

Recommendations for Churches from an Emergency Room Doctor Treating COVID-19 Patients

The following is a letter written by Dr. Frank Lasala, Emergency Room physician treating Covid-19 patients and former Medical Director of two County Health Departments, and member of Faith United Presbyterian Church of Monmouth, to the congregations of Great Rivers Presbytery about safely managing your space during this pandemic. Dr. Lasala is available as a volunteer resource person for your congregation for questions about making your gathering spaces safe from disease transmission; he can be contacted by phone at 609-602-1136 or by email at ftlmdfaafp@gmail.com.



Dear Pastors and Sessions of the Congregations of Great Rivers Presbytery:

I'm writing from the front lines of the medical response to the coronavirus pandemic which is sweeping our country. I'm not Dr. Fauci (and I don't play him on TV), but as an Emergency Room physician treating Covid-19 patients and former Medical Director of two County Health Departments, I have expertise that, as your brother in Christ, I feel called to share with you. Dr. Fauci has referred to health care workers as "building the plane while flying it." It seems to me that churches are in the same position.

I have become alarmed in the last 24 hours by two news reports. First was the account of three school teachers in Arizona who shared a classroom from which they taught remote summer school. The three teachers followed safety guidelines by maintaining social distance, wearing masks and gloves, and using sanitizer. All three teachers fell ill with Covid-19 and, tragically, one of them died from the disease. Second was the account of the North Point Community Church, a seven-campus mega church in Atlanta, that announced to their membership yesterday they will not be returning to in-person worship for the rest of the year because they "... cannot guarantee [your] safety" It's concerning that a church of that size, with access to enormous resources, does not feel it has the capacity to keep its spaces safe.

My concern extends to worship services, Christian Education programming, community use of buildings and staff offices. I commend to you the [CDC guidelines for the reopening of schools](#). These guidelines could be applied, for example, to shared or public church bathrooms, church preschools, church nurseries, church Sunday Schools, church daycares, church fellowship events, church staff offices, church meetings, any other church gatherings that might place more than one person in the same room, and any building configuration that places occupied

rooms on the same ventilation trunk (unless windows can be opened for continuous fresh air). I share these guidelines with the caveat, sadly, that they were not sufficient to protect the teachers in Arizona.

I want to highlight certain provisions in the CDC guidelines. In my view it will be next to impossible for most congregations to apply the safety precautions I will excerpt here.

Readiness:

Supplies to have on hand in large quantities include masks/cloth face coverings, gloves, no-touch thermometers, no-touch hand sanitizer dispensers (for both individuals and at sanitizing stations placed throughout the building), CDC approved cleaning and disinfecting solutions, paper towels, tissues, no-touch hand soap dispensers, no-touch foot pedal trash cans and disposable food service items.

Assess the ability of all persons to acquire and clean masks/face coverings and supply those individuals/households who do not have this capacity.

Check that ventilation systems are operating properly. If more than one room shares the same ventilation system, keep windows open and close off areas that have sealed windows. Adjust equipment settings to increase circulation of outdoor air throughout the building.

Provide physical social distancing guides on walls and floors. Provide physical barriers such as plexi-glass in high circulation areas such as a reception desk.

Plan to train – and re-train frequently – all participants in social distancing, donning/doffing/wearing masks, and handwashing.

Wellness/Health checks:

Plan for daily health checks on every person who enters the building (staff, students, community members and congregants) with temperature screenings and symptom checks each time they enter the building. Include provision for privacy of the screenings.

Provide training for the person assigned to conduct these health checks. Provide appropriate PPE for the person conducting health checks (masks, gloves, no-touch thermometers) and design the screening space to maintain social distance between screener and the persons being screened.

Daily maintenance and sanitizing:

Develop a schedule for increased daily cleaning and disinfection of all surfaces, especially communal spaces including hallways, restrooms, entryways and doors. Give special focus to objects touched frequently (desks, door handles, light switches, keyboards, stair railings, elevator buttons); shared objects (gym equipment, art supplies, games); furniture; bathrooms (every surface in a bathroom should be sanitized after each use).

Develop a protocol to monitor and ensure adequate supplies to minimize sharing of objects, or limit objects to one group at a time. Clean and disinfect between each use of every object.

When someone is ill or tests positive, all the following apply:

If even one person in the building develops symptoms or tests positive for Covid-19, close the building for at least 2-5 days; collaborate with the local health department to set the exact number of days. Re-double cleaning and sanitizing efforts.

Discourage students, church members, families and staff from gathering or socializing anywhere, anytime, outside the church building setting.

All staff, students and congregants should be instructed to stay home without fear of reprisal when showing symptoms, testing positive or after having close contact with someone who has tested positive. Expand sick leave provisions for staff. Communicate this expectation broadly, including to the public.

We are living through unprecedented times. I'm sorry to say that, in my expert opinion, business as usual is just not possible for the near future. Please feel free to contact me by phone at 609-602-1136 or by email at ftlmdfaafp@gmail.com if you have questions.

Yours in Christ,

Frank Lasala, M.D., FAAFP, CAQ Geriatrics