

## Regarding Re-Opening for Faith Communities

Joshua Lesser, Admin, Spiritual and Communal Responses to COVID-19 (4/24/2020):

It is likely we will see an epidemiological model that starts phasing in smaller group gatherings once communities reach certain medical markers. And that it will ebb and flow back and forth, needing some vigilance and awareness.

Some of it will depend on the following:

1. Locales continuing to shelter in place until certain markers are met (unlike Georgia and some other states).
2. Nonessential travel from city to city and state to state be restricted.
3. The severity of the flu season this fall.

And if #1 and #2 are not followed the severity of a second wave of Covid-19 infections. And to state the obvious, a vaccine would be a game-changer.

What I think this means, and perhaps I am foolish to prognosticate is that for the rest of 2020 most of our congregations in the US (and likely many other countries) should not be thinking of gatherings of more than 50 people. And that is on the possible and optimistic side of things. And will not be a constant or consistent option.

It means that we likely should begin to prepare ourselves to talk with all people planning life cycles and think through alternatives and invite those who have postponed to consider modified plans or at least an update on the uncertainty of those gatherings happening in person in the way many have imagined.

Jerrod Huguenot, Associate Executive Minister at American Baptist Churches of New York State (5/7/2020):

*New York Times* is reporting the CDC Guidelines for reopening were seen as too “prescriptive” by White House officials. The Times was able to obtain a copy of these guidelines that have not been allowed to move forward to public dissemination. See Interim Faith Community Guidance from CDC in the following pages:

# INTERIM GUIDANCE FOR COMMUNITIES OF FAITH

CDC offers the following recommendations to help communities of faith continue to practice their beliefs while keeping their staff and congregations safe. This guidance is not intended to infringe on First Amendment rights as provided in the U.S. Constitution. As all Americans are now aware, gatherings present a special risk for increasing spread of COVID-19 during this Public Health Emergency. The federal government may not prescribe standards for interactions of faith communities in houses of worship and, in accordance with the Religious Freedom Restoration Act (RFRA), no faith community should be asked to adopt any mitigation strategies that are more stringent than those asked of similarly situated entities or activities. CDC offers these suggestions that faith communities may consider and accept or reject, consistent with their own faith traditions, in the course of preparing their own plans to prevent the spread of COVID-19. In communities deemed by CDC's guidance to be significant mitigation areas, the risk to the larger community of continuing or resuming in-person gatherings should be taken into account and virtual options strongly considered. All decisions about following CDC's recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. CDC offers the following suggestions for consideration to the extent consistent with each community's faith tradition:

## **(Re)Opening**

### **o In all Phases:**

- o Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
- o Protect staff and congregants who are at higher risk for severe illness encouraging use of options to participate virtually, if possible.
- o Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis, or refer them to other available resources.
- o Encourage other entities using the facilities to also follow this guidance.
- o If the facility offers child care or educational programming for children and youth, follow CDC guidance for such programs.
- o **Phase 1:** Limit gatherings to those that can be held virtually (by remote viewing) for vulnerable populations and consider video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing, consistent with the community's faith traditions.
- o **Phase 2:** Consider continuing to hold gatherings virtually (by remote viewing) for vulnerable populations and video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing.
- o **Phase 3:** Limit gatherings to those that can maintain social distancing and consider video streaming or drive-in options for vulnerable populations.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- o Encourage use of a cloth face covering among adults at all gatherings and when in the building. Not using a cloth face covering may also be appropriate at times for some individuals who have trouble breathing or need assistance to remove their mask.
- o Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- o Consider posting signs on how to stop the spread of COVID-19 and promote everyday protective measures, such as washing hands and covering coughs and sneezes and properly wearing a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- o Clean and disinfect frequently touched surfaces at least daily and shared objects between use.
- o Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- o Ensure safe and correct application of disinfectants and keep products away from children.
- o Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
- o Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Promote social distancing (Phases 1-3)

- o Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA.
- o Consider continuing to offer video streaming or drive-in options for services.
- o If appropriate and feasible, add additional services to weekly schedules to maintain social distancing at each service, ensuring that clergy, staff, and volunteers at the services ensure social distancing to lessen their risk.
- o Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- o Space out seating for attendees who do not live in the same household to at least six feet apart when possible; consider limiting seating to alternate rows
- o Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult, such as funerals, weddings, religious education classes, youth events, support groups, and any other programming.
- o Avoid or consider suspending use of a choir or musical ensemble during religious services or other programming, if appropriate within the faith tradition. Consider having a soloist or strictly limiting the number of choir members and keep at least six feet between individuals.
- o Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.

### Limit community sharing of worship materials and other items (Phases 1-3)

- o Consistent with the community's faith tradition, consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer books, hymnals, religious texts and other bulletins, books or other items passed or shared among congregants, and encourage congregants to bring their own, if possible, photocopying, or projecting prayers, songs,

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and texts using electronic means.

- o Consider modifying the methods used to receive financial contributions. For example, consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- o Consider temporarily limiting close physical contact among members of the faith community during religious rituals as well as mediated contact through frequently touched objects, consistent with the community's faith traditions and in consultation with local health officials as needed.
- o If food is offered at any event, have pre-packaged boxes or bags for each attendee whenever possible, instead of a buffet or family-style meal.
- o Avoid food offerings when it is being shared from common dishes.

### Train all staff (Phases 1-3)

- o Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

## Monitoring and Preparing

### Check for signs and symptoms (Phases 1-3)

- o Encourage staff or congregants who are sick to stay at home.

### Plan for when a staff member or congregant becomes sick (Phases 1-3)

- o Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision
- o Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- o Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) or other applicable laws in accordance with religious practices.
- o Inform those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- o Close off areas used by the sick person and do not use the area until after cleaning and disinfection; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- o Advise sick staff and congregants not to return to the facility until they have met CDC's criteria to discontinue home isolation.

### Maintain healthy operations (Phases 1-3)

- o Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).
- o Monitor absenteeism and create a roster of trained back-up staff. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- o Communicate clearly with staff and congregants about actions being taken to protect their health.

## Closing

### Phases 1-3

- o Check State and local health department notices daily about transmission in the area and adjust operations accordingly
- o In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to close, then properly clean and disinfect the area and the building where the individual was present.

For more information, please visit **CORONAVIRUS.GOV**