

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, the Most Gracious, the Most Merciful

KEEPING OUR MOSQUES AND COMMUNITIES OPEN & SAFE DURING THE COVID-19 PANDEMIC

A FRAMEWORK FOR CANADIAN MOSQUES AND ISLAMIC CENTRES

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CMCTF

CANADIAN MUSLIM COVID-19 TASK FORCE

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TABLE OF CONTENTS

[GOALS & OBJECTIVES](#)

[ABOUT THE CANADIAN MUSLIM COVID-19 TASK FORCE](#)

[EXECUTIVE SUMMARY](#)

[OVERVIEW OF PHASES](#)

[TRANSITIONING BETWEEN THE DIFFERENT PHASES](#)

[When to Proceed to the Next Phase](#)

[When to Stay at the Same Phase](#)

[When to Go Back a Phase](#)

[MONITORING & EVALUATION FORM](#)

[SUMMARY OF MEASURES AT EACH PHASE](#)

[Phase A - Mosque Closed to the Public / Open to Staff Only](#)

[Phase B - Open with Caution While Infection Risk Higher](#)

[Phase C - Less Restrictions While Infection Risk Lower](#)

[Phase D - Region Declared COVID-19 Free](#)

[IMPLEMENTING MEASURES TO KEEP OUR MOSQUES AND COMMUNITIES OPEN & SAFE](#)

[IF SOMEONE FAILS SCREENING AT THE MOSQUE](#)

[COMING BACK TO THE MOSQUE AFTER RECOVERY FROM COVID-19](#)

[MANAGING SUSPECTED OR CONFIRMED CASES OF COVID-19 AT THE MOSQUE](#)

[SAFELY REOPENING OUR ISLAMIC SCHOOLS](#)

[PREPARING FOR WINTER AND THE COLD & FLU SEASON](#)

[Vaccinations Against Respiratory Illnesses](#)

[KEY WEBSITES AND RESOURCES BY PROVINCE & TERRITORY](#)

[DETAILED RECOMMENDATIONS AND RATIONALE](#)

[Preparing the Mosque or Centre](#)

[Facility Infection Control Practices](#)

[Masks and Face Coverings](#)

[Prayer Mats and the Prayer Space](#)

[Carpet Disinfection and Maintenance](#)

[Prayers and Centre Activities](#)

[Staff, Employees and Volunteers](#)

[Community Members](#)

GOALS & OBJECTIVES

1. Promote and maintain the well-being of Canadian Muslim communities and by extension, all of Canadian society
2. Minimize the risk of spread of COVID-19 and other infections within our mosques and Islamic centres
3. Promote the rights of the mosque and support these institutions in serving their communities
4. Allow Canadian Muslims to be able to practice their faith as best and as safely as possible during the COVID-19 pandemic

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 other Muslim COVID-19 task forces in Muslim minority countries, in a similar manner.

We aim to have broad representation and input from across the country and invite passionate and dedicated Canadian Muslim organizations and community leaders to [join](#) our task force.

Canadian Muslim COVID-19 Task Force

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EXECUTIVE SUMMARY

This second release builds on the previous preparedness framework and focuses on keeping our mosques and communities open and safe during the COVID-19 pandemic. 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 and recommendations are therefore meant to complement and not be in lieu of provincial guidelines, and are based on the best available knowledge at the time of development and dissemination, following consultation with numerous Muslim medical, religious and community leaders and organizations.

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

- The protection of health and life of Canadian Muslims, and by extension all Canadians, as being paramount
- Importance of our mosques and prayer in congregation to the spiritual and community lives of Canadian Muslims
- The significant physical, mental, emotional, spiritual and financial impacts of COVID-19 on the lives of all Canadian Muslims, including children, and Canadian Muslim institutions
- Socioeconomic pressures faced by mosques and Islamic centres
- What we know about COVID-19 and its transmission from a medical and epidemiologic perspective, and concerns regarding subsequent waves of infection as society reopens due to complacency, psychological fatigue from protective measures, overwhelming healthcare system capacity or resources, changes in climate and the potential for mutation of the virus
- The most effective measures at reducing the spread of COVID-19 are physical distancing, quarantining or isolation of anyone with suspected or confirmed COVID-19 respectively, hand hygiene, good respiratory etiquette, wearing a mask and disinfection of commonly touched surfaces
- Highly ventilated spaces including outdoor spaces are associated with a lower risk of transmission of COVID-19 than indoor or enclosed areas
- While there have been some promising interventions, most of the therapies trialled thus far have been ineffective, there is no cure for COVID-19 and a vaccine is not realistically expected to become available in the near future

- Vulnerable populations may be more at risk of direct and indirect consequences of the COVID-19 pandemic
- The [status](#) and experience of COVID-19 infections in various provinces and territories across Canada
- The latest reopening frameworks and plans as released by provincial and territorial governments
- The pandemic has heterogeneously impacted Canadians at the provincial and regional level, resulting in differing reopening strategies, measures being implemented and on different timelines
- Feedback and recommendations received from several provincial and regional public health bodies
- 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
- The perspective of public health bodies and experts in our ability and capacity to safely reopen and reliably contain the spread of COVID-19 through testing, isolation and contact tracing
- As society reopens, the ability to identify, contact and test individuals who may be at-risk in the event of an outbreak quickly and effectively is the cornerstone of contact tracing. With contact tracing, outbreaks can be contained early, individuals can seek and get medical care quicker and there will be less disruptions to mosque operations with temporary suspensions and closures.
- Current testing abilities in terms of access, accuracy, reliability, methods and time required to obtain a result
- The launch of the Government of Canada's officially sanctioned [COVID Alert App](#), which helps individuals know if they may have been exposed to someone with COVID-19.
- Unique exposures and risks relevant to Canadian Muslims including medical conditions place them at higher risk of poor outcomes if infected with COVID-19 (elderly, hypertension, obesity, diabetes, chronic health conditions), low socioeconomic status and multigenerational households.
- Although the risk of getting infected is more or less the same for everyone, Canadian Muslims possess a lot of the medical conditions that would place them at higher risk of suffering a poor outcome, should they develop COVID-19. Race-based data that has been released for some Canadian communities shows an overrepresentation of Black and South Asian communities amongst those infected with COVID-19 compared to

their prevalence in the community, and a sizable majority of Canadian Muslims belong to these racialized groups.

- The role that Muslim and non-Muslim religious gatherings have played in the spread of COVID-19 around the world thus far and the experience of houses of worship that have navigated managing an outbreak
- The risk of an outbreak within mosques is deemed to be high without any safety measures and is related to both the size, density and frequency of prayer gatherings, which typically occur at least 5 times a day.
- A positive case attending any of our mosques places the health and lives of other Muslims, their households and other Canadians at risk. Even if all the legally mandated recommendations are followed and an outbreak still occurs, 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.
- Differences between mosques 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
- Implementing measures requires time, resources, funding and education of staff and the community to ensure consistency and avoid confusion.
- Given the fluid nature of the status of COVID-19 and all other aspects of our daily lives that have been affected by the pandemic, regular monitoring and evaluation of measures is required to ensure adaptability and maintain high levels of compliance.
- The foreseeable future includes several key events that have the potential to drastically change the status of the COVID-19 pandemic within any region in a short period of time. This includes any rapid reopening of segments of society without adequate risk mitigation strategies in place, the start of the school year in September, the reopening of the US-Canada border, the start of flu season in mid October, the winter holiday season and people spending more time indoors during the winter.
- Children have accounted for only a small fraction of the total confirmed COVID-19 cases thus far. However, they are also more likely to not show any symptoms of COVID-19 despite carrying the virus, or be underdiagnosed with milder symptoms than adults. There have been increasing reports of COVID-19 associated multisystem inflammatory conditions in children around the world, along with numerous outbreaks within schools associated with reopening.
- It is critical for schools to be able to reopen safely, such that children's education, social lives and mental health can be prioritized, while allowing parents to be able return to

work as well. This needs to be balanced with any potential risk to the health and lives of children, parents and any at-risk individuals at home.

- Second waves of COVID-19 infections have been experienced by other countries and some provinces in Canada already, indicating the importance of taking preemptive action rather than having a reactionary approach.
- Reopening aspects of communal religious life will require significant changes to our usual rituals and social practices.
- Permitted actions should be prioritized based on a combination of factors, including but not limited to the importance of and need for the activity from religious and worldly perspectives, any potential COVID-19 related risks, along with an assessment of anticipated and unintended consequences if the activity does or does not occur.
- Several fatwas and religious accommodations that have been issued by Canadian and international religious *Fiqh* and jurisprudence bodies, have temporarily lifted several religious obligations, especially from high risk groups, while the pandemic is ongoing.
- Recommendations and guidance documents released and shared by our counterpart American and British Muslim COVID-19 Task Forces, with due gratitude.
- Feedback from town halls, surveys and emails received between June and August 2020 from mosque leadership and community members.

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

OVERVIEW OF PHASES

	PHASE A	PHASE B	PHASE C	PHASE D
AT MINIMUM	IMPLEMENT LATEST RECOMMENDATIONS AS MANDATED BY REGIONAL AND PROVINCIAL GUIDELINES FOR HOUSES OF WORSHIP & BUILDING FACILITIES			
PRAYERS & CENTRE ACTIVITIES				
Congregation Size for Prayers	Closed to public	# Set by provincial or regional limits	# Set by provincial or regional limits	Up to building occupancy limit
Jummua Prayer	No Jummua Virtual Khutba only Duhr at home	1 Jummua only	Multiple Jummuas allowed. 30 mins or longer between last and first of each jamaat	No limits on the number of Jummuas or time between prayers
Outdoor prayers	Closed to public	Allowed if no regional restrictions	Allowed if no regional restrictions	Allowed
Prayer & Khutbah Length	N/A	Maximum 15 minutes	Maximum 15 minutes	No limits
In-person Mosque Activities (classes, halaqas etc.)	Suspended Virtual programming only	Suspended Virtual programming only	Allowed within regional limits	Allowed
Sunnah & Nafil Prayers at the Mosque	Suspended	Suspended	After 5 daily prayers only and if only 1 jamaat	Allowed
Burials	No Ghusl, straight to Janaza	No Ghusl, or Ghusl with proper PPE only	Ghusl with proper PPE only	Normal Ghusl. No PPE required
Funerals	# Limited by regional limits	# Limited by regional limits	# Limited by regional limits	No limits

Weddings	None	Only if within regional limits	# Limited by regional limits	No limits
Counselling Services	Virtual counselling mostly unless urgent	Virtual counselling mostly unless urgent	In person or virtually, as required	In person or virtually, as required
Serving of Food	Individually packaged only	Individually packaged only	Individually packaged only	Open sharing allowed with hygiene practices
FACILITY INFECTION CONTROL PRACTICES				
Physical Distancing (prayers, common areas and offices)	Required	Required	Required	Not required
Safety Check Station (proper respiratory etiquette throughout)	No station Mandatory handwashing Screening & reminder of rules for mosque admin staff	Safety Station in place Mandatory handwashing observed Screening & reminder of rules	Safety Station in place Mandatory handwashing observed Screening & reminder of rules	No station Hand sanitizers available at each entrance and exit; signage promoting hand hygiene remains
Screening Measures (symptomatic persons never allowed)	Imams and admin staff allowed only General public including volunteers excluded	Children and high risk groups excluded Screening for symptoms and exposures	Children excluded but elderly and high risk groups allowed Screening for symptoms and exposures	No restrictions on congregation members No screening required
Registration and Record Log	For staff and mosque admin only	Required for all staff, volunteers and visitors	Required for all staff, volunteers and visitors	Not required

Disinfection of Commonly Touched Surfaces	Once daily	Between each prayer	Between each prayer	Regularly as per building and facility management requirements
Carpet Disinfection (and after any positive case)	Routine carpet disinfection	Disinfect weekly, after Jummua	Disinfect every 2 weeks, after Jummua	As required, by law
Carpet Maintenance	Vacuum twice weekly at minimum (additionally after events) Deep Shampoo every 3 months			
Public Access to Wudhu Areas	Closed	Closed	Open only if structural barriers implemented	Open
Public Access to Washrooms	Closed	Closed	Open for emergencies with increased disinfection	Open and disinfected regularly, by law
COMMUNITY MEMBERS				
Going to Different Mosques	N/A	Attend 1 local mosque only	Attend 1 local mosque only	Allowed
Individual Prayer Mats	Required	Required	Required	Not required
Masks Required	Yes	Yes	Yes	No
Individual Bags Required for Shoes	N/A	Yes	Yes	No
Socializing Before and After Prayers (inside or outside)	Suspended	Suspended	Discouraged	Allowed

TRANSITIONING BETWEEN THE DIFFERENT PHASES

We present guidance on how to move between the 4 phases of this framework, where Phase A is when the mosque is completely closed to the public (i.e. during peak periods of COVID-19 in the community) and Phase D is where the mosque is completely open with no restrictions or measures in place (i.e. the pandemic has been declared over). As regions and provinces progress through different stages as COVID-19 infections are felt to be under control, and in circumstances where there may be rising community prevalence of COVID-19 that will result in downgrading of stages and restrictions being reinstated, so too will our mosques need to be able to quickly adapt as well. These recommendations should serve as a tool for mosques to periodically self-evaluate their protocols and measures in relation to the status of COVID-19 within their region.

Mosques should progress forward through phases e.g. Phase A to B, and so on, in an iterative manner and not skip any phases. Going back, mosques are able to skip phases should the circumstances require them e.g. Phase C to Phase A if there is concern regarding sudden outbreaks or a high number of cases in the region.

Every 4 weeks, the mosque administration should conduct a preparedness meeting where in conjunction with evaluating their current processes using the accompanying monitoring and evaluation form, the appropriateness of the current phase should be reassessed.

When to Proceed to the Next Phase

- The mosque has been at the current phase for at least 4 weeks
- There have been no outbreaks at any mosque or centre in the region in the past 4 weeks
- The status of COVID-19 in the region has overall improved over the last 4 weeks
- Progressing to the next phase does not violate or oppose any of the latest regional or provincial guidance or recommendations for houses of worship
- The mosque leadership, staff and volunteers are familiar with the current and existing protocols and measures in place and there are no issues with enforcing measures.
- The staff and community is felt to have adapted well to the current phase i.e. is accepting of and compliant with the current measures in place without any major barriers or challenges
- Mosque administration staff and volunteers have been given at least 1 week notice with regard to the proposed change in phase, in order to allow for changes in measures to be implemented and signage to be updated

- The community members should be given at least 1 week notice with regard to progression to the next phase, and should be educated and informed of what measures to expect.
- Community members should be informed that if the circumstances or situation regarding the COVID-19 pandemic changes significantly (such as a sudden increase in infections in the region), then the mosque will go back at least one phase, as long as it doesn't conflict with the latest public health recommendations, and shall re-evaluate the situation after a period of 4 weeks.
- Progression to Phase D is only possible once the COVID-19 pandemic within the region or province has been declared over (and not just having zero cases for a certain period of time).

When to Stay at the Same Phase

- The status of COVID-19 infections in the region has overall remained stable, over the last 4 weeks
- The regional or provincial stage of reopening has remained unchanged over the last 4 weeks

When to Go Back a Phase

- If the region or province has downgraded at least one stage, the mosque should also go back one phase if not more, as long as it doesn't contradict or oppose the latest local, regional and provincial guidance for houses of worship
- The status of COVID-19 in the region has overall worsened, over the last 4 weeks
- There are concerns regarding the implementation or enforceability of safety measures at the mosque in the current phase

MONITORING & EVALUATION FORM

Performed Every 4 Weeks

Current Phase (circle): A B C D Today's Date: _____

- The latest regional public health guidance available for houses of worship and building facilities have been reviewed and all recommendations have been implemented as a minimum
- All staff and volunteers:
 - Are healthy and are aware of what procedures to follow if they are or become sick
 - Are aware of, have been trained on and are comfortable with all the current processes
- Has the community adopted and accepted the current measures in place?
 - Increase adoption and adherence to processes by:
 - Increasing community education
 - Put up simple and easy to read signs and posters provided by regional public health departments and the CMCTF. Put up signs in different languages, as required.
 - Discuss, address questions and educate individually, during weekly Friday khutbahs, on your email listserv and online with compassion and empathy
 - Provide regular updates to your congregation using all communication channels
 - Update your website, social media pages, telephone answering machine or voicemail
 - Continuing virtual programming for those that are unable to attend (children, elderly, medical conditions, quarantined due to possible exposure or travel, or isolating due to COVID-19)
 - Providing access to resources upon request (e.g. non-medical masks or prayer mats for free, at cost, or for a nominal charge)
- Are there any issues or challenges faced that need addressing?

- Are the required facility infection control practices being performed adequately and are the facility maintenance logs up to date?
- Is there an adequate supply of approved hand sanitizers, cleaning materials, personal protective equipment and any other required materials or resources?
- Is our record-keeping of all staff and visitors to the mosque over the past 4 weeks complete?
 - Securely shred or discard any details and records from more than 4 weeks ago
- Are the number of COVID-19 cases in our region stable, increasing or decreasing?
- Have there been any reported outbreaks at our mosque?
- Have there been any reported outbreaks at other mosques within our region?
- Based on this current evaluation and the recommendations regarding if and when to change phases, we will:
 - Stay at the same phase
 - Proceed to Phase __
 - Return to Phase __
- The next mosque preparedness evaluation meeting will be conducted on: _____

SUMMARY OF MEASURES AT EACH PHASE

Phase A - Mosque Closed to the Public / Open to Staff Only

CONGREGATION PRAYERS CLOSED TO PUBLIC	NO JUMMUA. VIRTUAL KHUTBAH & DHUHR AT HOME	NO OUTDOOR PRAYERS	IN-PERSON MOSQUE CLASSES AND EVENTS SUSPENDED VIRTUAL PROGRAMMING ONLY
PHYSICAL DISTANCING 2M AT ALL TIMES	MASKS MANDATORY AT ALL TIMES	NO SOCIALIZING	SCREENING MEASURES FOR IMAM & MOSQUE ADMIN NO VOLUNTEERS
REGISTRATION & RECORD LOG OF ALL STAFF & VISITORS	SUNNAH & NAFL PRAYERS AT HOME	MANDATORY HANDWASHING & RESPIRATORY ETIQUETTE	INDIVIDUAL PRAYER MATS REQUIRED
DAILY DISINFECTION OF COMMONLY TOUCHED SURFACES	ROUTINE CARPET DISINFECTION VACUUM TWICE WEEKLY & DEEP SHAMPOO CLEANING EVERY 3 MONTHS	NO GHUSL STRAIGHT TO JANAZA	FUNERALS WITHIN REGIONAL LIMITS
NO WEDDINGS	VIRTUAL COUNSELLING MOSTLY UNLESS URGENT	NO PUBLIC ACCESS TO WASHROOMS OR WUDHU AREAS	FOOD ALLOWED ONLY IF INDIVIDUALLY PACKAGED

Phase B - Open with Caution While Infection Risk Higher

<p>CONGREGATION PRAYERS OPEN WITHIN REGIONAL SIZE LIMITS</p>	<p>1 JUMMUA PRAYER ONLY</p>	<p>OUTDOOR PRAYERS WITHIN REGIONAL LIMITS</p> <p>PRAYERS & KHUTBAHS KEPT TO 15 MINS</p>	<p>IN-PERSON MOSQUE CLASSES AND EVENTS SUSPENDED</p> <p>VIRTUAL PROGRAMMING ONLY</p>
<p>PHYSICAL DISTANCING 2M AT ALL TIMES</p>	<p>MASKS MANDATORY AT ALL TIMES</p>	<p>ATTEND 1 LOCAL MOSQUE ONLY</p> <p>NO SOCIALIZING</p>	<p>CHILDREN & HIGH RISK GROUPS EXCLUDED</p>
<p>REGISTRATION & RECORD LOG OF ALL STAFF, VOLUNTEERS & VISITORS</p>	<p>SUNNAH & NAFL PRAYERS AT HOME</p>	<p>SAFETY STATION WITH SCREENING, MANDATORY HANDWASHING AND REMINDER OF RULES & RESPIRATORY ETIQUETTE</p>	<p>INDIVIDUAL PRAYER MATS REQUIRED</p>
<p>DISINFECTION OF COMMONLY TOUCHED SURFACES BETWEEN EACH PRAYER</p>	<p>CARPET DISINFECTION WEEKLY, AFTER JUMMUA</p> <p>VACUUM TWICE WEEKLY & DEEP SHAMPOO CLEANING EVERY 3 MONTHS</p>	<p>NO GHUSL OR GHUSL WITH PROPER PPE</p>	<p>FUNERALS WITHIN REGIONAL LIMITS</p>
<p>WEDDINGS ONLY IF WITHIN REGIONAL LIMITS</p>	<p>VIRTUAL COUNSELLING MOSTLY UNLESS URGENT</p>	<p>NO PUBLIC ACCESS TO WASHROOMS OR WUDHU AREAS</p>	<p>FOOD ALLOWED ONLY IF INDIVIDUALLY PACKAGED</p>

Phase C - Less Restrictions While Infection Risk Lower

<p>CONGREGATION PRAYERS OPEN WITHIN REGIONAL SIZE LIMITS</p>	<p>MULTIPLE JUMMUA PRAYERS, 30 MINS BETWEEN LAST AND FIRST PERSON OF EACH JAMAAT</p>	<p>OUTDOOR PRAYERS WITHIN REGIONAL LIMITS</p> <p>PRAYERS & KHUTBAHS KEPT TO 15 MINS</p>	<p>IN-PERSON CLASSES & EVENTS IF WITHIN REGIONAL LIMITS</p> <p>CONTINUE VIRTUAL PROGRAMMING</p>
<p>PHYSICAL DISTANCING 2M AT ALL TIMES</p>	<p>MASKS MANDATORY AT ALL TIMES</p>	<p>ATTEND 1 LOCAL MOSQUE ONLY</p> <p>SOCIALIZING DISCOURAGED</p>	<p>CHILDREN EXCLUDED</p> <p>ELDERLY AND HIGH RISK GROUPS ALLOWED</p>
<p>REGISTRATION & RECORD LOG OF ALL STAFF, VOLUNTEERS & VISITORS</p>	<p>SUNNAH & NAFL AFTER 5 DAILY PRAYERS AND IF ONLY 1 JAMAAT</p>	<p>SAFETY STATION WITH SCREENING, MANDATORY HANDWASHING AND REMINDER OF RULES & RESPIRATORY ETIQUETTE</p>	<p>INDIVIDUAL PRAYER MATS REQUIRED</p>
<p>DISINFECTION OF COMMONLY TOUCHED SURFACES BETWEEN EACH PRAYER</p>	<p>CARPET DISINFECTION EVERY 2 WEEKS, AFTER JUMMUA</p> <p>VACUUM TWICE WEEKLY & DEEP SHAMPOO CLEANING EVERY 3 MONTHS</p>	<p>GHUSL WITH PROPER PPE</p>	<p>FUNERALS WITHIN REGIONAL LIMITS</p>
<p>WEDDINGS WITHIN REGIONAL LIMITS</p>	<p>IN PERSON OR VIRTUAL COUNSELLING, AS REQUIRED</p>	<p>WUDHU AREAS OPEN WITH BARRIERS</p> <p>WASHROOMS OPEN FOR EMERGENCIES WITH INCREASED DISINFECTION</p>	<p>FOOD ALLOWED ONLY IF INDIVIDUALLY PACKAGED</p>

Phase D - Region Declared COVID-19 Free

<p>CONGREGATION SIZE UP TO BUILDING OCCUPANCY LIMIT</p>	<p>NO LIMITS ON JUMMUA PRAYERS</p>	<p>OUTDOOR PRAYERS ALLOWED</p> <p>NO LIMITS ON PRAYER OR KHUTBAH LENGTH</p>	<p>IN-PERSON CLASSES & EVENTS RESUME</p>
<p>PHYSICAL DISTANCING 2M NOT REQUIRED</p>	<p>MASKS NOT REQUIRED</p>	<p>VISITING MULTIPLE MOSQUES ALLOWED</p> <p>SOCIALIZING ALLOWED</p>	<p>NO RESTRICTIONS ON CONGREGATION MEMBERS</p>
<p>NO REGISTRATION OR RECORD LOGS REQUIRED</p>	<p>NO LIMITS ON SUNNAH & NAFL PRAYERS</p>	<p>NO STATION</p> <p>IF HAVE ANY SYMPTOMS, DO NOT ATTEND</p> <p>PROMOTE HAND HYGIENE & RESPIRATORY ETIQUETTE</p>	<p>INDIVIDUAL PRAYER MATS NOT REQUIRED</p>
<p>DISINFECTION OF COMMONLY TOUCHED SURFACES, BY LAW</p>	<p>CARPET DISINFECTION AS REQUIRED BY LAW</p> <p>VACUUM TWICE WEEKLY & DEEP SHAMPOO CLEANING EVERY 3 MONTHS</p>	<p>NORMAL GHUSL</p> <p>NO PPE REQUIRED</p>	<p>NO LIMITS ON FUNERALS</p>
<p>NO LIMITS ON WEDDINGS</p>	<p>IN PERSON OR VIRTUAL COUNSELLING, AS REQUIRED</p>	<p>WUDHU AREAS OPEN</p> <p>WASHROOMS OPEN & REGULARLY DISINFECTED</p>	<p>FOOD SHARING ALLOWED WITH HYGIENE PRACTICES</p>

IMPLEMENTING MEASURES TO KEEP OUR MOSQUES AND COMMUNITIES OPEN & SAFE

Closure of facilities will be assessed on a case-by-case basis by public health order and will be based on ongoing risk to the public. These risks can be related to failure to adhere to distancing, masking where required, cleaning or screening protocols. Additionally, lack of cooperation can also be grounds for closure.

Mosques that have not kept complete registration lists may have to resort to public channels of communication to contact attendees of a potential exposure with a positive case. This could include a widely disseminated message in public media outlets and public signs.

IF SOMEONE FAILS SCREENING AT THE MOSQUE

1. Politely inform them the reason why they failed screening, and that for their safety and the protection of the congregation, they should pray at home and that any obligation to pray at the mosque is lifted from them. Inform them when they may return e.g. after waiting for 2 weeks or when the mosque is in a certain phase, as appropriate.
2. If they have symptoms, they should go home and either contact their healthcare provider or visit an assessment centre to get tested. They should isolate at home until their test results have returned.
3. If they have travelled from outside the province recently, they should wait for 2 weeks in the new province before attending the mosque.

COMING BACK TO THE MOSQUE AFTER RECOVERY FROM COVID-19

1. Any person who has tested positive for COVID-19 should be allowed to attend if a physician currently in independent practice has certified in writing that they are no longer deemed to be infectious.
2. Alternatively, they should be free of any symptoms AND at least 14 days should have passed from the onset of symptoms or when they tested positive, whichever is later.

MANAGING SUSPECTED OR CONFIRMED CASES OF COVID-19 AT THE MOSQUE

- Individuals should be encouraged to notify the Imam and mosque administration ASAP if they are suspected of or have tested positive for COVID-19 and attended the mosque within the past two weeks.
- In some situations, mosques may be informed directly from a case manager from a local public health unit that a person who visited their mosque has tested positive for COVID-19.
- The following assumes that mosques have clearly identified roles for individuals responsible for external and internal communications, attendance data management, and ongoing monitoring.

Here are simple recommendations for a scenario when individuals disclose exposure, symptoms or a positive test result directly to the mosque:

1. If the person has not been tested, strongly encourage the individual reporting to isolate at home and to visit their local COVID-19 assessment centre to get tested ASAP. While test results are awaited, the person should continue isolating at home.
2. If the person refuses to or is unable to get tested, they must self-isolate at home for 2 weeks. Steps should be taken to ensure they do not attend the mosque during this isolation period.
3. Temporarily suspend congregational activities at the mosque and notify congregants of the precautionary suspension while investigations are pending.
4. Review protocols to look for lapses in processes, protocols or practices that could be optimized or improved. The provided monitoring and evaluation checklist can be used for this purpose.
5. Contact your local or regional public health unit (see below), if they have not contacted you first, regarding next steps. Many public health units will have 24 hour response teams.
6. If the individual has visited more than one mosque in the past 2 weeks, the individual should be advised to inform public health and any other mosques that may be affected.
7. Have your registration lists and record logs available, in case required by public health for contact tracing.
8. A case manager from the local public health unit will help the mosque representative to assess the risk of someone being exposed at the mosque. The risk assessment level may be related to a number of factors, including the number of confirmed cases or

persons present, when the individual visited in relation to when they developed symptoms, and the preventative infection control measures in place. Generally speaking, the more protective measures that are in place, the lower the risk to others who may have been present at the same prayer, resulting in minimal disruption to the mosque's services.

9. Depending on the risk assessment and scale of an outbreak, a temporary suspension of services or closure may be required.
10. **If test results are unknown** or risk assessment has not been completed by public health, activities at the mosque should remain suspended to the public. This process may take 1-3 days to complete properly and while test results are awaited. Research into quick and more acceptable testing methods such as saliva tests are underway and may shorten this waiting period once available.
11. **If the COVID-19 test result is negative**, the mosque can reopen the next day if all the other recommended measures are in place, the local public health unit is in agreement and the risk to others in attendance at the same prayer, or who attended the mosque on the same day is deemed to be low.

If the COVID-19 test result is positive, additional steps and measures are required as follows:

12. The COVID-19 positive individual's household members must also undergo a 2 week quarantine period at home, i.e. should avoid any public contact and should not be permitted to attend any mosque. If household members subsequently develop symptoms or test positive, they should start a new 2 week isolation period.
13. Additional contacts, as identified by the regional public health department, may also need to undergo a 2-week quarantine period.
14. Public health case managers can help the mosque identify the level of communication needed following a risk assessment and depending on which day(s) the individual attended the mosque.
 - a. Notify any congregants that may have been exposed, as identified by public health, via secure email and telephone with next steps as advised. These may include asking them to monitor their symptoms for the next 2 weeks, contacting a medical practitioner, undergoing COVID-19 testing at an assessment centre and/or quarantining for a 2 week period.
15. As soon as possible, the community should be informed of a positive case without disclosing personal identifying information via all communication channels (voicemail recording, email, website, social media channels etc.). This should include:

- a. Confirming the identification of a case - when identified, which date(s) they visited the mosque
 - b. Who (public health, any at-risk contacts) was notified and when
 - c. Steps taken after identification of the case (suspension of prayer services, instructions for positive individuals and their household to isolate/quarantine at home for 2 weeks, disinfection plans etc.)
 - d. What measures were already in place at the time(s) the positive individual visited the mosque (in addition to the mandatory provincial requirements for houses of worship)
 - e. The perceived risk to others who may have been present at the same time or on the same day, as identified by the local public health department.
 - f. A reminder to all congregants to observe physical distancing and frequent handwashing, wear a mask indoors, stay at home if sick, travelled or were exposed to someone with COVID-19 within the last 2 weeks and to inform the mosque ASAP if they develop symptoms that may be consistent with COVID-19 or are undergoing testing for COVID-19 and have visited the mosque in the past 2 weeks.
 - g. Any additional recommendations by public health
16. The mosque should undergo a thorough disinfection process of all carpets, door knobs and frequently-touched surfaces.
17. Evaluate the mosque's current processes and see if there are any gaps in community education, implementation of safety measures or training of personnel and rectify them.
18. A meeting should be held to remind staff and volunteers of the measures and protocols currently in place.
19. Services should not resume without completion of all the aforementioned steps (12-18) and if not specified by public health case managers, preferably after a **7 day** suspension of services.
- a. This 7 day suspension period will allow public health to determine the magnitude of the outbreak (as more persons may become positive in the coming days) and to allow the community members and mosque to feel prepared and safe before reopening.

SAFELY REOPENING OUR ISLAMIC SCHOOLS

- Both public and private schools are expected to open in September 2020, with students attending either in-person, virtually from home, or as part of a hybrid model.
- Many Islamic centres not only provide prayer space, but are also attached to or share facilities with a private Islamic school.
- Guidance regarding measures to implement have been released for public and private schools by several public health bodies and these should be strongly adhered to by schools, staff members, parents and children. They typically focus on several core measures:
 - Reducing class sizes, cohorting students and staff and staggering start times
 - Maintaining physical distancing and universal masking
 - Keeping school children and staff separate from other members of the public
 - Optimizing and maximizing ventilation
 - Promoting hand hygiene and respiratory etiquette
 - Effective screening, identification and reporting of suspected or confirmed cases, testing, contact tracing and quarantine/isolation requirements as guided by public health
 - Increased sanitization and disinfection
 - Regular communication with and education of staff, students and parents
 - Accommodations for vulnerable groups
- **Prayer spaces open to the general public should not be used as classrooms.**
- Weekend school classes and extracurricular activities should continue virtually online, in order to prioritize core academic learning during weekdays.
- Under no circumstances should school staff or students have the potential to come into contact with members of the general public while the COVID-19 pandemic is ongoing.
- If the prayer space for the general public and school are situated in **separate buildings**, there are no additional infection control concerns.
- If the prayer space and school classrooms are in **separate rooms** with no physical contact between school attendees and the general public, but are **within the same building** with a shared ventilation system, this should be acceptable as long as all other

measures such as screening for sick individuals, universal masking and distancing etc. are in effect.

- If there is **only one prayer space** which is usually shared by the general public and school staff and students:
 - **Strongly Recommended**
 - i. The general public should use the prayer space while students and school staff pray in classrooms on individual prayer mats next to their desk.
 - This is the most effective way of minimizing any possible contact between different cohorts of children while on the way to and from prayer rooms, saves time, helps maintain physical distancing and is not cumbersome.
 - **Less Recommended**
 - i. Exclude the general public from praying *Dhuhr* or *Asr* prayers while the academic school year is in session, while school staff and students use the prayer space.
 - Depending on the community, this may not be a significant disruption given that attendance for these prayers during weekdays can be limited. Further, if given the choice, some parents may choose to prioritize their children's education over facilitating prayers in congregation.
 - This is a less preferred option as it does not allow members of the general public to be able to attend prayer in congregation for 2 of the 5 daily prayers, nor the weekly *Jummua* prayer.
 - **Not Recommended**
 - i. The prayer space is shared, where the general public prays in a separate *jamaat* (gathering) from school staff and students, with at least 30 minutes between the last person leaving the first *jamaat* and the first person entering the next.
 - There are numerous downsides and risks associated with this strategy, including an inability to guarantee physical distancing as students line up and move between rooms, time taken to mobilize students and possible exposures between different student cohorts.

PREPARING FOR WINTER AND THE COLD & FLU SEASON

- Public health officials at the federal and provincial level have warned the public regarding the possibility of second and subsequent waves of COVID-19 infections as early as this fall.
- This unfortunately coincides with a number of key events that may increase the risk of suspected and confirmed COVID-19 cases, including:
 - The reopening of schools in September
 - The potential reopening of the US-Canada border
 - Flu season between mid October and early April each year
 - The winter holiday period
 - Colder weather, where individuals will be spending more time in less-ventilated indoor settings
- Recommended measures and operations should remain the same, although it is more likely that public health will be contacted during this period due to higher suspected and/or confirmed COVID-19 cases.
- Employing a proactive yet balanced approach is favoured over taking reactive steps which may come at the expense of outbreaks, disruptions to mosque services and most importantly, unnecessary risks to the health and lives of community members.

In anticipation of the upcoming flu season, **between October 15, 2020 and April 1, 2021**, it is **strongly recommended** for all mosques to **either be in Phase A if they are closed** to the public, **or Phase B if they are open**. Any mosques in Phase C should return to Phase B.

Vaccinations Against Respiratory Illnesses

- While the COVID-19 vaccine is under development, there are vaccinations currently available that can help protect us and keep our communities safe from other respiratory illnesses. All community members should talk to their doctor or nurse practitioner to ensure they are up to date with childhood, influenza and pneumococcal vaccinations, as appropriate.

- Each year 12,200 Canadians are hospitalized and 3,500 Canadians die from influenza infection (the “flu”) - a largely preventable illness through free, readily available, safe and effective vaccinations.
- Given the considerable overlap in symptoms, it can be difficult even for clinicians to distinguish between a regular cold, the flu and COVID-19.
- Persons can have both COVID-19 and the flu, the significance of which is unknown.
- The flu shot (influenza vaccination) effectively protects you and those around you from the flu, by establishing herd immunity. It also protects our hospitals from exceeding their bed capacity, thereby protecting our community as a whole.
- Collaborating with religious authorities can be an effective public health strategy for maximizing the uptake of vaccinations in the community.

In line with public health guidance and in order to protect the whole family, **all children over age 6 months and adults** without a medical exemption **should receive the flu shot** as soon as it is available.

KEY WEBSITES AND RESOURCES BY PROVINCE & TERRITORY

Alberta

- [Provincial website for COVID-19](#)
- [Provincial reopening framework and strategy](#)
- [Provincial public health department website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

British Columbia

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Manitoba

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

New Brunswick

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Newfoundland and Labrador

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Northwest Territories

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Nova Scotia

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Nunavut

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Ontario

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)

- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Prince Edward Island

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Quebec

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Saskatchewan

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)
- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

Yukon

- [Provincial website for COVID-19](#)
- [Provincial reopening framework website](#)
- [Provincial Public health dept website for COVID-19](#)
- [Find your local or regional public health department](#)
- [COVID-19 self assessment tool](#)

- [Guidance for houses of worship](#)
- [Guidance for buildings and workplaces](#)
- [Posters and Fact Sheets](#)

DETAILED RECOMMENDATIONS AND RATIONALE

Preparing the Mosque 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. Houses of worship that are unable to implement or enforce the minimal recommendations should not open and may be held **legally accountable and responsible**, should it be required.
3. The importance and value of **educating and preparing the community in advance, reiterating messages and thanking them for their cooperation** cannot be understated. This can be done via your website, social media, email listserv and answering machine recording regarding all the measures currently in place, and as they change, to prevent communal strife and division.
4. Mosques should consider recruiting a **physician and/or public health consultant** to their administration, who may be contacted for guidance or questions.
5. **Regular signage** in English, French and any other languages relevant to the community should be placed at each entrance and exit and inside the mosques to remind all visitors of the current measures in effect.
6. For the duration of the pandemic, limit premises to a **separate entrance and exit if possible, with physical distancing** being maintained at all times, including upon entry and exit. If possible and in order to maintain order, the flow of persons should be one-way and rows should fill or empty sequentially.
7. Use **floor markings** 2 metres apart in entrances, exits, common areas and prayer areas to make it easier for attendees.
8. Mosques 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.
9. **Public wudhu (ablution) areas** should be closed in early phases and opened in later phases if and once full-length structural barriers (e.g. plexiglass) have been installed between stalls.
 - a. Performing wudhu includes activities such as splashing water on the face, rinsing or gargling the mouth and blowing the nose. Individuals may perform these actions forcefully, thereby increasing the risk of aerosolizing viral particles that typically live in the nose and upper respiratory tract.

- b. Many *wudhu* areas have multiple sitting stools that are placed less than 2 metres apart, violating physical distancing rules.
 - c. *Wudhu* areas usually do not allow for one-way flow of traffic and usually
10. There should be restricted access to common **washroom facilities** in earlier phases and reserved for dire emergencies only. They may be reopened in later phases with an increased cleaning and disinfection protocol, and as long as there is a working exhaust fan installed. This recommendation is based on the following rationale:
- a. Many mosques and Islamic centres do not have cleaning and disinfection staff that are always on site or that are readily available at short notice.
 - b. While visiting the washroom, most people remove their mask and may inadvertently cough or sneeze while inside.
 - c. Having washrooms open during the earlier phases increases the probability that visitors will perform *wudhu* within them, which can increase the risk of aerosol transmission of viral particles.
 - d. Washrooms at mosques and Islamic centres are usually busiest around prayer times, which may make it difficult to effectively clean between use and may not allow enough time for any viral particles from the previous person to have dissipated. Furthermore, the potential for lineups outside washrooms presents an additional logistical challenge for maintaining physical distancing.
 - e. Asking worshippers to use the washroom and perform their *wudhu* at home before coming to the mosque is safer, more hygienic, acceptable and not deemed inconvenient by most.
11. Ensure the **ventilation system** is in good working order and maintenance including changes in air filters are up to date.
12. 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.
13. **Prayer mats, prayer beads and Qur'ans should not be shared.** They can be temporarily safely stowed away until the pandemic is over.

Facility Infection Control Practices

14. Mosques should try to facilitate one **Jummua prayer** in earlier phases, and only progress to later phases where multiple *Jummuas* are recommended based on advancement criteria above, in order to ensure the mosque administration, volunteers and community members are aware of and comfortable with new measures that have been

implemented, there has been adequate time for feedback to be received and issues to be addressed.

15. If hosting several prayers, there should be a **minimum 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. This 30 minute 'washout' period is necessary based on our current understanding, to minimize the risk of aerosol transmission between one prayer group and the next.
16. If possible, windows should be opened between prayers as weather permits, to increase cross-ventilation and reduce the smell of any disinfectants.
17. A designated **cleaning and disinfection team** should be established, where [Health Canada-approved disinfectants](#) are used to clean carpets, doors, knobs, handles, tables, chairs and any other common-use surfaces after each prayer service. Washrooms must be cleaned and disinfected frequently or as per regional guidance. Training should be provided for all staff on cleaning and infection control measures, and all cleaning and disinfection practices should be logged. Washrooms must have a working exhaust fan before they are reopened to the public.
18. [Health Canada authorized hand sanitizers](#) to be placed or installed, regularly refilled and used by all upon entrance and exit. Installing refillable sanitizers on walls at entrances, exits and throughout the facility will increase hand hygiene uptake and help prepare the mosque and community for the flu season each fall and winter, even after the pandemic is over.
19. There should be an **assigned safety officer** with a backup or deputy at each mosque 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 mosques attendees for every visit
20. Physical distancing measures should be reinforced with **designated 'spotters'**, that will help facilitate physical distancing while entering or leaving prayer areas.

21. Masks and Face Coverings

- a. Wearing a mask or face covering is mandated for all. Although at present this is not legally mandated in all public areas or regions due to various reasons, there

is increasing evidence regarding its effectiveness in reducing aerosol transmission, the main mechanism by which COVID-19 is spread, especially in indoor settings. For this reason, many retail stores and transit systems are also increasingly requiring clients to wear a mask at all times.

- b. There are few, if any, medical contraindications to being able to wear a mask. If someone is unable to reliably wear and tolerate a mask due to their age (< 2 years), underlying medical conditions or because it makes them subjectively more short of breath, they should continue praying at home as religious obligations to attend the mosque are temporarily lifted for them, as supported by *Fiqh* bodies. Mask exemption cards are not required and should not be accepted.
- c. A reusable, non-medical, cloth-based mask is preferred, as it is more likely to be comfortable for the wearer, is effective and is more environmentally friendly. Masks should cover both the mouth and the nose at all times and need to be worn by all in the mosque in order to be effective. Signs demonstrating how to wear a mask should be posted inside and outside the mosque. Masks with valves should not be permitted.
- d. Cloth masks may be home-made by following any of several guides and instructions that are readily available online from reputable sources. They are also now widely available at retail in-person and online stores in a number of varieties. Mosques and [Muslim organizations](#) may setup their own in-house production of masks and sell them in order to support the mosque or as a social enterprise.
- e. All entrants should be advised of the masking policy in effect, and should bring their own mask with them, in order to reduce plastic pollution from disposable masks, reduce purchase costs and safe disposal infection control risks for the mosque. There may be community members who may need a replacement mask on short notice, while vulnerable groups especially those from low socioeconomic backgrounds may not be able to afford a mask. In such cases, mosques should be prepared to provide them a cloth mask either at a cost if they can afford it, or for free.
- f. Masks should be disinfected and washed using warm water and soap or detergent as soon as the person returns home.
- g. The staff, volunteers, Imam and khateeb should all lead by example and wear a face-covering or mask at all times to increase adherence. If a full-length, boxed plexi-glass structure is installed at the *minbar* (pulpit), the khateeb does not need to wear a mask while addressing the congregation.

- h. Face shields provide additional protection to the eyes and face, however are not required and are not an acceptable substitute for not wearing a mask.

22. Prayer Mats and the Prayer Space

- a. Worshippers should bring their own prayer mats with them until the pandemic is over. This is to reduce contact with communal carpets and to help reduce the frequency and costs of carpet disinfection for mosques.
- b. Large sheets of material may be spread out over the prayer area as a less-preferred alternative to requiring attendees to bring their own prayer mats. The material should be comfortable, only used for one prayer at a time, should be collected after use with disposable gloves without shaking and should be laundered using detergent at the warmest appropriate setting for the material and dried completely before reuse.
- c. Rolls of cardboard in prayer spaces is less preferable, given infection control risks to staff that are collecting the materials, reduced comfort for worshippers, safe disposal or recycling requirements and setup and cleanup time required between prayers.
- d. Removal of prayer space carpets is not required, given the additional layers of protection in place as above, regular disinfection cleaning protocols and the costs to mosques associated with both removal and eventual replacement of the carpet.

23. Carpet Disinfection and Maintenance

- a. Disinfection and cleaning protocols for businesses and facilities along with houses of worship have been specified by some provinces and territories. We suggest following them if available, or the following, whichever is more frequent:
 - i. Weekly disinfection after each *Jummua* prayer in the initial reopening phase, given the highest risk of contamination following this gathering, and with reduced frequency in later phases
 - ii. Full disinfection after each outbreak or identification of a COVID-19 positive case
 - iii. Deep shampoo carpet cleaning every 3 months
 - iv. Vacuuming all carpeted areas at least twice weekly and additionally after each event.

24. All attendees should bring a **reusable bag for their shoes** and keep them with them for the prayer. This will help avoid bottlenecks and crowding at shoe shelves during entry and exit.
25. **Outdoor prayers**, if weather permits and within regional limits, are preferred over indoor prayers due to the beneficial effects of UV light and natural ventilation in reducing the risk of transmission. Further, physical distancing is easier to maintain in outdoor settings.
26. **Socks** - having a mandatory socks policy is not required, as transmission via feet is not considered to be a significant mode of transmission.
27. A **Screening Station** should be set up at the entrance and/or exit. At each visit, trained screening staff should:
 - a. Ensure all attendees including staff, employees and volunteers are wearing a mask properly (covering the mouth and nose), 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 (depending on the phase).
 - i. 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.
 - d. Confirm attendees have their own prayer mat and advise them of the 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.

- iii. Given that this is not a reliable measure and may provide false reassurance, this is not a mandatory measure to be implemented.
 - f. Remind attendees of all the current rules and measures in place.
 - g. Document attendee's visit in the roster or log
28. **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.
- a. Having a registration process implemented is vital to being able to notify at-risk community members as soon as possible and helping them get tested, in touch with a healthcare provider and isolated sooner rather than later. **This is critical to not just curbing the spread of COVID-19 within our communities, but may also protect the vulnerable and help save lives.**
 - b. This is now strongly recommended for not just houses of worship, but also for many businesses, by many public health departments across Canada.
 - c. **Paper or digital registration** processes may be used. While the latter may reduce record-keeping burden, mosques should abide by **strict data governance principles**. This includes ensuring confidentiality and privacy of the collected information unless required by public health, the use of collected information for only this purpose, and storing the information on secure servers that are preferably located within Canada.
 - d. The task force does not recommend any one particular digital solution over another, as long as it abides by the aforementioned principles. Some mosques in the community are using (in no particular order) their own in-house solution, [Eventbrite](#), [The Masjid App](#), [Google Forms](#) or WhatsApp to register their attendees. Some of these digital solutions do not abide by the privacy and security concerns raised above.
 - e. The records and data of attendees **should only be used for the purpose of contact tracing**, should it be required, and abuse of the community's trust in their contact information being used for other purposes will not only cause them to mistrust the mosque administration, but also make them less willing to comply with this critical measure.
 - f. **Only 4 weeks** worth of registration data and record logs should be kept at a time. Beyond this, older data should be disposed of safely and securely.

29. The CMCTF supports the Government of Canada's official [COVID Alert app](#), which was created to help individuals know if they were potentially exposed to someone with COVID-19 before any symptoms appear. Mosques and community leaders are strongly encouraged to maximize the broad uptake of this app as a means of helping keep our communities safe.
30. 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 and be very costly, 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.

Prayers and Centre Activities

31. The mosques should initially only open for the obligatory *Fard* prayers first, with **Sunnah and Nafil prayers** (before and after) to be prayed at individuals' homes. This allows the maximum number of people to be able to meet their obligations while reducing the amount of time spent in a group setting. As mosques and communities progress through phases, these restrictions will be lifted.
32. Although the value and importance of optional mosques activities and events such as **halaqas and classes** is not in question, they should initially remain suspended for in-person participation until later phases of reopening and if allowed within the region, in the interest of prioritizing prayers. Virtual halaqas and classes are encouraged.
33. **Continue to provide virtual programming** to ensure equitable access to spiritual programming for members of your congregation that are unable to attend.
34. To limit unnecessary crowding, congregants should enter and exit promptly before and after prayers. Besides limited greetings between congregants initially (e.g. saying Salaam and asking how each other is doing), there should be **no socializing** between congregants before or after prayers, in order to limit unnecessary crowding. This condition will be relaxed in later phases.
35. **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. Further, this can be harmful to the environment and to staff who may be continuously exposed to pollutants emitted by cars.

36. 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 (including wearing PPE) are implemented.
37. **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 (row) as required. Family members sitting together may present challenges to advanced marking of designated prayer spots. The distance between the Imam and the first row should be more than 2 metres, given that they will be speaking loudly and facing the congregation.
38. **Outdoor prayers** on mosques grounds or parking lots can be provided if permitted and practical, and if provincial maximums for gathering participants, distancing measures, requirements for masking and individual prayer mats are all still maintained.
39. **Sermons** should be kept as short as possible, so as to fulfill the minimum obligatory components. When facing and addressing the congregation, the Imam or khateeb should be at least 2 metres from the front row while wearing a mask, or should be behind a physical (e.g. plexiglass) barrier.
40. Imams should preferentially **recite shorter surahs** or limited ayahs, in order to minimize the time that congregants are amongst each other, with the **total congregation time lasting no more than 15 minutes** in duration. The risk of exposure is directly related to the time spent within a gathering with an infected individual.
41. 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.
42. There should be no **open or shared food** between attendees until Phase D, once the region has been declared COVID-19 free. This is not because contact with food is considered a major source of COVID-19 transmission, but rather because having food openly shared makes it easier for physical distancing to be ignored and can be a cause of food-borne illness outbreaks.
43. 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

44. Mosque administrators should be supportive in ensuring that their staff members are healthy and safe at all times, and should be able to provide adequate **personal protective equipment** for all staff and volunteers to be able to perform their jobs safely.
45. Mosques' leadership, employees and volunteers must all **lead by example** in understanding and employing cleaning and disinfection practices, hand hygiene, physical distancing, mask-wearing and respiratory etiquette at all times.
46. Mosque administrative staff, employees and volunteers must also be **screened every day**, and are also subject to registration and record log requirements as well.
47. Any staff member, employee or volunteer who fails screening (e.g. has symptoms or has travelled recently) **should not be obligated to work**, should isolate at home and/or seek medical attention.

Community Members

48. During the initial period, in order to reduce transmission chains, it would be preferable for the same regular worshippers (and their households) who are permitted to attend the mosques. This may not however be feasible, depending on the community. The legal precedent of *qurra* (choosing lots) is recommended as a lottery system with advance sign-up of community members that may be implemented.
49. Community members should **preferentially attend the same 1 local mosque** until COVID-19 is declared over in the region (Phase D). This will help reduce the risk of transmission between mosques and the number of people that need to be contacted or mosques that need to be suspended, should there be a positive case.
50. Community members should be made aware that due to physical distancing measures, it may take longer to enter or leave the mosques.
51. Any person who has tested positive for COVID-19 should be allowed to attend if a physician currently in independent practice has certified in writing that they are no longer deemed to be infectious. Alternatively, they should be free of any symptoms AND at least 14 days should have passed from the onset of symptoms or when they tested positive, whichever is later.
52. Individuals who have been in contact with a confirmed or suspected COVID-19 case in the last 14 days, including through their work setting (e.g. healthcare workers) or in their household are strongly prohibited from attending.
53. 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.
54. Any person that has **travelled outside the province or territory in the last 14 days** should be prohibited from attending until they have completed this requisite quarantine period. Although not a consistent requirement across the country when entering or leaving a province or territory, this is an effective and minimally burdensome measure that will help reduce outbreaks due to travellers.
55. The following groups that are either high-risk or unable to reliably physically distance should be **initially restricted from attending** for their own safety, and should be counseled that any congregational prayer obligations are temporarily lifted from them. In later phases, as the prevalence of COVID-19 in the community and the risk of community spread decreases, these restrictions shall be eased.
- 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), or obesity.
 - c. Children under age 10
 - d. Any persons unable to reliably or safely wear a face covering or mask for any reason
56. Persons with **household members belonging to high-risk groups** should carefully consider the risk associated with their attendance to vulnerable members at home.
57. Individuals for whom prayer in congregation is not Fard (obligatory) (e.g. children or disabled), should be requested to pray at home.
58. 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.
59. All worshippers must perform their **wudhu (ablution) at home** until later phases and once barriers have been installed, due to the risk of aerosolization of viral particles.
60. All attendees should wear an appropriate **mask** (multi-layered, non-medical, reusable cotton cloth masks preferred, but others acceptable) at all times while on the mosque's premises, including during prayer. Mosques should be prepared to provide or sell 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 upon returning home.

61. Attendees **should not be wearing gloves**, as these can provide a false sense of reassurance and inadvertently help spread infections. Regularly washing hands with soap and water or sanitizer is more effective.
62. **Vulnerable populations** 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.
63. Access to free **mental health supports** and services should be advertised and promoted through posters and regular messaging via all available communication channels. Cultural barriers to seeking help can be overcome by using inclusive language for men, women and youth, normalizing stigmatized beliefs while delivering counselling and support in a private, confidential and non-judgemental manner.
 - a. [Lots of mental health supports](#) are available during the COVID-19 pandemic in person, online, via telephone, text messaging or apps.
 - b. Many Imams have received specialized training in providing mental health counselling.
 - c. [Muslim Mental Health Canada](#) contains resource lists, educational materials and contact information for specialized healthcare providers.
 - d. Additional FREE supports are available through [Naseeha Mental Health](#), [Nisa Homes](#), [ICNA Relief Canada](#), [Khalil Centre](#), [Anatolia Counselling](#) and [Muslim Family Services of Ottawa](#), to name a few examples.