Guidance for Reopening of Worship in a Time of Pandemic

The COVID-19 pandemic has presented unprecedented challenges to leadership within The Episcopal Church. The vast differences across the United States in the timing and severity of outbreaks, in opinions of how to limit its spread, and in the resources available to combat the disease have made it extremely difficult for dioceses know how to approach the next hurdle – a phased reopening of the economy and community life on a state by state basis. Part I of this document provides some considerations and resources to assist in the determination when to re-open churches. Part II of this document provides a list of practical points for churches to consider once the decision to resume in-person worship services has been made. It should be emphasized that a phased reopening of states and of churches most likely will not follow a linear track – in all likelihood, many states and locations will move back and forth between phases, including a return to shelter-in-place restrictions, until a vaccination can be found and distributed.

PART I

First and foremost, individual state and local government guidelines rules and regulations will provide the minimum standards for reopening. These guidelines, however, should not be viewed in isolation. Each church is unique, and the profile of individual congregations (including the number of vulnerable constituents, the likelihood the congregation will follow the new protocols, etc.) will be critical to analyzing when and how to reopen at any given time. In addition, the following considerations should be used in evaluating the risks of unintentional harm inherent in reopening churches:

- According to the CDC, the American Enterprise Institute, the John Hopkins Center for Health Security and the White House, a state can begin a phased approach to reopening when:
  - There has been a sustained reduction in cases for at least 14 days;
  - Hospitals in the state are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care;
  - The state is able to test all people with COVID-19 symptoms; and
  - The state is able to conduct active monitoring of confirmed cases and their contacts.¹

- The John Hopkins Center for Health Security also advises that we “[r]ecognize that the desire to get back to normal as quickly as possible is a common reaction in the catastrophic context, and it is an impulse worth restraining.”

- Prolonged close contact is the source of most new infections, and superspreading events have been linked to religious services and choir practices.²

• Communication before and during phased reopening should be transparent about the factors being used to make decisions, the decision-making process, and the stakeholders who are part of the process.³

• Leaders should acknowledge uncertainty where it exists and explain measures being taken to reduce that uncertainty.

• Leaders should foreshadow what information may lead to a change in decision-making.

The COVID-19 Estimation Updates (http://www.healthdata.org/covid/updates) by The Institute for Health Metrics and Evaluation (IHME) can also be a helpful resource for deciding when reopening might be appropriate. IHME is an independent population health research center at UW Medicine, part of the University of Washington, that has developed projections based on demand for hospital services, including the availability of ventilators, general hospital beds, and ICU beds, as well as daily and cumulative deaths due to COVID-19. In particular, IHME’s periodically updated analysis of when states can safely consider easing current social distancing policies while shifting to robust containment strategies (widely available testing, contact tracing and case-based isolation, restrictions on mass gatherings) provides a unique insight into public health capacity and containment efforts in different states.

As of April 22, 2020.

³ Id.
The decision when to reopen churches to in-person worship needs to take into account state and local health conditions and the guidance outlined above and then weigh them against the risks for individual congregations. The latter will require an evaluation of the congregation’s profile (age, health, etc.), its willingness to follow public health protocols (including spacing, wearing a mask and refraining from hugging/hand shaking both in and out of church) and the space limitations that a congregation will face as it tries to follow the physical distancing guidelines (Is it a small congregation in a big space or a big congregation in a small space? Chairs or pews? Can they move outside?). Until a decision can be made that in-person worship is a safe option regardless of the political and financial pressures, continuing online worship is the best option.

Part II

Once the decision is made to reopen a church to in-person worship services, there are a number of considerations that should be evaluated. **Most importantly, it is essential that churches are able to keep congregant family groups 6 or more feet apart at all times and to have all congregants wear masks.** In addition, the White House has advised that during the next phase, vulnerable individuals and those in their households should continue to shelter in place. The White House also advises that there should be no gatherings of more than 10 people unless appropriate distancing can be maintained whereas the American Enterprise Institute says that social gatherings should be limited to fewer than 50 people. The main takeaway is that social distancing of 6 or more feet apart is critical, and the smaller the group, the easier it will be to maintain. Below are some other practical points to consider in advance of offering in-person worship.

- **Prepare your church:**
  - Deep clean your entire church including pews, bathrooms, doorknobs, light switches, stair railings, and microphones.
  - Consider removing all non-essential items from the rooms so that there are fewer surfaces to touch.
  - Post signs about non-contact greetings and refraining from shaking hands or hugging.
  - Communicate with your congregation about the preparations that you have done for their arrival and that if they are sick, they should stay home and join online instead.
- **Physical distancing:**
  - Keep an online worship option for those who are vulnerable or afraid to come in person.
  - Plan seating so that people sit 6 or more feet apart (people who live together can sit together).
  - Plan for dismissing congregants in an orderly way that ensures social distancing.
  - Consider:
    - Multiple services with a few attendees;
    - Having people sign up for those services in advance while allowing for a few new people to drop in;
    - Having a service dedicated to those who are more vulnerable with even more extensive guidelines followed or held exclusively online;
    - Creating and assigning fixed seating to maintain safe distances.
    - Holding services outside.
    - Continuing virtual worship with more leaders and a small choir.
- Use a smaller choir – remember that choir members need to be spaced out appropriately and use masks.

- Prevent touching:
  - No handshaking or hugs.
  - Create new ways for your community to do non-contact greetings.

- Prevent touching of objects that the community is accustomed to handling communally:
  - Consider suspending Eucharist until physical distancing restrictions are significantly modified.
  - Avoid passing a collection plate but instead have stations in the church where people can drop offerings and continue online giving options.
  - Do not hand out bulletins and remove Bibles, hymnals, pens, information cards, etc. from pews.
  - Project all announcements and hymns on screen instead of using handouts.

- Encourage healthy hygiene among participants:
  - Provide anti-bacterial dispensers at the entrance and in the worship space.
  - Require people to wear non-surgical face coverings and supply ones to those who arrive without them.
  - Place disposable facial tissues within easy reach and closed bins for used tissues.
  - Provide visual displays of advice on physical distancing, hand hygiene, and respiratory etiquette.
  - Empower ushers to enforce the guidelines set out by congregational/diocesan leadership.

- Staff and Volunteers:
  - Consider a temperature check on all staff and volunteers knowing that normal temperatures do not ensure that a person is virus-free.
  - Limit volunteers to those without preexisting conditions and those who are under 60 years old.
  - Instruct greeters on how to greet post-quarantine – no handshaking or hugs.
  - Have greeters hold doors open.
  - Consider delaying the reopening of child care services.
  - When you do decide to reopen child care services:
    - Preregister children to limit how many are in any room at a time;
    - Limit leaders in children’s areas to those with no preexisting conditions and those under 60 years old;
    - Have a list of what has been cleaned and when in each room;
    - Note that the American Academy of Pediatrics recommends that children 2 years of age and under do not wear masks or face coverings.

- Amenities:
  - Decide whether to keep restrooms open based on current guidelines.
  - Do not provide coffee stations or meals until current guidelines advise that it is appropriate.

- Frequently clean worship spaces and buildings:
  - Clean immediately before and after all gatherings.
• Frequently clean often-touched objects such as door knobs, light switches and stair railings with disinfectant.
• Here is a list of approved disinfectants for COVID-19.

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