



# **PREPAREDNESS DURING THE COVID-19 PANDEMIC**

## **A Framework for Canadian Masajid and Islamic Centres**

Version 1

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## SUPPORT NEEDED FROM PROVINCIAL GOVERNMENTS

Guidelines, training, resources and funding for:

1. Helping facilities assess and improve their spaces from an infection control perspective
2. Infection control interventions such as the installation of hand sanitizers, supplying masks to congregants (if they don't have their own), approved list of disinfectants for different surfaces e.g. tiles, carpets etc.
3. A hotline or contact details for who Masajid and Islamic centres can contact if they have specific questions pertaining to infection control practices.

Finally, if only general guidelines for houses of worship will be released by the government, we ask that they recommend the public follow them **along with** more specific guidelines and recommendations (such as outlined in this document) that are released by individual faith group task forces.

## PREAMBLE

This guidance document is prepared in anticipation of the forthcoming provincial relaxation of work and social restrictions, limitations on public gatherings and the re-opening of houses of worship. While provincial public health guidance may provide general recommendations that should be followed at a bare minimum, it does not always provide context-specific advice or recommendations that may be all-encompassing for the unique needs of Canadian Muslims. These guidelines are therefore meant to complement and not be in lieu of provincial guidelines.

The guidance and recommendations below are based on the best available knowledge at the time of development and dissemination, and based on the input of Muslim medical professionals with expertise in public health, infectious diseases, respirology, primary care and epidemiology, along with the valued opinions of our respected Sunni and Shia Shuyookh, Imams and Masajid leaders.

Provincial authorities may allow houses of worship to open and each Masjid, Islamic centre or Musallah and its board will be accountable for adhering to provincial guidelines. Permission to open does not mean that Masajid have to open. We provide here guidelines for Masajid as minimum preparedness, and as a means for Masajid to assess the risk to their facilities and community if they choose to open. Imams and administrators are encouraged to reach out to other local and national organizations to support them in making decisions about reopening.

We also provide guidelines for private religious gatherings that may occur as social restrictions are eased and to mitigate for the reduction in congregation sizes with distancing measures.

The following factors were taken into consideration to inform this guideline:

- What we know about COVID-19 thus far from a medical perspective
- The status and experience of COVID-19 infections in various provinces and territories across the country
- Reopening frameworks and plans as released by provincial governments
- Feedback and recommendations received from several provincial and regional Chief Medical Officers of Health (CMOH) across Canada, when enquired about reopening plans in the context of Ramadan and Eid
- Perspective of public health bodies and experts in our ability and capacity to safely reopen and contain the spread of COVID-19
- Experiences of other countries around the world that have already reopened
- Unique exposures and risks relevant to Canadian Muslims
- Importance of safeguarding the health and safety of Canadian Muslims, and by extension all Canadians, as being paramount
- The role that religious gatherings have played in the spread of COVID-19 around the world thus far

- Importance of our Masajid, prayer in congregation, Ramadan and Eid to the spiritual and community lives of Canadian Muslims
- Socioeconomic and financial pressures faced by Muslim community members, Masajid and Islamic centres
- Differences between Masajid and Islamic centres in terms of their building capacity, congregation size and membership, resources, geographic location and capacity to practically implement and enforce measures effectively
- Reopening aspects of communal religious life will require significant changes to our usual rituals and social practices
- Recommendations and guidance documents released and shared by our counterpart American and British Muslim COVID-19 Task Forces and their respective Fiqh and jurisprudence bodies, with due gratitude.

We ask Allah ﷻ that He protects us and showers us with His mercy, gives *shifato* all those afflicted with illness and grants *shahadato* all that succumb, that He rewards all our essential workers, accepts all our fasts and supplications, that He guides us to make the right decisions and forgives us for our shortcomings. Ameen.

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About the Canadian Muslim COVID-19 Task Force:

The Canadian Muslim COVID-19 Task Force was forged on March 12th, 2020, as a collaborative platform for bringing together Canadian Muslim medical, religious and community leaders and organizations in their response to the COVID-19 pandemic. While leading their own initiatives, member organizations share updates, experiences, and resources, seek assistance and help proactively plan for anticipated challenges. We also collaborate internationally with the American and British Muslim COVID-19 task forces in a similar manner. We aim to have broad representation and input from across the country and invite Canadian Muslim organizations to [join](#) our task force.

## RECOMMENDATIONS FOR MASAJID, ISLAMIC CENTRES & MUSALLAHS

### Preparing the Masjid or Centre

1. **AT MINIMUM:** abide by all provincial public health recommendations including physical distancing rules and the maximum number allowed per gathering as set by provincial authorities, inclusive of all congregants, prayer leaders and admin staff.
2. Educate and prepare the community in advance via your website, social media, email listserv and answering machine recording regarding these new processes, and to prevent communal strife and division.
3. Regular signage in English, French and any other languages relevant to the community should be placed at each entrance and exit and inside the Masjid to remind all worshippers of these protocols.
4. Limit premises to a single entrance and exit, with physical distancing being maintained at all times, including upon entry and exit.
5. Masjid should initially be open to the public for fixed prayer times only, and not for any drop-in worshippers. The doors should be closed to the public 10 minutes after each prayer has finished.
6. Public *Wudhu* areas should be closed. There should be restricted access to common washroom facilities for dire emergencies only, with necessary thorough disinfection and cleaning before any further use.
7. Ensure the ventilation system is in good working order and maintenance including changes in air filters are up to date.
8. Ensure water and plumbing systems are functioning appropriately and are disinfected after weeks of not being in use, as bacteria can grow in stagnant water.

### Facility Infection Control Practices

9. If hosting several prayers, there should be a 30 minute period between the last worshipper to leave of the previous group and the first worshipper to arrive of the next prayer group. During this 30 minute period, high traffic areas and frequently touched surfaces such as door handles, tables etc. should be disinfected.
10. A designated cleaning and disinfection team should be established, where [Health Canada-approved disinfectants](#) are used to clean carpets, doors, knobs, handles, tables and chairs after each prayer service. Restrooms must be disinfected on a routine basis

and following any use. Training should be provided for all staff on cleaning and infection control measures to be taken prior to any reopening all disinfection practices should be logged.

11. [Health Canada authorized hand sanitizers](#) to be placed or installed, regularly refilled and used by all upon entrance and exit.
12. There should be an assigned safety officer with a backup or deputy at each Masjid or centre, who are employees and not volunteers, and whose responsibilities include:
  - a. Being familiar with all the processes related to infection control and the recommendations here-in
  - b. Compliance and enforcement of recommendations
  - c. Registration and screening of attendees
  - d. Maintaining a roster and record of all Masjid attendees for every visit
13. Physical distancing measures should be reinforced with designated ‘spotters’, that will help facilitate physical distancing while entering or leaving prayer halls or communal shoe areas.
14. A screening station should be set up at the entrance/exit. At each visit, screening staff should:
  - a. Ensure all attendees including staff, employees and volunteers are wearing a mask, advise them of masking policy and reuse/disposal advice and should be able to provide a mask if required
  - b. Observe mandatory hand sanitization on entry and exit
  - c. Screen for symptoms in attendees and household members and other ineligibility criteria (based on high risk factors below)
  - d. Confirm attendees have their own prayer rug and advise them of policy.
  - e. Temperature scanners (digital, infrared and non-touch) may be used at entrances to check if attendees have a fever on arrival as an additional measure, with the caveat that a normal reading **does not** exclude active COVID-19 infection and should therefore not be relied upon.
    - i. They may be helpful in detecting fevers in persons who do not feel or realize it, and who may be subsequently asked to leave immediately and self-isolate.

- ii. A fever shall be considered a temperature reading of 37.8 C (100.0 F) or higher.
  - f. Remind attendees of physical distancing measures, policies and no socializing before or after prayers.
  - g. Document attendee's visit in the roster or log
15. Register and screen all attendees including employees and volunteers, preferably prior to their arrival at your centre. Returning regular attendees should still be screened daily. Keep a record of dates, times, names and contact information (email and telephone number) of all those attending, to allow public health officials to follow up if a person infected with COVID-19 is identified.

### Prayers and Centre Activities

16. The Masajid should only open for the obligatory *Fard* prayers. *Sunnah* and *Nafil* prayers (before and after) should all be prayed at individuals' homes. All optional Masajid rituals and activities such as halaqas and classes should remain suspended until further notice.
17. Continue to provide virtual programming to ensure equitable access to spiritual programming for members of your congregation that are unable to attend.
18. Besides **limited** greetings between congregants (e.g. saying *Salaam* and asking how each other is doing), there should be no socializing between congregants before or after prayers.
19. No drive-in religious gatherings. Some provinces may allow for this with physical distancing between cars and other restrictions, however not only is this impractical and logistically messy, there is sufficient basis and allowance for worshippers to pray at home within the religion, without the need for such innovations.
20. Drive-thrus may be organized and facilitated for curbside pick-up and drop-off of goods, as long as they do not contradict provincial guidelines and all appropriate safety measures are implemented.
21. Mark designated areas where congregants can worship to ensure distancing measures are adhered to, with 2 metres between worshippers and keeping blank rows in between each *saf*. The distance between the Imam and the first row should be more than 2 metres, given that they will be speaking or reciting loudly.
22. Outdoor worship services on Masajid grounds or parking lots can be provided if practical and possible, and if provincial maximums for gathering participants, distancing measures, requirements for masking and individual prayer mats are all still maintained.

23. Sermons should be kept as short as possible, so as to fulfill the minimum obligatory components.
24. Imams should preferentially recite shorter surahs or limited ayahs, in order to minimize the time that congregants are amongst each other, with the prayer lasting no more than 15 minutes in duration.
25. Urgent discussions of issues or counselling with Imams should continue to be conducted virtually preferably. If necessary, these may take place in designated private rooms with appropriate physical distancing, masks and with a strong consideration for the installation of physical barriers such as plexiglass.
26. There should be no open or shared food between attendees whatsoever.
27. While you may continue to accept and exchange cash for donations or payments after appropriate hand hygiene, it is preferable to facilitate and use contactless digital solutions for spending, sending or receiving funds e.g. using Interac e-transfer, kiosks, secure online payment websites or apps.

### **Staff, Employees and Volunteers**

28. Masajid leadership, employees and volunteers must all lead by example in understanding and employing cleaning and disinfection practices, hand hygiene, physical distancing and respiratory etiquette at all times.

### **Community Members**

29. During the initial period, it should ideally be the same regular worshippers who are permitted to attend the Masajid. Eventually at some point in the future, this may be expanded to allow different sets of worshippers to attend each prayer. The legal precedent of choosing lots (*qurra*) is recommended as a lottery system with advance sign-up of community members that may be implemented.
30. Community members should be made aware that due to physical distancing measures, it may take longer to enter or leave the Masajid.
31. Any person who has been diagnosed with COVID-19 should only be allowed to attend once a physician currently in independent practice has certified in writing that they are no longer deemed to be infectious.
32. Individuals who have been in contact with a person with confirmed or suspected COVID-19 case in the last 14 days, including through their work setting (e.g. frontline healthcare workers) or in their household are strongly prohibited from attending.

33. Any person who themselves or have household members experiencing any of the following symptoms during the last 14 days should be prohibited from attending:
  - a. new or worsening cough, headache, fatigue or weakness, difficulty breathing, fever, muscle aches, sinus congestion, altered sense of smell or taste, abdominal pain, nausea, vomiting or diarrhea.
34. The following groups that are either high-risk or unable to reliably physically distance should be restricted from attending and should be counseled that any congregational prayer obligations are temporarily lifted from them:
  - a. Adults over age 60
  - b. Any persons with any of the following chronic medical conditions:
    - i. heart disease, high blood pressure, diabetes, lung disease, kidney disease, liver disease, weak immune systems (due to transplant, cancer treatment or medications), current smokers or with obesity
  - c. Children under age 10
35. Persons with household members belonging to high-risk groups should carefully consider the risk associated with their attendance to vulnerable members at home.
36. Individuals for whom the ordinarily *Fard* Friday Jummah prayer is not obligatory (e.g. children or disabled) should be requested to stay at home.
37. Worshippers must bring their own prayer mats and keep them in their cars (ideally and if possible) or take them home with them, without any exception.
38. All worshippers must perform their *Wudhuat* home, due to the risk of aerosolization and spread of infection via water droplets.
39. All attendees should wear an appropriate mask (homemade reusable cloth masks preferred, but others acceptable) at all times while on the Masajid premises, including during prayer. Masajid should be prepared to provide face masks to individuals who do not have them or whose mask is soiled or breaks, although all should be encouraged to bring their own and reuse or dispose of appropriately - not at the masajid and upon returning home.

## DETAILED CONSIDERATIONS AND RATIONALE

Below are the detailed considerations that were used to inform the creation of this general framework, and what some Masajid or Islamic centres may use to justify additional measures depending on their local context.

### The Islamic Perspective

1. The Islamic Sharia emphasizes the sanctity of and need to preserve our religion, life, intellect, lineage, and wealth, in order to protect our individual and social welfare here and in the hereafter.
2. Allah is *Al-Alim* (All-Knowing), *Al-Ghafur* (Ever-Forgiving), *Al-Hafiz* (Preserver), *Al-Mani* (Defender), *Ar-Rahim* (Most Merciful), *Ar-Rahman* (Most Gracious), *Ar-Raouf* (Kind) and *Al-Waliyy* (Helper). While we beseech Him for His mercy, we must also take all necessary and precautionary measures ourselves.
3. Ramadan is the most blessed month of the year and Eid ul Fitr (May 24th, 2020) and Eid ul Adha (~July 31st, 2020) are two of the holiest and biggest days of celebration of the year for all Muslims. While present circumstances may not allow us to celebrate Eid ul Fitr in our chosen manner, masjid and Islamic centres have already provided innovative and participatory approaches for the Muslim community to continue their worship outside of Masajid. Their lessons learned can provide further guidance for Eid ul Fitr and Eid ul Adha.
4. We must take precautions to avoid being part of or contributing towards a second wave of infections that may significantly impact our community
  - a. The Prophet SAW said, “A believer should not be stung twice from the same hole.” [Bukhari]
5. As with the difficult but necessary decision to suspend congregatory prayers at the masjid in the interest of safeguarding the health of our communities and protecting the vulnerable, re-opening must be undertaken with meticulous planning.
  - a. The Prophet SAW said, “There is no wisdom equal to good planning.” [Mishkat]
6. There is a need for guidance and approval for certain groups to be permitted to not attend the masjid from a religious perspective if they belong to high risk groups or groups that may be excluded from attending the Masajid, while restrictions are in place.

### What We Know About COVID-19 So Far

7. As of May 28, 2020, there have been 87,902 cases, or number of people infected, with COVID-19 in Canada, with 26,866 in Ontario, 49,139 in Quebec, 6,926 in Alberta and 2,550 in British Columbia. There have been 6,799 deaths across Canada with 2,189 in Ontario, 4,228 in Quebec, 141 in Alberta and 162 in British Columbia. Other provinces have much lower numbers of cases and deaths, fortunately. More than 80% of cases in Canada are due to spread between members in the community, and not due to travel.
8. These calculated number of cases are expectedly underestimates of the true number of people with COVID-19, given that not everyone gets tested. There are numerous barriers to widespread testing, including the availability and costs of reliable testing kits with a quick turnaround time. Currently, widespread testing is not taking place in any province in Canada.
9. Current methods to detect COVID-19 are not flawless and a significant number of cases are missed.
10. All age groups can become infected, with over a third (35%) of cases amongst those aged 60 years or older and 25% of hospitalized COVID-19 patients are between the ages of 40-59. More than 80-90% of those infected will be able to recover at home, while upto 10% may require admission to hospital, 5% may require treatment in an intensive care unit (ICU) using machines to sustain life such as ventilators and approximately 3% of patients will unfortunately die from COVID-19.
11. Fever, alone is not a reliable symptom to screen individuals. The reported symptoms are not specific enough to be able to tell who has COVID-19 and may include new or worsening cough, headache, fatigue or weakness, difficulty breathing, fever, muscle aches, sinus congestion, altered sense of smell or taste, abdominal pain, nausea, vomiting or diarrhea. In the elderly, who may not mount fevers, non-specific symptoms such as confusion or feeling faint could indicate a possible infection.
12. COVID-19 primarily affects the lungs and airways and can cause respiratory failure, but can also affect many other organs including the heart, kidneys, brain and blood vessels.
13. Persons at risk of having more severe disease or dying include those at increased age (e.g. over 60 years), residents of long-term care homes, those with chronic medical conditions including heart disease, high blood pressure, diabetes, lung disease, kidney disease, liver disease, weak immune systems (due to transplant, cancer treatment or medications), current smokers or with obesity, and infants.
14. The long-term impact of COVID-19 infection on the health of individuals who survive are still not known. There are emerging reports of children now developing a rare inflammatory syndrome that may be linked to COVID-19.
15. Vulnerable populations (e.g. elderly, persons with disabilities or experiencing homelessness, long-term care residents, persons from lower socioeconomic

backgrounds, low levels of education, poor access to medical care, social or physical isolation, unstable employment, dependence on others for care needs or difficulties in communication) may be more at risk of direct and indirect consequences of the COVID-19 pandemic and will therefore require additional support and accommodations through an equity-based approach. Our community and society will be judged by how it treats the most vulnerable and underprivileged.

16. There is no known cure or standard treatment at present for COVID-19, although lots of clinical trials looking for effective treatment options are underway. Although lots of work is being done around the world to develop a vaccine, realistically this is not expected to be readily available for another 12 months or so. The medical evidence and our understanding of COVID-19 and how it is affecting our communities continues to evolve, and therefore guidelines and recommendations will need to be continually updated. As has already been realized, caution is advised before readily utilizing or investing in proposed treatments, equipment or technology that may claim to be effective against COVID-19, but may be promoted by profiteers, based on weak or limited evidence, may not have gone through adequate or validated testing processes, are subject to bias, may provide a false sense of security and may in fact do harm instead of being efficacious.

### **Controlling the Spread of COVID-19**

17. It is now recognized that persons can harbour and potentially spread the virus without experiencing or before developing any symptoms (asymptomatic and presymptomatic spread), and can remain without symptoms for upto 14 days despite being infected.
18. COVID-19 is primarily spread between persons in close contact through respiratory droplets or direct physical contact with infected persons or contaminated objects and surfaces. Besides coughing or sneezing, it can also spread by an infected person singing or even speaking. The virus may live on certain surfaces for several hours to even days.
19. Prolonged exposure in Canada is defined as being in contact with an infected person for more than 15 minutes. The exposure risk is high if the contact is within 2 metres, and is considered to be medium even if adequate physical distancing of 2 metres is maintained.
20. The most effective and proven measures at controlling the spread of infection include:
  - a. Physical distancing (at least 2 metres between persons with no physical contact), and farther if there is active, loud speaking (e.g. loud recitation or sermon)
  - b. Washing hands regularly with soap and water for upto 20 seconds or using an alcohol based (> 60%) hand sanitizer and
  - c. Isolating within the home for anyone with confirmed or suspected COVID-19.

- d. Regularly disinfecting high traffic areas, contact surfaces and items.
21. Other effective measures include good respiratory etiquette such as coughing or sneezing into the elbow or a tissue, avoiding touching your eyes, nose or mouth and using personal protective equipment such as masks. Such behavioural interventions may require frequent reminders and time before they become a regular habit.
  22. Universal masking is not currently mandated in Canada, however the Public Health Agency of Canada encourages adding masks ~~in addition to~~the individual measures listed above i.e. physical distancing, hand hygiene, isolation and disinfection practices.
    - a. The general public should wear non-medical, homemade cloth masks (with lots of guides freely available online) that cover the nose and mouth to primarily protect others around the wearer, but may also protect the wearer as well. Essentially, “my mask protects you and your mask protects me”. They can be reused and are therefore environmentally friendly, but need to be cleaned properly and regularly. They are not meant to replace the above effective interventions (e.g. distancing) and may provide a false sense of security to some.
    - b. Surgical or clinical masks are not necessary for the general public and should be reserved for frontline healthcare workers who will definitely come into contact with persons infected with COVID-19. This is due to several reasons including supply shortages, higher costs of purchasing, limited reusability, greater contribution to plastic waste and pollution and widespread availability of counterfeit masks that do not meet health and safety standards.
    - c. Respirators such as N95 are excessive for the general public based on our understanding of how this infection is spread, come in various models that require professional fit-testing in order to be fully effective and can be difficult to wear or breathe through for prolonged periods of time. They should also therefore be reserved for healthcare workers in the appropriate clinical setting and come with similar practical concerns as surgical masks. Besides protecting ourselves, we have a shared responsibility in helping protect our healthcare workers who are risking their health and lives to take care of us.
    - d. Children below a certain age may not be able to or willing to physically distance effectively or wear a mask properly. It is also not safe for children under the age of 2 to be wearing a mask.

## Public Health Perspectives

23. Recommendations from governments and public health bodies may be delayed and may prioritize considerations and interests differently than Canadian Muslims or what has been prescribed in Islam.
24. Reopening plans have been released by provincial governments and territories: [Alberta](#), [British Columbia](#), [Manitoba](#), [New Brunswick](#), [Nova Scotia](#), [Newfoundland and Labrador](#), [Northwest Territories](#), [Ontario](#), [Prince Edward Island](#), [Quebec](#), [Saskatchewan](#), [Yukon](#). These plans generally call for a gradual and staged approach towards reopening of businesses, institutions and society, where the effects of reopening at each stage will be carefully monitored and evaluated for several weeks before proceeding to the next stage. Should there be a significant rise in the number of new cases, restrictions will likely be reinstated.
25. All the provincial and territorial Chief Medical Officers of Health (CMOH), along with several regional CMOH's of the GTA were contacted in the second week of May 2020 by the Canadian Muslim COVID-19 Task Force, in order to determine how the timing of reopening may coincide with Ramadan and Eid ul Fitr this year. Numerous responses were received where in summary, they:
  - a. Appreciated the Muslim community for upholding public health recommendations and suspending prayer in congregation for the public in our Masajid and Islamic centres, especially during Ramadan, and asked us to continue to do the same.
  - b. Confirmed that recommendations for houses of worship and religious gatherings to resume will be provincially mandated with the hope that there will be uniformity across each province. There may be interprovincial differences and there may be little advance notice provided.
  - c. Realistically, do not anticipate that Canadian Muslims will be able to observe these last few days of Ramadan or celebrate Eid ul Fitr in the same manner as we normally would. Finding novel and innovative ways to celebrate, including the use of virtual methods, were suggested for consideration as long as they respect the latest public health recommendations.
26. The primary basis for reopening society and loosening restrictions now in Canada is an attempt to balance the health, social and financial collateral impacts of the COVID-19 pandemic, and not necessarily because it is well under control. Given that the pandemic has impacted provinces and territories across Canada to varying degrees, it stands to reason that there may be differences in measures to tackle this public health crisis, including their reopening strategies and timelines.

27. There is the potential for second and third waves of infections during pandemics which can be more deadly than the first due to complacency and laxity in physical distancing, handwashing and wearing masks, overwhelming healthcare system capacity or resources, changes in climate and the potential for mutation of the virus.
28. Several countries have recently started reopening and some have already experienced outbreaks of COVID-19 infections.
29. Several public health experts, bodies and medical organizations have raised concerns regarding reopening too quickly, and healthcare facilities and workers are preparing for an expectant increase in new infections as society reopens. While society will need to reopen at some point in the future, doing so requires tolerating a consistently low level of new infections per day and depends on our system's ability to test widely, trace those infected and their contacts efficiently and isolate them effectively to avoid the propagation of spread.

### Risks to the Muslim Community

30. There are over 1 million Muslims in Canada as per the latest census, with over 50% living in Ontario and another 25% living in Quebec.
31. The COVID-19 pandemic has had significant physical, mental, emotional, spiritual and financial impacts on the lives of all Canadian Muslims, including children.
32. The Muslim community has unique characteristics that places members at higher risk:
  - a. Many Muslims, including those that regularly attend the Masajid and Islamic centres, belong to high risk groups mentioned above due to their age or medical conditions.
  - b. Many Muslims belong to ethnic or lower socioeconomic groups or are essential workers that are at higher risk of getting infected or spreading infections.
  - c. Multi-generational households are common and the number of family members in households can be larger than the average for other Canadians.
  - d. Importance of congregational worship at Masajid five times daily throughout the year, additional congregations during Ramadan and the social nature of Eid.

### Considerations for Resuming Religious Gatherings

33. Many Canadian Muslims have unfortunately lost their lives due to COVID-19, but more lives were saved due to the Grace of Allah  and the hard work and difficult decisions

by our Masajid and community leaders. Our actions moving forward should continue to prioritize the protection of our community members and not throw those efforts to waste.

34. Our fellow Canadians of faith have also observed important religious holidays including Easter, Passover and Vaisakhi last month, while their houses of worship have been closed.
35. The proposed modifications to prayer in congregation and how the Masajid operate may be a new normal that will stay with us for the foreseeable future. Although these measures are temporary accommodations given the circumstances, beneficial interventions and practices such as promoting hand hygiene, having hand sanitizers available and encouraging good respiratory etiquette should remain.
36. Provincial guidelines and recommendations are subject to frequent updates as both our knowledge of COVID-19 and the landscape changes. It is therefore the responsibility of both Muslim institutions (Masajid and Islamic centres) and general community members to remain continually informed and to modify their practices accordingly.
37. High-level guidelines for houses of worship have been released by some provincial governments and public health bodies. While these provide general guidance, they do not provide specific recommendations for Masajid or Islamic centres. These provincial recommendations are the absolute minimum precautions that must be followed by law, and additional recommendations and guidance by each faith group, such as those provided by this framework, are encouraged and should be followed in order to protect the health and lives of congregants and all Canadians. Houses of worship that are unable to implement or enforce the minimal recommendations are not allowed to reopen and will be held accountable, should it be required.
38. While the principles of infection control may be similar between all Masajid and Islamic centres, as Muslims and their institutions are not a homogenous group across Canada, there may be subtle differences and nuances that are specific and subject to adaptation depending on the local context. These factors may include differences in building capacity, congregation size and membership, resources, geographic location and capacity to practically implement and enforce measures effectively.
39. Masajid and Islamic Centres need time, resources, guidance and training to ensure they are prepared to accommodate congregants with safeguards in place before they reopen to ensure consistency, avoid confusion and to allow for adequate education of the community regarding any changes.
40. Provincial guidelines may set an arbitrary upper limit on the size of gatherings (religious or otherwise), which may be adjusted over time. While this upper limit cannot be exceeded under any circumstances and includes the Imam, Masjid employees and volunteers as well as congregants, smaller Masajid may not be able to accommodate

higher numbers whilst still maintaining physical distancing adequately. For example, accommodating 50 persons that are 2 metres apart in a 5 x 10 formation requires a minimum surface area of 144 square metres. As such, Masajid should only accommodate the maximum number of congregants that their capacity safely allows, up to the provincial maximum limit.

41. The recommendations to encourage home-based worship will stay for the foreseeable future. One's 'bubble' is defined as the number of household contacts who may become infected if one person in that house gets COVID-19, given that these individuals are mostly spending time only with each other. So, a family of five that lives in a house is considered a bubble of size 5. When restrictions are loosened and individuals have greater contact with multiple individuals outside of their household bubble, such as at work, in social settings or at places of worship, the bubble size increases. This is because an infected person now has the potential to spread the virus to any persons in either of these settings, and subsequently to their household and other contacts as well. It is therefore conceivable that prayer in congregation for even 10 persons from different households, several times a day, is actually a much larger bubble of potentially hundreds of people that may be placed at risk.
42. Religious gatherings in both Muslim and non-Muslim settings around the world have contributed towards the spread of COVID-19. While there has yet to be a significant outbreak amongst a Canadian Masjid or Islamic centre, and *Inshallah* (God Willing) may there never be one, this has the potential for placing the health and lives of other Muslims, their households and other Canadians at risk. Further, even if all the legally mandated recommendations are followed and an outbreak still emerges, as an already scrutinized community and given the socio-religious climate of Islamophobia, Muslims and their institutions are likely to experience significant disrepute, backlash and discrimination.

## CONSIDERATIONS FOR EXTENDED PRIVATE OR HOME-BASED RELIGIOUS GATHERING

Provinces may also increase the size of social gatherings. The risk associated with small groups of individuals is lower than mass or congregational gathering. However, when these meetings happen often (ie: more than once daily) or involve mixing of different people, the risk of COVID-19 spread increases dramatically.

### **The Task Force maintains its recommendation to avoid non-essential gatherings, even for religious purposes.**

The following are thus not recommendations to encourage such gatherings, but rather to help individuals consider ways to mitigate the risk and reduce harm of private religious gatherings that do not conflict with provincial restrictions, since many Muslims may not be able to temporarily attend worship services at Masajid during the pandemic, even when Masajid open. While transmission of the virus is lower in outdoor than indoor gatherings, these guidelines are appropriate for both settings.

1. The total number of individuals gathering should not exceed provincial guidelines. Each member of the same household contributes to the total number.
2. Minimize the number of 'bubbles' and mixing of households. Two individuals from one household meeting with three individuals from another household would be associated with less risk, than five individuals from five different households meeting for a congregational prayer.
3. A greater distance is recommended if participants will be speaking loudly. The prayer space should be large enough to allow each participant to have more than 2 metres between members from different households, in all directions. These spaces should be clearly marked out in advance.
4. Anyone leading prayers should be at the front of the group and should not be facing others.
5. Attendees should avoid facing each other if they are speaking or reciting Qur'an loudly.
6. All participants, if they are mixing from different households or 'bubbles', should wear masks for the duration of the gathering.
7. Individually packaged food may be distributed bearing in mind infection control practices. There should be no open or sharing of food, as this increases the risk of transmission.

8. Prayer areas should have a separate entrance and exit so that participants do not pass by each other within 2 metres. Alternatively, entrance and exit procedures and timing should be arranged so those entering and exiting are strictly separated.
9. Ensure equitable approaches to accessibility to keep all participants as safe as possible.
10. All participants should wash their hands with soap and water, or use hand sanitizer upon entrance and exit.
11. All high touch surfaces should be cleaned before and after the prayer or gathering. These surfaces include door handles, religious objects, chair armrests or tables as appropriate.
12. Prayer mats, prayer beads and Qur'ans should not be shared. They can be temporarily safely stowed away to facilitate this.
13. Anyone who is experiencing symptoms compatible with COVID-19 or who has had unprotected exposure to someone with COVID-19 within the last 14 days may not attend. Members of their household should be quarantined as well.
14. Children of any age who cannot strictly follow this guidance should not participate in these groups. Children who have reached the age of majority in their respective religions but cannot adhere to guidelines should not participate.
15. Individuals with high risk household members should carefully consider the risk of their attendance to vulnerable members of their household.
16. For religious groups that gather many times per day, or several times per week for prayers, study or meals, the same people should attend each prayer group or meal each day. These prayer, study or meal groups should not change or mix.
17. A record of all attendees, along with dates and times of all meetings, should be kept by the safety officer or designated individual in order to facilitate contact tracing, should this become necessary. The safety officer or designated individual should also screen congregants for eligibility to attend prior to the gathering.

### MASJID PREPAREDNESS CHECKLIST

	<b>Tasks</b>	<b>Assigned to</b>	<b>Date Completed</b>	<b>Notes</b>
<b>Develop a Plan</b>	Develop a detailed reopening plan with review and feedback from Imam, Masjid leadership and local public health experts. (see template on the next page)			
	Develop a plan for a lottery or other system by which worshippers shall be allowed to register in a safe and equitable manner.			
	Secure human and financial resources, and develop the educational messages, to enable a safe and limited re-opening			
	Design and post signs and placards regarding the phased opening conditions and guidelines.			
<b>Preparing the Space</b>	Procure hand sanitizers and setup hand sanitizing stations at entrances and exits			
	Check functioning and hygiene of in-house water systems and ventilation systems.			
	Close public <i>Wudhu</i> areas			
	Procure carpet and multi-surface cleaning disinfectants			
	Procure extra masks and prayer mats for staff and congregants			
	Mark prayer spots with sufficient spacing, with at least 2 metres between each worshipper			
<b>Preparing Staff</b>	Establish a designated cleaning and disinfection team with required training, protocols and			

	cleaning logs.			
	Educate all Masajid leadership, employees and volunteers on the importance of disinfection practices, hand hygiene, physical distancing and respiratory etiquette at all times.			
	Assign a safety officer (and a backup) with responsibilities as outlined above, and establish roster of Masjid attendees			
	Train registration team to screen for COVID-19 symptoms, other ineligibility criteria (as outlined above), ensuring worshippers observe physical distancing, sanitize, have masks, have <i>Wudhu</i> and bring their own prayer mat at the entrance.			
<b>Informing the Community</b>	Inform and educate the community of advance registration, screening procedures at the entrance and other protocols in place via website, social media, email listserv and answering machine recording.			
	Continue providing virtual spiritual programming.			
<b>Implementation (ongoing)</b>	Review and monitor for compliance, enforceability, barriers to implementation and challenges faced.			
	Daily checklist of tasks, including material needs and infection control practices.			
	Oversee the health of staff, volunteers and worshippers			



<b>Environmental Measures</b>
<i>Considerations: How will you manage frequent cleaning on high touch surfaces (e.g., bathroom, chairs, door knobs, break rooms)? How will you train and ensure staff keep facilities clean?</i>
<i>Is a question about Ventilation needed for public transparency or just keep in the Masjid checklist?</i>
<b>Individual Responsibility and Expectations</b>
<i>Institutions can mitigate, but not eliminate risk. What is the role of worshippers who enter the facilities</i> <i>Considerations: How will you promote PPE use (e.g., masks or gloves)? How will you inform customers before they enter your facilities that PPE such as masks are required?</i>
<b>Institutional Responsibilities and Expectations</b>
<i>Institutions can mitigate, but not eliminate risk. What is the over responsibility of the institutions in safeguarding the health of the worshippers who attend their facilities.</i>  <i>Who will be responsible for ensuring staff and worshippers are following your precautions?</i>
<i>Have you posted contact information for staff members or worshippers that they can be notified in the event of a known exposure at the facilities or within 14 days of last visiting the masjid or Islamic centre?</i>