



**THE ROMAN CATHOLIC
ARCHDIOCESE OF PORT OF SPAIN**
Health, Safety and Environment Team
c/o Archbishop's House, 27 Maraval Road, Port of Spain

Bulletin # 3

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**GUIDELINES FOR
RESIDENTIAL RELIGIOUS COMMUNITIES
&
FAITH-BASED INDEPENDENT LIVING FACILITIES
IN THE ROMAN CATHOLIC
ARCHDIOCESE OF PORT OF SPAIN
IN RESPONSE TO COVID-19**

**TRINIDAD AND TOBAGO, WEST INDIES
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TABLE OF CONTENTS

INTRODUCTION.....	3
BASIC HYGIENE	4
FACE MASKS	6
BUILT ENVIRONMENT.....	7
Entrances	7
Exits	7
Communal spaces.....	7
PERSONAL HYGIENE.....	8
Bathing.....	8
Personal property.....	8
Laundry.....	8
MEALS.....	9
Meal sittings.....	9
Food storage & meal preparation.....	9
GENERAL SANITATION.....	10
Housekeeping.....	10
Toilets & bathrooms.....	10
Ventilation.....	11
VISITORS.....	12
Elderly religious.....	12

ISOLATION13

 Symptom management.....13

 Seeking help.....13

 Meals.....14

 Laundry.....14

 Visitors.....14

NON-RESIDENT STAFF.....15

APPENDIX.....16

INTRODUCTION

AIM: To sensitize relevant stakeholders to COVID-19 infection prevention and control methods.

TARGET AUDIENCE: Religious, clergy and household staff of faith-based residences in the Archdiocese.

PURPOSE: To provide guidelines for infection prevention and control within faith-based, independent living facilities in response to the COVID-19 pandemic based on best practice recommendations taken from:

- Ministry of Health and Wellness, Barbados
- Ministry of Health, Government of the Republic of Trinidad and Tobago
- World Health Organization

An Independent Living Facility (ILF) refers to a community of residents who are ambulatory and can generally care for themselves without regular nursing or other routine medical assistance. Communal facilities, community activities, meals, socialization opportunities and transportation are usually provided in-house.

Across the Archdiocese different types of independent housing and communities exist. Examples include:

1. Seminaries/Monasteries
2. Convents/ Female Religious
3. Presbyteries in which several clerics reside
4. Lay Ecclesial communities
5. Children's homes

BASIC HYGIENE

Infection prevention and control starts with careful, effective and regular practices in good personal hygiene:

I. WASH YOUR HANDS WITH SOAP & WATER OFTEN

- All soaps have germ-killing properties. The rubbing action of your two hands against each other disrupts germs that may have settled in the folds of the skin. The presence of water helps to carry the soap into the tiny folds of the skin while lifting the germs off the skin and away from the body. The recommended contact time of twenty (20) seconds allows for the chemical reaction between soap, germs and water to take effect while simultaneously distributing all materials to the palms, back of the hands, area between the fingers, area beneath the fingernails and wrists.
- The alternative to soap is the alcohol-based sanitizer. While a generous quantity is required on each occasion such as one teaspoon(1tsp) for adults, the rubbing of the hands together has the beneficial effect of disrupting germs, as described previously.

NB. All alcohol-based sanitizers should contain >60% by volume alcohol

- In both instances, allowing the clean hands to air-dry naturally is ideal. Alternatively, paper towels may be used especially at a shared hand washing station. A cloth hand towel is suitable for individual use only.

II. KEEP YOUR HANDS AWAY FROM YOUR FACE

- Viruses and bacteria are invisible to the naked eye. These disease-causing, living organisms are able to survive on the surface of non-living objects such as door knobs, handrails, counter tops, cellular telephones, remote controls and computers [Appendix 1]. When you touch these hard surfaces with your hands and then touch your face, germs may enter your body through your tears, nostrils and saliva.

III. COVER YOUR NOSE AND MOUTH WHEN YOU SNEEZE OR COUGH

- If using a tissue or your hand to catch your sneeze, immediately dispose of the tissue safely AND wash your hands for twenty (20)

seconds with soap and water. Only use alcohol-based sanitizer when soap and water are not available.

- When unprepared, you should take care and cough or sneeze into the crook of your elbow. The elbow is only suggested as it does not usually come into contact with any hard surfaces onto which germs may be transferred.

IV. **PRACTISE PHYSICAL DISTANCING e.g. no kissing, hugging or hand-shaking.**

- Avoid gatherings of groups of people greater than the maximum number stated in local or national guidelines.
- Keep your distance from other individuals when in public i.e. 2 metres (6 feet). This has been promoted by the Ministries of Health (Trinidad & Tobago) and Health & Wellness (Barbados), on the recommendation of the World Health Organization. The evidence for this distance is based on current understanding of droplets spread from an individual with COVID-19 to uninfected persons in his/her environment.

V. **STAY HOME AND SELF-ISOLATE IF YOU ARE ILL**

- Avoid direct contact with anyone with flu-like symptoms.
- If there is a resident or staff member exhibiting flu-like symptoms, he/she must self-isolate.
- In the first instance, the symptomatic individual should retire to his/her room or private quarters and the house master/mistress informed immediately.
- Isolation:
 1. Reduces the risk of disease spread by removing the symptomatic individual from the rest of the household.
 2. Focuses resources towards the symptomatic individual e.g. healthcare, nutrition, pastoral care.
 3. Allows the symptomatic individual to have time away from his/her regular duties to recover fully.

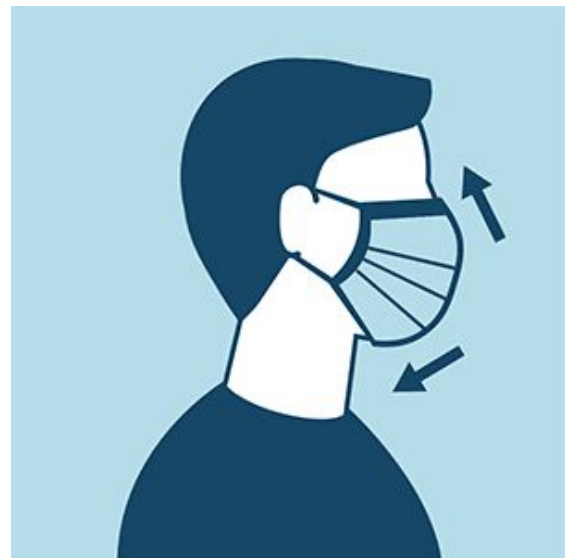
FACE MASKS

In early April 2020, the World Health Organization recommended wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain e.g. banks, supermarkets and pharmacies especially in areas of significant community-based transmission.

It is important to stress, however, that the wearing of face masks will only offer limited protection and should not be considered sufficient protection on their own. **The correct use of face masks AND careful, regular hand washing AND keeping your hands away from your face and/or mask AND practising physical distancing are effective at reducing COVID-19 transmission.**

Face masks should:

- fit snugly but comfortably against the side of the face
- be secured with ties preferably, or ear loops, which can be adjusted to fit over the nose bridge, around the mouth and beneath the chin
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape



NB Make sure to use dry masks. When masks get wet, even from the moisture emitted when a person exhales, the fabric could be more likely to transmit virus.

BUILT ENVIRONMENT

I. ENTRANCE

- Encourage entrants to remove outdoor shoes before entering the building in exchange for indoor footwear or disposable shoe coverings.
- Offer a firm stool or low shelf where the individual can comfortably sit or perch to change shoes.
- Establish a suitable receptacle for outdoor shoes such as a plastic basket (for residents) or a shoe rack (for visitors).
- Once indoor footwear is secured, instruct all persons to sanitise hands immediately.
- Make hand washing or hand sanitisation systems available at all entrances by providing pipe-borne water & soap or alcohol-based sanitizer.
- Help visitors and remind residents by posting labels and illustrations on these hygienic practices at entrances and have the host/hostess reinforce these with verbal reminders.

II. EXIT

- Allow the departing guest or resident sufficient time to carefully remove indoor footwear and secure his/her outdoor shoes while still in the reception area.
- Encourage thorough hand hygiene upon exit from the building using the facilities provided for hand washing or hand sanitisation.

III. COMMUNAL AREAS

- When residents assemble, do practise physical distancing. Restrict the numbers of persons gathered to keep within the maximum number stipulated by local guidelines.
- Kneelers and/or chairs in the chapel or prayer room should be spaced 2 metres apart. If using pews, worshippers must sit 2 metres apart along the pew but not directly behind the individual in front of them.
- Chairs around the dining table should be positioned 2 metres apart.
- Living room furniture need not be rearranged.

PERSONAL HYGIENE

- Wash hands frequently with soap & water for twenty (20) seconds
- Keep your hands away from your face
- Always keep a safe physical distance from others i.e. 2 metres
- If caught unaware, cough or sneeze into the crook of the arm at your elbow
- Cover your nose and mouth with a cloth face mask, scarf or bandana when in a public place where people may gather e.g. bank, supermarket, pharmacy

NB Covering the nose and mouth while in a public group setting, together with regular, careful hand washing while practising social distancing altogether limit transmission of germs.

I. BATHING

- Upon return home, a resident should go promptly to his/her private quarters, change his/her clothes and/or shower before visiting any communal areas and socialising.

II. PERSONAL PROPERTY

- In the privacy of his/her own room, a resident must identify a dedicated location to store his/her belongings e.g. day-bag, wallet, car keys, cellular telephone etc. This practice avoids cross-contamination of multiple indoor surfaces from these 'outdoors' utilitarian items.
- Do not exchange your cellular telephone or other such objects for personal use with others. It is a good practice for each resident to gently wipe off his/her personal cellular telephone and telephone case daily with the appropriate cleansing product according to the manufacturer's recommendation.
- Establish a daily habit of disinfecting all touch points on the inside of your vehicle e.g. steering wheel, gears, seat belt buckle and door handles. Pocket sized packets of antimicrobial wipes are effective, safe and convenient. However, most are not biodegradable and can be disposed of with the regular household rubbish.

NB: DO NOT flush these wipes down the toilet bowl as they are known to block sewage systems.

III. LAUNDRY

- Dirty laundry must be deposited in a designated basket in a resident's private room and laundered at the earliest convenience using standard detergents.

MEALS

I. MEAL SITTINGS

- In residences with numerous residents, it is recommended to stagger mealtimes. This practice aims to avoid exceeding the size of the gathering according to local guidelines.
- Where there are a number of residents but a small dining room, consider grouping residents into cohorts as we would in a school setting by house colour or name.

NB: This division may become useful when disseminating urgent information and/or performing contact tracing. If bedrooms are shared, roommates should be in the same cohort.

II. FOOD STORAGE & MEAL PREPARATION

- Do wash hands frequently with soap and water throughout the different stages of meal preparation.
- When receiving gifts such as home-cooked food or even commercial food delivery and groceries do take time to carefully remove items from the bags and wipe or wash the exterior of containers.
- It is a good practice to rinse with clean, running water all fruits and vegetables. Leafy vegetables may be soaked for 15 minutes in a solution of white vinegar and water (1part vinegar to 4 parts water).
- Routinely (weekly or fortnightly), as staffing allows, wipe the inside of the refrigerator with a chlorine or vinegar solution using dilutions according to manufacturers' recommendations.

GENERAL SANITATION

I. HOUSEKEEPING

While cleaning with detergents/soap and water removes physical dirt, the use of disinfectants disrupts and kill germs which is achieved with:

- the chemical constituent of the disinfectant
- the duration of time the disinfectant is allowed to remain in contact with the surface
- the frequency of disinfection
- the completeness of the process by covering most physical areas

- Housekeepers are encouraged to wear disposable, latex or rubber gloves and protective outer clothing when performing general sanitation.

NB The erosive properties of chlorine are well documented. When preparing a chlorine solution always use protective eyewear.

- A chlorine solution (1/3cup household bleach:1gallon water) is a suitable disinfectant for hard surfaces. Thoroughly wet the surface with the solution, let it remain for at least 5mins before rinsing off with water and allow to air dry.

NB: All disinfectant containers will have instructions on their labels. Make the time to read labels and follow these instructions to ensure effective disinfection.

- Continue to use dedicated cloths, sponges and mops for toilets and bathrooms and separate ones for bedrooms and social areas.
- Start the cleaning process in areas of light contamination before moving to heavier areas.
- Pay careful attention to varnished wood, glass, metal, plastic, polished stone, and tile especially located in highly-trafficked areas of the residence. [Appendix 1]
- It is advisable to frequently disinfect door handles, rails, counter and table tops, arms of chairs, tv remote controls, telephone landlines, computer keyboards and touch-screens with a damp cloth or wipe.

NB: Aerosols and spray-type disinfectants can be used directly on hard surfaces. DO NOT SPRAY disinfectant into the air because this action wastes the product.

- Take good care to rinse all cloths, sponges and mops well with clean running water and air dry between use.
- Do replace items before they become threadbare.

II. TOILETS & BATHROOMS

- Communal toilets should be fitted with liquid soap dispensers and paper towels in lieu of bar soap and hand towels. In their private rooms, residents should be encouraged to use their personal hand and bath towels.
- These shared toilets should be cleaned daily.

III. VENTILATION OF THE BUILDING

- It is advisable to open windows to allow a circulation of outdoor air and remove the stale air of a closed room.
- Do allow the building to be well ventilated by turning off air condition units and opening windows and internal doors to encourage fresh, natural air to circulate. Do this daily, but vary the timing of this activity so as not to be predictable to bandits.

NB The air quality of an air conditioned room is only as good as the quality, integrity and cleanliness of the filter in the A/C unit and the personal hygiene of the occupants.

VISITORS

- Social visitors are totally discouraged from coming into the residence during the COVID-19 pandemic. This practice can be revisited in the future when transmission rates decrease and the Ministry of Health provides guidance on relaxing physical distancing regulations.
- Visitors coming on official business must be entertained by appointment only in a dedicated setting such as a designated office space. Keep windows open to allow fresh air between parties and sit at least 2 metres apart.
- Ensure thorough sanitation of the furniture between visits.

ELDERLY RELIGIOUS

- The elderly i.e. >65years are known to experience a more severe illness in regards to COVID-19 with a higher risk of death.
- For this reason and out of an abundance of caution, the younger brothers and sisters who may more regularly travel outside of the residence and interact with the public are discouraged from making physical contact with older residents.
- Social visits with visual and audio interaction may take place across an open window or door. If the outdoor garden area is used, do practise social distancing and keep the recommended 2 metre distance apart.

ISOLATION

I. SYMPTOM MANAGEMENT

- Any resident who develops any new symptoms of illness must self-isolate in his/her own room, preferably with a dedicated bathroom for his/her sole use.
NB: Where a separate toilet is not possible, the toilet should be thoroughly cleaned and sanitised immediately after being used by a symptomatic person.
- Symptoms such as high fever, cough, shortness of breath or difficulty in breathing as well as a loss of smell should be reported promptly to the house master/mistress.
- While awaiting medical advice, the symptomatic resident may self-medicate with Panadol/Tylenol/Paracetamol for pain & fever; honey & lime, antihistamines or lozenges for cough, and drink clear fluids.
NB: DO NOT USE NSAIDs (non-steroidal anti-inflammatory drugs) such as Diclofenac, Ibuprofen, Olfen, Cataflam, Advil, Divon.
- The resident must cover his/her face if leaving his/her bedroom. Appropriate coverings include a medical face mask or cloth face mask.
- Anyone in direct contact with the resident in isolation must also wear a face mask in addition to a disposable apron and disposable gloves when handling laundry and cleaning surfaces in the private room.

II. SEEKING HELP

- The house master/mistress may source medical advice from the following agencies:-
BARBADOS:
 - COVID-19 HOTLINE: 536-4500
 - Ministry of Health & Wellness [<https://www.gov.bb/Ministries/health>]
 - Private physician
TRINIDAD:
 - COVID-19 HOTLINE: 877-WELL (9355)
 - Local health centre [<http://www.health.gov.tt/moh-healthfacilities/>]
 - Private physician
- Should the resident in isolation stay in residence for the duration of his/her illness it is imperative to have regular communication with the attending health care worker e.g. district health visitor, physician.

III. MEALS

- The isolated resident must consume his/her meals behind closed doors in his/her room.
- The isolated resident must use disposable materials for eating or a dedicated set of cutlery & crockery.

IV. LAUNDRY

- The isolated resident's laundry must be washed and dried separately from that of other residents using standard detergent. The high heat of a dryer or the ultraviolet rays of direct sunlight are additional tools for eliminating microbes on linen and clothing.
- The dirty laundry of a resident in isolation must be secured by the resident him/herself in a garbage bag on the day of collection. This resident is by definition clinically stable enough to have remained in residence and would be able to perform this action.
- The housekeep may receive the bag at the doorway while wearing gloves and covering to the mouth & nose. The housekeeper goes directly to the machine where the items are deposited carefully into the drum and the wash cycle started.

NB: If the housekeeper must handle individual items of soiled clothing or linen, he/she must use disposable gloves at all times.

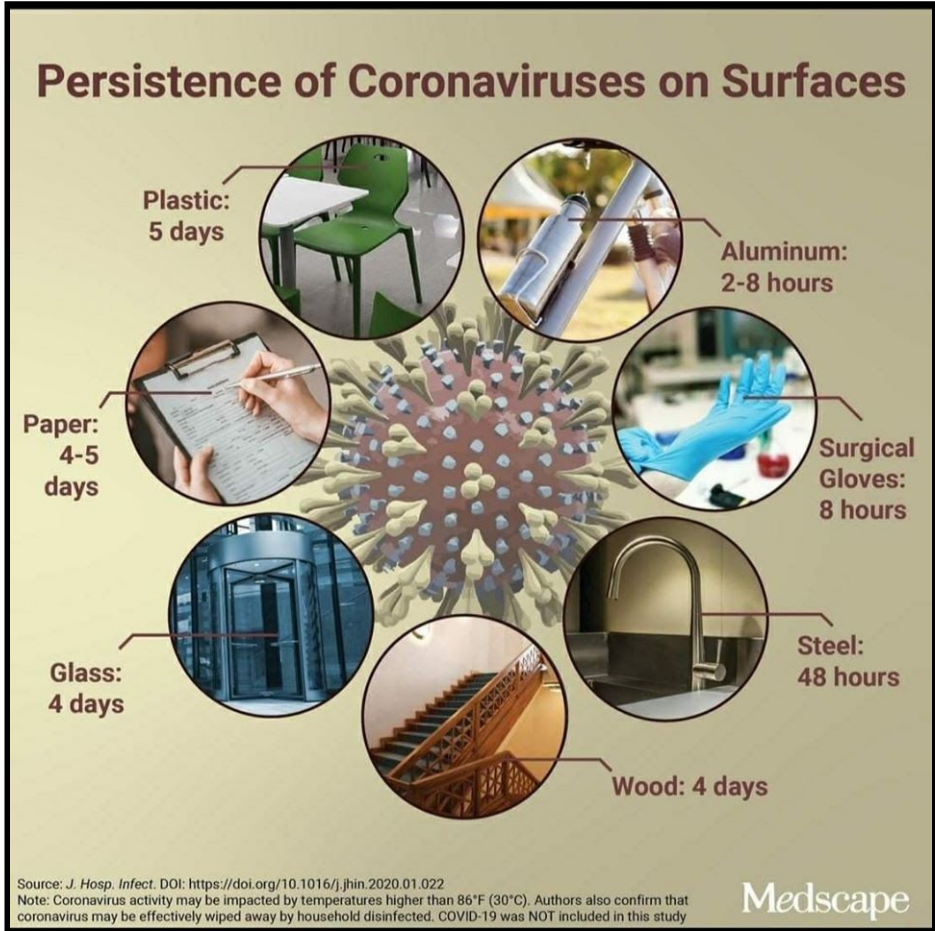
- If using a biodegradable garbage bag, add the used bag to the compost immediately and cover with heavier waste. A plastic garbage bag may be repurposed and used for household rubbish.
- Carefully remove disposable gloves by folding gloves in on themselves as illustrated in Appendix 2 and dispose with the usual household rubbish.

V. VISITORS

- The symptomatic resident does not receive social visitors.
- Once the symptomatic resident is transferred from the residence either for further medical care or convalescence elsewhere, his/her private quarters must be thoroughly sanitised, ventilated and linens washed and dried.

NON-RESIDENT STAFF

- These essential workers are encouraged to follow the guidelines above in particular the change of footwear and regular hand hygiene.
- Should a non-resident staff member fall ill he/she too must self-isolate and inform the house master/mistress.



APPENDIX 1: PERSISTENCE OF CORONAVIRUS ON SURFACES

APPENDIX 2: SAFE REMOVAL OF DISPOSABLE LATEX GLOVES



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