to seek diagnostic testing even in the absence of symptoms, despite the new federal guidance that such testing is optional.

3. What is best practice those who can't comply to wearing of mask inside our church building because of medical reason. HIPAA law as I understand it prohibits us from requiring people to show a doctor's order. Seems a face shield is a good alternative to mask for these people who can't wear mask for medical reason. Please provide response. Thank you.

There is a difference for those who can't wear a mask due to health/medical reasons, developmental disabilities, etc. and those who won't/refuse to wear a mask. You have a responsibility to keep everyone safe. . It is recommended that there be a separate area for those who can't wear a mask. Face shield is good alternative for some. Set your expectations; no mask, no service. Continue to hold virtual services.

4. What do you say to those who suggest that masks are not really effective?

Public health experts at CDC and WHO, and infectious disease experts who are part of IDSA, all have reviewed the evidence and concluded that face masks are a major mode of slowing the pandemic.

MDH site has scientific rational:

www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html

Link to the CDC site: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#recent-studies> scroll to "Evidence for the Effectiveness of Masks" and they have a clickable link "emerging evidence" to list of scientific publications.

5. What are your plans for meaningful and culturally-appropriate/relevant approach to Community Engagement, Collaboration, and Strategic Partnership to increase minority populations especially in the faith-based communities understanding of and participation in COVID-19 testing, case interviews, and contact tracing while reducing fear or stigma?

This is an on-going discussion at the state and its importance is recognized. Strategies to address this include: the establishment of the Cultural, Faith and Disability Communities and COVID-19 branch. Community liaisons have been building and supporting the different minority populations, grants awarded to many different diverse social media and community base organizations to develop linguistic and culturally appropriate information about COVID-19. The current COVID-19 data is providing us with the information to monitor our status and progress of supporting all Minnesotans.

6. Will you be able to speak on, what are the specs to look for when it comes to children, youth, and family programming? Such as, max group sizes for when programming is not "Worship" related?

To determine which guideline to follow, consider the type of venue and specific activities. Are you thinking about a confirmation class, where everyone has assigned seating, the chairs have been strategically placed, people are wearing masks and everyone is looking forward? Or are you thinking of a preschool Sunday school class, where the typical arrangement is have children sit around a desk with several interactive activities.

www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf /COVID-19 Prevention Guidance for Youth and Student Programs

Of note, MDH has established a dedicated e-mail for large event/gathering concerns: Health.EventCompliance@state.mn.us. This should be events relating to Executive Order compliance for larger public gatherings, whether proposed or after the fact. This is not a masking or catch-all enforcement box.

7. Please respond to the accuracy of tests. We have been hearing of false positives...i.e. nfl as an example.

That is the exception, not the rule.

8. What about singer masks? Could brass or woodwind instruments have a covering over the bell of the instrument?

On 8/27/20 MDH posted the new guidance document for Music Activities and Performances During COVID-19

<https://www.health.state.mn.us/diseases/coronavirus/musicguide.pdf> Singer masks and bell covers are both addressed.

9. Is it advised to have a log of people who attend programs/services in the building? Are faith communities required to let worshippers know if someone in the congregation becomes ill with Covid? If a member contacts the church and says he/she has a positive Covid test and was in church, do we notify Health Department?

It is not required but recommended. Many organizations already have participants sign an 'attendance book.' You can let your community know that someone in your community has COVID-19 – use this as a reminder to maintain safe practices. You do not have to notify the health department. The MDH will contact the confirmed cases.

10. Have there been any cases of COVID spread among any MN Faith based gathering?

Yes, we are being notified when the contact investigations identifies a cluster of 3 or more families that have tested positive for COVID-19 and report being at the same event. We are not saying that is where the exposure occurred but is a possibility; whether it is a service, funeral or wedding. Numbers have been increasing.

Recent news article about a funeral. <https://www.twincities.com/2020/08/06/mn-30-people-believed-to-be-infected-with-covid-19-from-funeral-family-left-sick-and-heartbroken/>

11. Are there numbers (case numbers or other stats?) you would suggest we consider as guidance for when we stop holding indoor worship?

Monitor the incidence for your community by reviewing the Weekly Report Data for your county. This document includes data that is being used by schools in making decisions about their safe learning model. It is updated on Thursdays at 11 a.m. and shows the 14 day county level case rate per 10,000 people. Data for K-12 Schools (PDF):

<https://www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf>

Please review the slide presentation which shares helpful information you can find on Faith-based Guidance Stay Safe Guidance for Places of Worship:

<https://staysafe.mn.gov/industry-guidance/places-of-worship.jsp>

12. What about the immediate and long term negative effects of wearing face masks, especially for many hours at a time? Can someone address those concerns?

The wearing of face masks is the new norm. They can be uncomfortable. Finding the right fit and right material will help with airflow and safety. Building up tolerance over time may be necessary. The option of having a ventilator is even more drastic.

13. CID-RAP has recently noted that surface transmission is no longer a high concern in the spread of COVID-19. However, with influenza season coming, is it still a good idea to remove worship objects (hymnals, Bibles, etc.)?

It is not required but all actions to decrease risk and build layers of mitigation are helpful.

14. How long after a potential exposure should one get tested for COVID?

Close contacts should seek COVID-19 testing 5-7 days after last contact with the positive case. If a person is a close contact, the person must quarantine and stay home from all activities for at least 14 days since the last day of contact with the positive case. Even if the close contact receives a negative test result, they need to complete 14 days of quarantine before returning to school or program. The siblings and household members of the close contact do not need to stay home or quarantine.

A new COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs with a narrative was posted on 8.31.20.

<https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>

15. Are the case rates such that contact tracing is seen as effective and doable throughout the state (enough people contact tracing for the rate of infections we have in the state)?

Contact tracing is currently adequate per case rates.

16. What's the guideline for amount of time between congregate groups for in-person gathering in building -- span of time necessary between worship services, making sure that the aerosol is gone or dissipated? I presume it depends on the quality and efficiency of ventilation in building.

Yes, it does depend on the quality and efficiency of the building ventilation. Request a consultation from an experienced Heating, Ventilation and Air Conditioning (HVAC) professional to check on the status of your HVAC systems and equipment.

*NY Times article: **Tracking the Real Coronavirus Death Toll in the United States***

<https://www.nytimes.com/interactive/2020/05/05/us/coronavirus-death-toll-us.html>