

COVID-19 Task Force Recommendations to the Board November 2021 for Adult Gatherings

Current knowledge guiding the new recommendations:

- Vaccination remains the strongest protection against severe COVID-19 and death.
- Masking and distancing also help to reduce the risks of transmitting the Delta variant.
- We now know that monoclonal antibody infusions and remdesivir are helpful for Delta variant infections.
- Oral medications likely available in the near future to reduce risks of severe disease and death.
- Most areas of the church have good to great levels of ventilation.
- The vast majority of adults in the USA have now had the opportunity to be vaccinated and receive a booster dose.
- After two significant spikes in disease, we have a good idea at what levels Oklahoma health care resources become strained and then actually overloaded.

Limitations and cautions to acknowledge:

- Delta variant is twice as deadly as the original virus.
- The life-saving benefits of advances in COVID-19 treatment, have been negated by Delta variant.
- Mortality remains 1.4 of 100 if diagnosed with COVID-19 in Oklahoma.
- In fall of 2021 with Delta variant surge, the best estimate is we diagnose 1 out of every 3 cases of COVID-19.
- The risk of dying from COVID-19 is still 10 times greater than the risk of dying from influenza.
- Immunization, whether natural or from vaccination, wanes over time.
- Because immunity wanes and can be improved again by infection or booster immunization, the church members will likely not all be at a high level of immunity at the same time.
- Vaccinated persons can contract COVID-19.
- Vaccinated persons can and do spread the COVID-19 virus to other vaccinated people.
- Vaccination only reduces spread to close contacts by about 40%.
- The global pandemic will likely continue for at least two more years.
- COVID-19 is likely to become endemic, we will be living with spikes in disease for years to come.
- More dangerous variants than Delta are still possible, which may necessitate changing the guidelines again.

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New Risk Level Table

- This new table incorporates hospitalization levels for the state of Oklahoma to assigning current community risk category.
- In our previous waves hospital overload for the state of Oklahoma started to happen at individual facilities at 25 per 100K, and was consistent across the state above 50 per 100K.
- Adding this component allows us to assess community risk more accurately if testing drops due to supply chain issues or if a new more dangerous variant becomes prevalent.
- 3-day average rate of hospitalization for the state of Oklahoma can found at <https://oklahoma.gov/covid19/newsroom.html>.
- In general, we have used Tulsa county cases numbers, but state numbers could be substituted if county level data unavailable.

Community Risk Level Based on Cases per 100K Population and Oklahoma State Hospitalization Rates

Suggested Label	Cases per 100K	OK COVID-19 Hospitalizations
Very Low Risk	Under 5	Under 200
Low Risk	5-9	200-399
Medium Risk	10-24	400-599
High Risk	25-49	600-999
Very High Risk	50+	1000 and above

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Emerson Events

- Intermediate size events in Emerson will continue to employ layered safety measures when feasible.
- When eating and drinking need to occur in an indoor setting, we will attempt to control ventilation patterns so that persons in the lobby, central hall, offices, and sanctuary are not inadvertently exposed to droplets from those choosing to be in Emerson Hall unmasked.
- Currently, this means lobby doors closed, balcony doors open, Room 207 not occupied, so that the vast majority of air is processed through the return vent in Room 207 before recirculating in the building.
- We will also attempt to increase the amount of fresh air in Emerson when unmasked activities are occurring, unless community levels are very low.
- When levels are High or Very High, only Life Events will be held in Emerson.

Community Risk	Very Low	Low	Medium	High	Very High
Population Incidence:	Less than 5	5-9/100K	10-24/100K	25-49/100K	50/100K or higher
OK COVID-19 Hospitalizations	Under 200	200-399	400-599	600-999	1000+
Emerson limit (200)	None	None	150	100	100
Registration or sign in	No	No	No	Yes	Yes
Temperature checks	No	No	No	No	Yes
Masking, 51-200	Optional	Optional	Required when not eating/drinking	Required when not eating/drinking	Required when not eating/drinking
Masking, 50 or fewer	Optional	Optional	Optional	Required when not eating/drinking	Required when not eating/drinking
Distancing	No	No	No	3-6 ft	6 ft
Bathroom capacity limited	No	No	No	No	Yes
Event Food/Drink	Yes	Yes	Yes	Yes, outside preferred	Yes, outside preferred
Guest Performers immune	No	No	No	No	Yes
Guest speakers immune	No	No	No	No	Yes
Children in Emerson with guardian	Yes	Yes	Yes	Yes	Yes, if masked
Choir members immune	Yes	Yes	Yes	Yes	Yes
Unmasked Choir Performances	Yes	Yes	Yes	Yes	Only with negative test
Congregational Singing	Yes	Yes	Yes	Yes	No (Doxology okay)

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Sanctuary Events

Large group events in the sanctuary will continue to employ layered safety measures unless community risk levels are low or very low.

Community Risk	Very Low	Low	Medium	High	Very High
Population Incidence:	Less than 5	5-9/100K	10-24/100K	25-49/100K	50/100K or higher
OK COVID-19 Hospitalizations	Under 200	200-399	400-599	600-999	1000+
Sanctuary limit for services or life events	None	None	250	150	100
Registration or sign in	No	No	Yes	Yes	Yes
Temperature checks	No	No	No	No	Yes
Masking	Optional	Optional	Required	Required	Required
Distancing	No	No	No	3-6 ft	6 ft
Bathroom capacity limited	No	No	No	No	Yes
Life Event Food/Drink	Yes	Yes	Yes	Yes, outside preferred	Yes, outside preferred
Guest Performers immune	No	No	No	No	Yes
Guest speakers immune	No	No	No	No	Yes
Children in Sanctuary with guardian	Yes	Yes	Yes	Yes, if masked	Yes, if masked
Choir members immune	Yes	Yes	Yes	Yes	Yes
Unmasked Choir Performances	Yes	Yes	Yes	Yes	No. Yes with negative test
Congregational Singing	Yes	Yes	Yes	Yes	No (Doxology okay)

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Small Groups of Adults up to 25 People for Indoor Events

Under the new recommendations, small groups will have more leeway to determine when they choose to mask and distance.

These decisions should take into account our individual responsibilities to our more vulnerable members to ensure they do not feel excluded by relaxed safety measures or peer pressure.

Community Risk	Very Low	Low	Medium	High	Very High
Population Incidence:	Less than 5	5-9/100K	10-24/100K	25-49/100K	50/100K or higher
OK COVID-19 Hospitalizations	Under 200	200-399	400-599	600-999	1000+
Room occupancy limited	Usual	Usual	Usual	Usual	Half capacity or distancing
Registration or sign in	No	No	No	Yes	Yes
Temperature checks	No	No	No	No	Yes
Masking: 1-10 people able to distance 6 ft	Optional	Optional	Optional	Required	Required
Masking: 11-25 people able to distance 6 ft or at quarter capacity of room	Optional	Optional	Required, unless recent negative COVID test*	Required, unless recent negative COVID test*	Required, unless recent negative COVID test*
Distancing	No	No	No	No	6 ft
Bathroom capacity limited	No	No	No	No	Yes
Event Food/Drink	Yes	Yes	Yes	Yes, but outside better	Only outside
Children in Room with guardian	Yes	Yes	Yes	Yes	Yes, if masked

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Choir Rehearsals and Performances

- Immunity is required for choir members to rehearse and perform.
 - Singing in groups unmasked is a dangerous activity for droplet spread.
 - 6-fold increase in droplets expelled while singing vs talking.
 - Immunization, whether natural or from vaccination, wanes over time.
- Vaccinated persons can and do spread the COVID-19 virus to other vaccinated people.
 - Vaccination only reduces spread to close contacts by about 40%.
- For Very Low or Low levels of risk, we recommend distancing of 3 feet between performers.
- For levels at Medium or higher, we recommend distancing of 6 feet or more between performers.
- Masking for the majority of rehearsals is the safest choice for yourself and the other choir members.

Risk COVID-19 in Room Based on Choir Size and Community Prevalence

Choir Size	Low or Very Low	Medium	High	Very High
	5/100K	10-24/100K	25-49/100K	50-100/100K
5	0.1%	0.2-0.4%	0.4-0.8%	0.8-1.6%
10	0.2%	0.3-0.8%	0.8-1.5%	1.5-3.0%
15	0.2%	0.5-1.1%	1.1-2.3%	2.3-4.6%
20	0.3%	0.6-1.5%	1.5-3.0%	3.0-6.0%
25	0.4%	0.8-1.9%	1.9-3.8%	3.8-7.6%
30	0.5%	0.9-2.3%	2.3-4.5%	4.5-9.0%
35	0.5%	1.1-2.6%	2.6-5.3%	5.3-10.6%
40	0.6%	1.2-3.0%	3.0-6.0%	6.0-12.0%
45	0.7%	1.4-3.4%	3.4-6.8%	6.8-13.6%
50	0.8%	1.5-3.8%	3.8-7.5%	7.5-15%
60	0.9%	1.8-4.5%	4.5-9.0%	9-18%
70	1.1%	2.1-5.3%	5.3-10.5%	10.5-21.0%
80	1.2%	2.4-6.0%	6-12%	12.0-24%

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Immunization recommendations:

- We require All Souls staff and volunteers participating in high-risk activities or working with vulnerable populations be immunized against COVID-19 until such time as W.H.O. declares the pandemic to be over and/or the case mortality rate for COVID-19 infection falls to 1 out of 1000 (the same as influenza). Such staff and volunteers would include:
 - Children’s Religious Education staff and volunteers
 - Choir members, staff, and volunteers
 - Pastoral Team members
- Immunity from infection is equivalent to vaccination for about 6 months, so we would recommend immunization process start within 6 months of previous infection.

We use the CDC definition of fully immunized, which may change over time.

As of 11/20/2021 “immunized” means

- Fully vaccinated with at least 2 doses of the Moderna, Pfizer-BioNTech, or Janssen vaccine, or
- Positive for COVID-19 within the last 6 months.

Proof of immunization includes:

- written record of name, dates, and type(s) of vaccinations or
- physician’s note or laboratory result that includes patient’s name and date of COVID-19 infection detected.

Responsibility for Immunization Records

The staff liaison or their designee is responsible for inspecting and keeping record of vaccination and/or infection information of all participants as required above on the designated excel spread sheet a copy of which will be kept in the Office of the Director of Human Resources.

The staff liaison for each group is responsible for knowing which members of their groups are and are not properly immunized and can fully participate in church activities.

Additional Events and Occurrences

The Executive Staff Team will regularly review upcoming events and consult with the COVID Taskforce as needed to determine the need for additional policies and procedures.

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Relative Effectiveness of Safety Measures

Vaccination alone is currently insufficient to prevent disease spread, so additional layers of safety continue to be needed.

Immunity

- Immunity acquired from infection is close to that of vaccination for about 6 months
- Immunity from vaccination
 - Reduces infection risk by about 50%
 - Reduces transmission risk by about 50%
 - Making a vaccinated person about 75% lower risk overall

Masking

- Mask effectiveness varies highly, but a good mask reduces transmission by 60-95%
 - On average masking reduces COVID-19 spread by about 50%*

Distancing

- Overall, distancing reduces transmission of COVID-19 by about 25%*
- Distancing is very effective for short duration of contact
 - Large droplets dissipate quickly
 - Smaller droplets remain suspended in air and can transmit farther over time

Ventilation

- More important for longer durations of contact
- Viral transmission after filtering in even residential HVAC systems has not been documented

*Medscape Nov 18,2021

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Appendix 1 Table of Risk of COVID-19 in a Room Based on Occupancy and Community Prevalence

Occupancy	Low	Medium	High	Very High
	5/100K	10/100K	25/100K	50/100K
5	0.1%	0.2%	0.4%	0.8%
10	0.2%	0.3%	0.8%	1.5%
15	0.2%	0.5%	1.1%	2.3%
20	0.3%	0.6%	1.5%	3.0%
25	0.4%	0.8%	1.9%	3.8%
30	0.5%	0.9%	2.3%	4.5%
35	0.5%	1.1%	2.6%	5.3%
40	0.6%	1.2%	3.0%	6.0%
45	0.7%	1.4%	3.4%	6.8%
50	0.8%	1.5%	3.8%	7.5%
60	0.9%	1.8%	4.5%	9.0%
70	1.1%	2.1%	5.3%	10.5%
80	1.2%	2.4%	6.0%	12.0%
100	1.5%	3.0%	7.5%	15.0%
150	2.3%	4.5%	11.3%	22.5%
200	3.0%	6.0%	15.0%	30.0%
300	4.5%	9.0%	22.5%	45.0%
400	6.0%	12.0%	30.0%	60.0%

In fall of 2021 with Delta variant surge, the best estimate is we diagnose 1 out of every 3 cases of COVID-19

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Appendix 2: Mask Effectiveness*

- SARS-CoV-2 virus causes COVID-19
- SARS-CoV-2 is spread through both:
 - larger droplets of 5 microns or larger which fall to the ground fairly quickly
 - finer aerosolized droplets of less than 1 micron which can remain floating in the air for some time
- In studies of persons with COVID-19, about 45 percent of fine aerosol particles contained viral RNA, as did 31 percent of coarse aerosols larger than 5 micrometers

Face Covering	Percent 0.3 micron droplets filtered out
N-95	95%
KN-95	90-95%
Surgical mask	60-80%
Origami Vacuum bag	60-87%
Quilting fabric, 2 layers	70-79%
Pillow Case 600ct, 4 layer	60%
Pillow Case 600ct, 2 layer	22%
Wool scarf, 4-layer	49%
Wool scarf, 2-layer	21%
Cotton bandana, 4-layer	20%
Cotton bandana, 2-layer	18%
No face covering	0%

- In a randomized study of villages in Bangladesh, providing free disposable surgical masks to villagers reduced the diagnosis of COVID-19 by 35% in people over 65, and by 11% for the whole population
- Because Delta variant is so much more contagious, some experts such as Dr. Michael Osterholm and Dr. Scott Gottlieb recommend updating to a better mask, such as KN95 or N95 , if you are able to do so

**Studies done by the University of Virginia, University of Maryland, Missouri University, Wake Forest Baptist Health, Yale University, Stanford University*

Appendix 3 Risks of Hospitalization and Death from COVID-19 by Age

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Risk of COVID-19 Hospitalization and Death by Age as of September 9, 2021 in the United States

	0-4 y/o	5-17 y/o	18-29y/o	30-39 y/o	40-49 y/o	50-64 y/o	65-74 y/o	75-84 y/o	85+
Cases	<1x	1x	Reference	1x	1x	1x	1x	1x	1x
Hospitalization	<1x	<1x	Reference	2x	2x	4x	5x	9x	15x
Death	<1x	<1x	Reference	4x	10x	30x	90x	220x	570x

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

[Risk for COVID-19 Infection, Hospitalization, and Death By Age Group | CDC](#)

Cumulative Mortality Rates of COVID-19 as of November 9, 2021 in Oklahoma

Age Group	Case counts	Case %	Deaths	Death %	Cumulative Incidence rate per 100K	Cumulative Death Rate per 100K	Death Risk if Diagnosed	Percent of Population Lost
1- 4	16,600	2.6	1	0	6496.2	0.4	0.0062%	0.0004%
5-11	35,593	5.5	0	0	9460.8	0	0.0000%	0.0000%
12-17	52,651	8.1	5	0	16428.3	1.6	0.0097%	0.0016%
18-24	84,514	13	21	0.2	22187.7	5.5	0.0248%	0.0055%
25-34	108,063	16.6	103	0.9	19879.4	18.9	0.0951%	0.0189%
35-44	102,477	15.8	300	2.7	20583	60.3	0.2930%	0.0603%
45-54	86,995	13.4	751	6.8	19181.5	165.6	0.8633%	0.1656%
55-64	77,000	11.8	1671	15.2	15596.7	338.5	2.1703%	0.3385%
65-74	49,414	7.6	2670	24.2	13425.9	725.4	5.4030%	0.7254%
75-84	25,589	3.9	2880	26.2	13264.1	1492.9	11.2552%	1.4929%
85+	11,079	1.7	2609	23.7	14938.7	3517.9	23.5489%	3.5179%

<https://oklahoma.gov/content/dam/ok/en/covid19/documents/weekly-epi-report/2021.11.10%20Weekly%20Epi%20Reportv1.pdf>