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## Science Expert Team

**Unitarian Universalist  
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## Purpose

Our group was tasked with considering the science and describing parameters, criteria, policies, and practices that would help guide decisions about opening UUCR for in-person gatherings. We have based our recommendations on our own knowledge and experience, on published data and articles, and on discussions with experts.

We recommend following the UUA recommendations because they are in line with the scientific evidence on which we have based this report. In particular, we point out that a widely-distributed vaccine is the only way to reduce the risk of COVID-19. Other measures are needed until a vaccine is available. We also recognize that this situation is fluid and evolving, and the science-based recommendations should be reevaluated regularly.

## What does the Science Say?

SARS-CoV-2, the virus that causes COVID-19, is thought to spread from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, sings, breathes, or talks. These droplets can waft through the air, land in the mouths or noses of people who are nearby, or be inhaled into their lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning.

SARS-CoV-2 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

Infected people who have no symptoms can readily and unknowingly spread the virus. People are most infectious three days after becoming infected, but they typically don't show symptoms until the fifth day at the earliest. This, combined with superspreader events—in which a few people spread the virus to large numbers of individuals—is one of the reasons that the virus spreads so fast. Crowded venues, like bars, rallies, and religious services, can become superspreader events if proper precautions are not taken.

We need to make clear that scientists are giving a largely consistent message about COVID-19, but because the situation is novel, we are all still learning and will undoubtedly be learning about this pandemic for a very long time. In this unprecedented situation, forecasting how COVID-19 will behave, how people will behave, and how various policies will affect the disease dynamics is fraught with difficulty. What we would like, and do not have, is a sure-fire way to assess future risk. Sadly, that is not an option.

That said, there are a few facts that have guided our recommendation:

First and foremost, until our communities have herd immunity, people will be at risk. Herd immunity means that enough people are immune to the disease that the virus cannot spread from person to person.

There are two ways to acquire herd immunity—lots of people get sick and recover (probably...scientists are not certain that recovered people are immune) OR lots of people get a vaccine. For COVID-19, we would have herd immunity when 60-90% of all people are immune. In Maryland, about 1.2% of people have had COVID-19.

In the absence of herd immunity, knowing the incidence of COVID-19 in our communities is helpful. Control measures (e.g., masks, social distancing, stay-at-home, contact tracing, and isolation) are designed to push the incidence down, but even when the incidence is low, without herd immunity, there will be many susceptible people in the population, and our communities will be in danger of a COVID-19 resurgence. Driving the incidence down simply protects people while we wait for a vaccine.

Right now (July 2020) the incidence of disease in Maryland is over 1,100 per 100,000 people. We want to get it below 1 per 100,000—and keep it there until there is a vaccine!

Vaccines are the only way to reduce risk in the long run. Although there are many groups racing to develop a vaccine, it is not yet clear when an effective and safe vaccine will be broadly available to everybody.

# Relevant Guidance for Reopening



## UUA Guidance

After consulting with a number of experts, the UUA president sent, on May 14, 2020, a letter to UU leaders stating, “Based on advice from experts, we continue to recommend that congregations not gather in person. We also recommend that congregations begin planning for virtual operations for the next year (through May 2021).” This guidance was guided both by science and our deeply-held values, particularly keeping our congregations and the larger community safe. The letter states, “As COVID-19 disproportionately impacts people with disabilities, Black people, Indigenous communities, Latinx people, the elderly, and essential workers, a majority of whom are women and women of color, religious communities have a moral responsibility to do all we can to reduce risks for those already at such high risk.” The UUA [recommendations](#) go on to say that small gatherings may resume depending on local conditions, and that it is advisable to take a cautious approach.

UUA asks that congregations know and adhere to local guidance and requirements—and also makes clear that they may choose to do more to reduce the risk to staff, congregants, and their communities. They advise congregations that are considering reopening to look at the following criteria:

- multiple weeks of reduction in infections,
- adequate testing,
- sufficient personal protective equipment available,
- contact tracing programs in place throughout your county and state, and/or
- a widely-available vaccine.

## Montgomery County Requirement's for Religious Facilities

Montgomery County's [requirements for religious facilities](#) differ from its general operating requirements. Note that the general operating regulations require no more than 50 people in a gathering. The limits for religious facilities are much more stringent. Phase 2 (where we are as of July 2020) and Phase 3 requirements are

Phase 2: Religious Facilities are allowed 1 person or household per 200 sq ft of religious ceremony space. This is both for indoor and outdoor religious ceremonies and any other activities held at or on the grounds of a religious facility.

Phase 3: Religious Facilities are allowed 1 person or household per 100 sq ft of religious ceremony space. This is both for indoor and outdoor religious ceremonies and any other activities held at or on the grounds of a religious facility.

At UUCR this means very limited numbers of people would be allowed for any indoor activity, indoor or outdoor.

| Space                       | Size                | Phase 2 # people or family units | Phase 3 # people or family units |
|-----------------------------|---------------------|----------------------------------|----------------------------------|
| Sanctuary                   | 3400 sq ft          | 17                               | 34                               |
| Founders Hall               | 1900 sq ft          | 9                                | 19                               |
| Fellowship Hall             | 690 sq ft           | 3                                | 6                                |
| Open space behind sanctuary | Approx. 2000 sq ft* | 10*                              | 20*                              |
| Field below parking lot     | Approx. 5000 sq ft* | 25*                              | 50*                              |

\*These numbers are very loose estimates and should be verified before making any decisions about use of the space.

## Other Relevant Requirements from Montgomery County

Institutions must

- Require employees and customers to maintain social distancing of greater than 6 feet;
- Use markings (e.g., tape on floors) and signage to help people comply with requirements;

- Require all employees and all customers over the age of 2 to wear face coverings;
- Provide employees with guidance and training;
- Use CDC and Environmental Protection Agency approved disinfectants to clean spaces daily; including use of disinfectants to wipe down surfaces high contact surfaces at least once every 2 hours while staff or customers are present;
- Require employees to wash their hands hourly; and
- Review and implement new CDC, MDH, and Montgomery County Department of Health & Human Services guidelines as they are received.

### **Selected CDC Guidance for Communities of Faith (modified for brevity)**

#### **Scaling Up Operations**

- Establish and maintain communication with local and state authorities to determine current mitigation levels in your community.
- Provide protections and options for staff and congregants at higher risk for severe illness from COVID-19 and ensure the privacy and confidentiality regarding underlying medical conditions.

#### **Safety Actions**

- Encourage staff and congregants to use good hand hygiene, washing hands with soap and water for at least 20 seconds.
- Have adequate supplies of soap, hand sanitizer (60% alcohol), tissues, and no-touch trash cans.
- Encourage staff and congregants to cover coughs and sneezes with a tissue or use the insides of their elbows.
- Post signs on how to stop the spread, promote safety, and properly wear a face mask.
- Clean and disinfect frequently touched surfaces at least daily and shared objects in between uses.
- Develop a schedule of increased routine cleaning and disinfection.

- Avoid using items that are not easily cleaned, sanitized, or disinfected.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc.
- Ensure that drinking fountains are either closed or safe to use after a prolonged facility shutdown.
- Limit sharing of frequently touched objects, such as hymnals. Encourage congregants to bring their own such items, if possible, or photocopy or project material
- Modify the collection plate, perhaps by using a stationary collection box, and encourage electronic donations.

### **Monitoring and Preparing**

If someone is sick

- Encourage staff or congregants who are sick or who have had close contact with a person with COVID-19 to stay home. Share CDC's criteria for staying home with staff and congregants so that they know how to care for themselves and others. Post signs at entrances with this information.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the ADA.
- People who have been exposed to a person diagnosed with COVID-19 should stay home and self-monitor.
- Close off areas used by the sick person and do not use the area until after cleaning and disinfection. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise staff and congregants with symptoms of COVID-19 or who have tested positive for COVID-19 not to return to the facility until they have met CDC's criteria to discontinue home isolation.

**Maintain healthy operations**

- Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19. This person should also be aware of state or local regulatory agency policies related to group gatherings.
- Because volunteers often perform important duties (e.g., greeters, ushers, childcare), consider similar monitoring, planning, and training for them. Consider that volunteer and staffing may need to increase to implement cleaning and safety protocols and to accommodate additional services with reduced attendance.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

**Signs and Messages**

- Post signs in highly visible locations
  - Include messages about preventing the spread of COVID-19 when communicating with staff and congregants.
  - Find freely available CDC print and digital resources on CDC's communications resources main page.
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## Recommendations

As a faith community we want to minimize risks to the health of our UUCR community and the broader community of which we are a part. We serve many people who are at risk for COVID-19; we have always aimed to be accessible and inclusive to all in these communities.

When we reopen, however far in the future that might be, a first step might be to set up a registration system for events and services. People would register in advance online, show up with masks in hand, and agree to social distancing rules.

There are costs to reopening the buildings for meetings and services (e.g., disinfecting the space after every use, frequently sanitizing bathrooms, sanitizing frequently-used objects and door handles, maintaining a roster of all the people who come to the buildings, purchasing masks, additional signage). Volunteers would need to be trained to disinfect spaces before and after use because they would be responsible for doing much of the work to ensure the safety of all who enter. We also must consider their ability to keep up with the additional work.

We also need to consider the safety of maintenance staff who would take on additional responsibility for cleaning and sanitizing the buildings.

Could UUCR open for small group meetings, provided we have the required signage, markings, postings of group size limitations, cleaning requirements notices, etc. in place prior to the meeting?

Given the limitations on the number of people allowed in religious facilities by Montgomery County (see table page 3), this will likely not be of interest to most groups; however, it is something the steering committee can consider.

It will be important for the steering committee to evaluate the feasibility and cost of measures to protect people. Given all of this, it would be prudent to continue online meetings whenever possible.

No matter what precautions, we cannot guarantee a zero- risk situation.

**Taken together, the science, the policy requirements and guidance, the values and priorities articulated by the UUA, and the likely costs of reopening, we recommend following the UUA recommendations on reopening. These are in line with the scientific evidence on which we have based this report.**

**Because a widely-distributed vaccine is the only way to reduce the risk of COVID-19, we recommend remaining closed until there is a safe, effective, and broadly-available vaccine. Other measures are needed until a vaccine is available.**

The COVID-19 pandemic is unparalleled and evolving, and we may learn new information that raises questions or suggests a change in course. We recommend that we regularly evaluate our plans and make adjustments as warranted.

## Resources

[UUA Guidance on Gathering In-Person when COVID-19 Subsides](#), Unitarian Universalist Association, March 14, 2020

[Interpretive Guidance for Religious Facilities and Clergy](#), Office of Legal Counsel, Maryland, April 1, 2020

[Religious Facilities](#), Reopening Montgomery

[Montgomery County Executive Order 082-20](#), June 19, 2020

[Questions and Answers](#), House of Worship, Montgomery County, updated July 14, 2020

[Considerations for Communities of Faith](#), Centers for Disease Control and Prevention, updated May 23, 2020

[Get the Facts About Coronavirus](#), Centers for Disease Control and Prevention

[The Path to Zero: Researchers and Public Health Experts Unite to Bring Clarity to Key Metrics Guiding Coronavirus Response](#), Harvard Global Health Institute, July 1, 2020