

COVID-19 REFERENCE

COVID-19 GUIDANCE

BACKGROUND

THIS DOCUMENT SERVES AS A REFERENCE AND THIS DOES NOT SUBSTITUTE OR TAKE THE PLACE OF THE ADVICE OF YOUR LOCAL MEDICAL EXPERTS. THE PURPOSE OF THIS DOCUMENT IS TO OFFER QUICK LINKS OR REFERENCES AND NOT MEDICAL ADVICE. THIS DOCUMENT DOES NOT ASSUME ANY RESPONSIBILITY OR LIABILITY. THE LOCAL TEMPLE AND ORGANIZATION IS NOT IN ANY WAY RESPONSIBLE FOR THE RESULTS AND ACTIONS OF THE INDIVIDUALS BEHAVIOUR AND HEALTH OUTCOMES. THIS DOCUMENT WAS ADAPTED FROM THE UNITED STATES GUIDELINES AND DOES NOT SERVE AS MEDICAL GUIDANCE IN ANY WAY. FURTHERMORE, THIS DOCUMENT IS ACCURATE AS OF THE DATE OF CREATION, THE INFORMATION MAY CHANGE AND IT IS THE INDIVIDUALS RESPONSIBILITY TO STAY UPDATED.

It is everyone's responsibility to maintain a safe environment. Everyone is responsible for holding each other accountable for masking appropriately, maintaining social distance, vigilant monitoring for symptoms and minimizing the chances of exposure. Even a small amount of carelessness can lead to a negative downstream effect. Let us work together to help keep our temples safe and the service of Their Lordships on going.

WHAT IS THE CORRECT WAY TO WEAR A MASK?

STRICT ADHERENCE AND ENFORCEMENT OF PROPER MASK WEARING IS IMPORTANT.



<https://www.olmmed.org/covid-19-information/how-to-wear-a-mask/>

CDC GUIDANCE WHAT IS APPROPRIATE MASKS/FACESHIELD:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

HOW COVID-19 SPREADS:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

Steps for wearing a mask



**Always wash
your hands first**



**Pull the ties and loops
so that it fits as snugly
as possible against your
face**

**Make sure your
mask has
at least 2 layers**



**Your mask should cover
your face from the bridge
of your nose to under your
chin**

**Don't touch
the fabric
part of the mask**



**Use the ear
loops or ties to
secure your mask
and to remove it**

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WHAT IS SOCIAL DISTANCING:



TEMPLE HALL

- A. Temples should have a process to control numbers of occupants and ensure that all devotees are always maintaining 6 feet of distance.
- B. Hands must be sanitized upon entry.
- C. Obeisance should be paid standing up.
- D. Names, temperature, and contact information should be gathered at the door for visitors for the purpose of contact tracing if required.
- E. Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk who will have interactions with residents, visitors, and the public.

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- F. If possible, online scheduling software can be uploaded to the temple website, in which darshan timings must be booked ahead of time. This allows for strict occupancy cut offs. The temple should determine their maximum occupancy threshold and then create slots (NOT AS GROUPS BUT AS INDIVIDUALS). Walk-ins must wait until it can be determined that occupancy is not surpassed. The names of each visitor should be entered in the booking for contact tracing purposes.

An example of an online application that can be used is: [signupgenius.com](https://www.signupgenius.com)

If the temple cannot facilitate an online method, then a simple appointment book with timings should be created, taking down every person and create slots for individuals. If a group is booked the count should be accurate and the names of each person documented.

- G. No outside food, preparations, flowers, etc. should be accepted. This will reduce the exchange and transmission. Encourage online or monetary donations.**
- H. Prasadam should be individually boxed and left on a table where visitors can take as they leave. Boxing should be done with gloves and mask.
- I. Ghee lamps, flowers, achmana, drinking carnamrita, sprinkling of water etc should be suspended.
- J. There should not be the sharing of instruments.
- K. Singers must always wear their mask – no exceptions. Microphones should be wiped with approved cleaners after each use.
- L. Public/ Shared restrooms should be cleaned a minimum of 3 times a day with appropriate personal protective equipment on (gloves, mask, face shield etc.)
- M. Any seating area i.e. reception chairs, temple room chairs, tables, mats etc. should be cleaned after each use. It maybe wise to designate a “cleaner”. Cloth mats are recommended to be removed from the temple hall.

Again, it is important to remember that the temple/organization cannot assume responsibility for the individual’s health or the outcomes of any visiting groups. You may want to consider signage in your individual temples with this information.

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Guiding Principles to Keep in Mind

The more people an individual interacts with, and the longer that interaction lasts, the higher the risk of COVID-19 spread. Location can be a factor, too, with outdoor activities generally being less risky than indoor activities. The risk of COVID-19 spread increases as follows:

Lowest risk: Meetings and other activities are conducted virtually. Only essential activities (i.e., provision of essential services) occur in person.

More risk: Small, in-person gatherings like board meetings or support groups are held. Outdoor activities and meetings are prioritized. Individuals from different households remain spaced at least 6 feet apart and do not share objects. No food is served at meetings or events. Most staff telework and if staff or stakeholders are present in a facility, they are required to wear masks (if able) and maintain social distancing. Rigorous cleaning and disinfecting practices are implemented. Attendees at the organization's meeting and events come from the same local geographic area (e.g., community, town, city, county).

Higher risk: Indoor activities are held. Medium-sized in-person gatherings are adapted to allow individuals to remain spaced at least 6 feet apart. In CBO facilities, common areas are closed, and staff are encouraged to wear masks (if able) and maintain social distancing. Food is served in pre-packaged boxes with disposable utensils to eliminate the need for shared items or congregating around serving tables. For meetings and events, a limited number of attendees come from outside the local geographic area.

Highest risk: Standard operations and programming are resumed. Large in-person gatherings are held where it is difficult for individuals to remain spaced at least 6 feet apart. Food is served "potluck" or family style. Many event attendees come from outside the local geographic area.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>

FOR GATHERINGS ON ISKCON PROPERTY THE RECOMMENDATION IS FOR TEMPLE AUTHORITY TO APPROVE ANY ON SITE GATHERINGS USING THE ABOVE GUIDELINES AS A REFERENCE AND THOSE OF THEIR LOCAL HEALTH DEPARTMENT. DESPITE THIS, THE TEMPLE CANNOT ASSUME RESPONSIBILITY FOR HEALTH OUTCOMES DUE TO GATHERINGS.

OFF PROPERTY (I.e. Individual home program, book distribution, travel etc.), ISKCON DOES NOT TAKE ANY RESPONSIBILITY FOR THESE ACTIONS AS THEY ARE DONE AT THE INDIVIDUAL'S RISK. We do recommend you follow the CDC or local health department regulations.

THE FOLLOWING TWO LINKS ARE CRITICAL FOR TEMPLE AUTHORITY TO READ IN FULL CONTEXT. DO NOT DISREGARD THESE TWO LINKS AND THEY WILL BE ROUTINELY UPDATED BY CDC. These were updated as of Dec 14th, 2020.

CDC GUIDANCE ON COMMUNITY BASED CENTERS:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>

CDC CONSIDERATIONS FOR COMMUNITIES OF FAITH (very important to read in full)

<https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html>

IT IS IMPORANT TO UNDERSTAND YOUR LOCAL HEALTH DEPARTMENT GUIDANCE (the link is provided when you access the information above under "considerations for communities of faith")

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ASHRAM DEVOTEE CARE:

THIS IS TO ADDRESS THE CARE OF DEVOTEES LIVING WITHIN TEMPLE PROPERTY AND NOT FOR A VISITOR'S CARE.

A. Each temple should always have a designee contact with a phone number provided to all resident devotees. If an ashram devotee feels unwell, this is the person that needs to be informed **immediately**. At a **minimum**, the following plan must be taken.

B. IDENTIFY THAT THE DEVOTEE HAS CONCERNING SYMPTOMS:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

C. For devotees who are *unwell, suspected or with known exposure to COVID-19 or any other respiratory illness at a minimum the following should occur.*

D. The ill devotee must be isolated in their dwelling place immediately. If the ill devotee is sharing a room with another devotee, the exposed devotee needs to be shifted to another room and quarantine for 14 days due to exposure (see definition of exposure below). Extra rooms must be secured ahead of time.

E. Temple leadership should schedule a telehealth visit for the ill devotee immediately regardless of how mild the symptoms, do not wait until the devotee is extremely unwell. The sick devotee will then get early intervention and guidance on how to manage their symptoms from a health care professional. In some cases, the devotee may qualify for medical treatment with new treatment options for patients with COVID-19 (see therapeutics below).

F. Each temple should secure a phone or tablet that will facilitate telehealth visits when an ashram devotee is unwell and test out the process in advance. **Please remember many clinics may require telehealth visits only. This will also reduce exposure within the temple if transportation is not required for mild cases.**

G. If an ill ashram devotee requires transportation for a medical visit a designated vehicle should be secured, the driver should ideally wear a n95 mask if possible, otherwise face mask is acceptable. When the driver returns, they should shower, and launder clothing.

H. It is important for each temple to secure the necessary tools the ill ashram devotee may require during their Tele-med visit. THESE ITEMS MAY BE REQUIRED BY THE TELEMED MEDICAL PROFESSIONAL AND PROVIDE IMPORTANT CLINICAL INFORMATION TO AVOID EMERGENCY ROOM OR CLINIC VISITS.

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Create a kit with sanitizing spray/ wipes in a box. This can be delivered outside of the patient's room to have during illness and returned afterwards. **THESE ITEMS MUST BE WIPED DOWN BEFORE AND AFTER EACH USE WITH THE PROVIDED SANITATION ITEMS.**

Automatic blood pressure cuff

Pulse oximeter

Thermometer

Acetaminophen (aka Tylenol) – you must obtain clearance from your medical professional before taking this medication.

- I. **If an ashram devotee is in isolation, it is their requirement to contact the designee twice daily to report their health status. IF THE DESIGNEE DOES NOT RECEIVE CONTACT FROM THE ILL DEVOTEE, THEY ARE REQUIRED TO OBTAIN STATUS. REINFORCEMENT OF THIS RULE IS THEN ENCOURAGED.**

- J. **PRASHADAM ARRANGEMENTS SHOULD BE MADE TO LEAVE OUTSIDE THE DOOR OF THE DEVOTEE IN DISPOSABLE UTENSILS AND TIED UP IN TRASH BAG AND LEFT OUTSIDE OF THE ROOM. THIS THEN SHOULD BE DISPOSED OF WHILE WEARING A MASK AND GLOVES**

- K. **AGAIN, IT IS IMPORTANT TO STRESS TEMPLE AUTHORITY SHOULD NOT BE MAKING ANY MEDICAL ASSESSMENT OF THE ILL DEVOTEE. THIS IS WHY EARLY ACCESS TO A HEALTHCARE PROFESSIONAL IS IMPORTANT SO THAT THE ILL DEVOTEE CAN ASSUME FULL RESPONSIBILITY AND EDUCATION OF THEIR CARE.**

- L. Once eligible, vaccination for all ashram devotees is **highly encouraged.**

CDC GUIDANCE ON SHARED HOUSING:

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

DEFINITION OF SEVERITY OF ILLNESS

It is critical for anyone with symptoms EVEN MILD to seek medical attention to get proper access and education on their illness. In some cases, the patient may qualify for specialized therapeutic medications to help reduce the severity. BUT EARLY ACCESS TO CARE IS IMPORTANT TO DETERMINE THIS.

Mild Illness Patient has any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness Patient has evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.

Severe Illness Patient has respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level (or for patients with chronic hypoxemia, a decrease from baseline of >3 , unable to speak in full sentences without being short of breath, confused, unable to eat, drink or take medicines. Low blood pressure: less than 90/60.

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NOTE: THIS IS NOT AN ASSESSMENT BY A TEMPLE AUTHORITY THIS IS TO GUIDE THE INDIVIDUAL OR HELP THE TEMPLE AUTHORITY UNDERSTAND THE MEDICAL STATUS OF THE ASHRAM DEVOTEE.

ISOLATION VS QUARANTINE:

If the ill devotee is sharing a room with another devotee, the exposed devotee needs to be shifted to another room and quarantine for 14 days due to exposure. Any persons who was within 6 feet **EVEN WITH MASKS ON** for more than 15 minutes is considered exposed. Exposure can happen 4 days before symptoms began so the ill person must think back to who they could have exposed before the onset of their symptoms.

SYMPTOM MANAGEMENT:

COVID-19 is a viral illness (much like colds, stomach bugs, etc.) but symptoms can quickly worsen to a more serious infection that can affect the entire body in a life-threatening way. If a person has mild symptoms, they will need to isolate in their room for a full 10 days since the onset of symptoms, use acetaminophen for fever, headaches, drink fluids, keep away from others and rest. It is important to monitor for more worsening symptoms and seek medical attention immediately. (see above definitions).

THERAPEUTICS:

The FDA has approved under emergency use authorization the use of therapeutic viral neutralizing agents. These are prescribed to patients that meet certain criteria. This was shown to reduce hospitalizations and severity of illness. **THIS IS WHY EARLY ACCESS TO EVALUATION is critical** as there is a distinct window within which these medications must be given. This can be discussed with the health care professional upon evaluation for your illness.

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



- Stay home until 14 days after your last contact.



- Check your temperature twice a day and watch for symptoms of COVID-19.



- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.



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ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19



- Stay home until after
 - At least 10 days since symptoms first appeared **and**
 - At least 24 hours with no fever without fever-reducing medication **and**
 - Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test



If you live with others, stay in a specific “sick room” or area and away from other people or animals, including pets. Use a separate bathroom, if available.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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REMOVAL OF ISOLATION

Please ensure the devotee is meeting the removal of isolation guidelines per CDC:

- a. At least 10 days have passed since symptoms first appeared, AND
- b. At least 24 hours have passed since the last fever without the use of fever- reducing medications, AND
- c. Symptoms (e.g., cough, shortness of breath) have improved

Persons infected with COVID-19 who **never develop COVID-19 symptoms** may discontinue isolation after at least 10 days following the date of their positive test.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

NEGATIVE TEST

PLEASE NOTE: **a negative test does not mean a negative infection** and the isolation must be completed UNLESS AN ALTERNATIVE DEFINITIVE DIAGNOSIS BY THE MEDICAL PROFESSIONAL CAN BE MADE. **YOU CANNOT TEST OUT OF THE INFECTION OR THE ISOLATION PERIOD.**

Ayurveda is Preventative (not Curative)

(Srila Prabhupada Remembrances, DVD #11)

"Kaushalya: I went through a difficult bout of illnesses. Then I got better, traveled some more, and ended up in Calcutta with hepatitis. I was taking Ayurvedic medicine, but I wasn't getting well. Prabhupada said to me, 'You are not getting any better. What are you doing?' I said, 'I am taking Ayurvedic medicine.'" He said, "Do not take Ayurvedic medicine. Ayurveda is preventative medicine. You are now very sick. You should go to a regular doctor and take regular medicine.' So he thought Ayurveda was preventative, not curative. After all, he was a pharmacist prior to becoming a sannyasi."