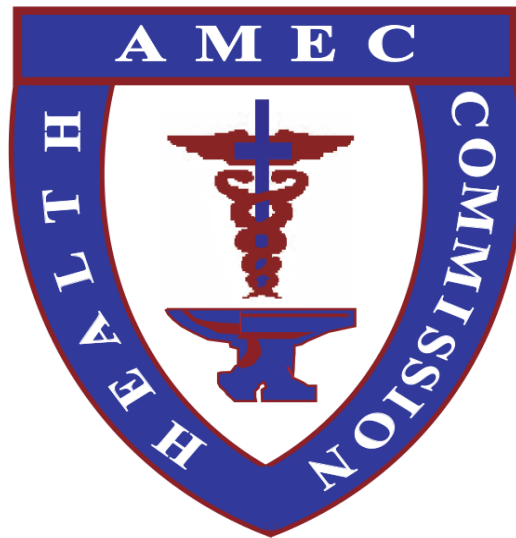


International Health Commission of the
African Methodist Episcopal Church
Guidance for Reopening Church Building Facilities
Copyright pending

Bishop Harry L. Seawright, Chairman
Rev. Natalie Mitchem, International Executive Director
Rev. Dr. Miriam Burnett, International Medical Doctor
PE Collins Kavuka, International Health Commission Global Health Director



“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Guidelines for Reopening and Returning to Church Buildings
Table of Contents

Opening Statement.....	3
Overall.....	3
High Risk Defined.....	4
Process Steps Defined.....	4
Process Step Approach	6
I. Pre-Entry Assessment Tools.....	6
A. Risk Assessment	
B. Decision Tree	
II. Building Cleaning Plan.....	6
A. Deep Cleaning	
1. Building water systems	
B. Cleaning and Disinfection	
1. EPA - approved products	
C. Sanitation	
III. Post Signage.....	9
IV. Infection Control Equipment and Supplies.....	9
V. Congregational Infection Control Plan.....	9
VI. Staff and Volunteers.....	10
VII. Worship services.....	11
VIII. Technology Ministries.....	12
IX. Worship through Giving Plan.....	13
X. Study Plan.....	13
XI. Plan for Children.....	13
XII. Transportation Plan.....	14
XIII. Music Ministry Plan.....	15
XIV. Liturgy and Ritual Adaptation.....	17
A. Communion	
B. Baptism	
C. Anointing	
D. Funerals/Wakes	
E. Weddings and other Special Events	
F. Fellowship Moments	
XV. Food Banks.....	20
XVI. Food Safety Recommendations.....	21
XVII. Communication tools and training.....	21
XVIII. Partnerships.....	22
XIX. Individual/Household Infection Control.....	22
Addenda	
Addendum-1: Confidentiality Statement.....	23
Addendum-2: Links to Resources.....	24
A. World Health Organization (WHO) Resources	
B. Centers for Disease and Control and Prevention Resources	
C. Other Resources	

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Opening Statement

Health organizations are updating and modifying their guidance almost daily. It should be understood, that although it is our intention to provide updates, these suggestions should not be considered the definitive standard, but merely a suggested way to help mitigate transmission. Further, as these Guidelines point out, each community will have different governmental rules and regulations that should govern the actions of each local congregation. As these Guidelines also point out, certain populations and demographics are at heightened risk. As a result, the guidelines cannot be applied uniformly. Each congregation should remain aware of the latest advice from medical and public health professionals and respond appropriately.

Further, although these Guidelines provide recommendations on the use of certain EPA approved cleaning materials and personal protective equipment (“PPE”) (i.e., industrial use gloves, masks, etc.), we recognize that their use will depend on the local availability. They may or may not be available in all areas of the country(ies) due to disruptions in the supply chain. Therefore, unless they are required by local municipality, state, and/or country regulations, they should be considered suggestions and not mandates. For example, some localities are requiring the wearing of masks for any and all public gatherings.

We also recommend that each church adjust the protocol (guidance) to match the particular circumstances facing the congregation (e.g., age of the congregation, the advice from the local health departments, configuration of the sanctuary, etc.). This is a quickly developing area within public health and that each church should regularly monitor organizations such as CDC or WHO as well as their state and local public health entities for updates to their recommendations.

Overall

1. Assess risk level of your gathered community
2. Monitor local and regional trends
3. Follow the directives and gathering restrictions of your local public health departments and advisors
4. There should be included in any plan to return, a review of the legal department of your Episcopal District and an understanding of the state/country/municipality requirements.
5. Follow church insurance guidelines and obtain any necessary training/certifications
 - A. Maintain any necessary increases in the liability section
6. Confidentiality
 - A. If anyone in the congregation tests positive, becomes ill, goes into quarantine or self-quarantine do not disclose any information, including the name unless they have given permission (document this permission).
7. This will serve as our routine practice and protocol until all restrictions are lifted. It is anticipated that this will be in the distant future.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

8. If local church membership consists of mainly high-risk persons (defined below), then they should NOT re-open buildings until Process Step 4 (defined below) or partner with larger churches to maintain the required staffing.
9. The key is following the guidelines and then Practice! Practice! Practice!

High Risk Defined – Addendum 2 - II.M.

Based on what we now know, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Process Steps Defined

All Process Steps require recurring evaluation and modification as needed. Evaluation should occur weekly for at least the first month then monthly (or sooner if local situations have changed) for 12 months or more. Flexibility is the order of the day.

I. Pre-Entry Process Step

- A. Before re-opening and returning to the church building, strategic plans should be in place.
- B. All equipment and supplies should be obtained
- C. Training of volunteers and staff has been completed and documented

II. Process Step 1

- A. Public health and governmental entities should permit re-entry of at least 10 persons
- B. Curves should be flattening with 14 consecutive days of population proportionate decrease in new cases in your local area.
- C. **All high-risk persons, as defined above, should not return during this Process Step. This is critical.** Please think about the health condition of the average congregant

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

in the local congregation. Where congregations include large numbers of persons who are immunocompromised (by age or health condition) the risk is high. Please consider signed written waivers if these persons plan to attend despite the risk or signs declaring a waiver. Any written waivers should be kept confidential (see confidentiality statement in the addendum).

D. Strict social distancing should be maintained

E. Masks should be used by all

III. Process Step 2

A. Public health and governmental entities should permit re-entry of up to 50 persons

B. Follow instructions of public health and governmental entities

C. All high-risk persons, including those over 65 years old should NOT return during this Process Step

D. Strict social distancing with a minimum of 6 ft. should be maintained

E. Masks should be used by all

F. Training of congregation was completed in Process Step 1

IV. Process Step 3

A. Public health and governmental entities should permit re-entry of up to 100 persons

B. Follow instructions of public health and governmental entities

C. All high-risk persons, including those over 65 years old should NOT return during this Process Step

D. Relaxed social distancing should be maintained – defined by public health at a later time

E. Masks should be used by all

F. Continued training and education of all

V. **Process Step 4** - the curve declines in your region (state, municipality, etc.). This indicates a decrease in the number of cases before large scale relaxation of measures.

A. Ensure that the public health entities have declared minimal risk locally

B. Public health and governmental entities should permit re-entry of over 100 persons

C. Follow instructions of public health and governmental entities

D. High-risk persons *may* return during this Process Step with continued precautions

E. Relaxed social distancing should be maintained – defined by public health at a later time

F. Continued training and education of all

VI. Process Step 5 – return to previous Process Step(s)

A. Public health and governmental entities report rising number of new cases or

B. Cases have been reported in any persons who have attended. This may be driven by the local public health agency as a part of the contact tracing process.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Process Step Approach

I. Pre-Entry Risk Assessment Tools

A. **This is a particularly important step and risks should be assessed prior to moving forward with any Process Step.**

B. Consider using the “How to use the WHO mass gathering religious addendum risk assessment tool in the context of COVID-19” with Religious Addendum – see Addendum 2 - I.C.

“For the overall determination, factors under consideration include:

- The current stage of the outbreak and known transmission dynamics,
- The geographic distribution, number of participants and their individual risk profile
- Risk assessment tool
- The mitigation measures currently in place or feasibly proposed

C. Consider using the “Decision tree for risk assessment tool for Religious Leaders and Faith-based Communities in the context of COVID-19” – see Addendum 2 - I.D.

II. Pre-Entry Building Cleaning Plan

A. The entire building(s) should be professionally **deep cleaned** prior to reopening. Utilize the following CDC guidance for instructions. Remember to include shampooing carpets, sanitizing pews, chairs, altar railings, bathrooms, doorknobs, light switches, and microphones.

B. Until cleared, water fountains should be disabled and if available, bottle water should be used.

1. Guidance for Building Water Systems – see Addendum 2 - II.F.

C. Cleaning and Disinfection for Community Facilities – always presume that COVID-19 has been left in the air and on surfaces. See Addendum 2 - II.G.

4. Set a cleaning schedule and maintain a record of all cleaning.

a. Bathrooms should be cleaned frequently (at a minimum every other or third person)

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

- (1) Consider having cleaning supplies available so that individuals may clean after their usage of the bathroom.
 - (2) Special considerations will have to be made for facilities without running water. Suggestions include, but are not limited to, having hand sanitizer and/or containers with soap and water with someone else to assist with pouring the solution over the hands.
5. Follow specific guidelines set by local public health and/or governmental entities.
 6. If available, use industrial use gloves for all cleaning.
 7. If disposable cleaning materials are not available, ensure that cleaning containers, mops, and non-disposable rags, etc. are thoroughly cleaned and sanitized after every use.
- D. Life cycle of COVID-19 on surfaces (see resource in Addendum -3.L)
4. **Metal** – 5 days
Examples: doorknobs, jewelry, silverware
 5. **Wood** – 4 days
Examples: furniture, decking
 6. **Plastics** – 2 to 3 days
Examples: packaging like milk containers and detergent bottles, subway and bus seats, backpacks, elevator buttons
 7. **Stainless steel** – 2 to 3 days
Examples: refrigerators, pots and pans, sinks, some water bottles
 8. **Cardboard** – 24 hours
Examples: shipping boxes
 9. **Copper** – 4 hours
Examples: pennies, teakettles, cookware
 10. **Aluminum** – 2 to 8 hours
Examples: soda cans, tinfoil, water bottles
 11. **Glass** – up to 5 days
Examples: drinking glasses, measuring cups, mirrors, windows
 12. **Ceramics** - 5 days
Examples: dishes, pottery, mugs
 13. **Paper**
The length of time varies. Some strains of coronavirus live for only a few minutes on paper, while others live for up to 5 days.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

E. **Hard (Non-porous) and Soft (porous) Surfaces** – See Addendum 2 - II.G. If bleach is available this procedure may be utilized. We recognize that its use will depend on the local availability.

4. “Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer’s instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

a. Prepare a bleach solution by mixing:

(1) 5 tablespoons (1/3 cup) bleach per gallon of water or

(2) 4 teaspoons bleach per quart of water”

b. Follow specific guidelines for cleaning soft (porous) surfaces; electronics; linens, clothing and other items that go in the laundry

5. Addendum 2 - II.G. also includes personal protective equipment and instructions for **cleaning staff**

a. Ensure that you have enough cleaning supplies to last approximately two to three months. As you use them, do not forget to restock.

6. Develop the plan to include cleaning the pulpit area and any area utilized after every use.

7. Please use industrial use gloves for all cleaning.

8. Remove all Bibles, hymnals, laminated bulletins/materials routinely distributed, pens from pews and other public areas, and information cards.

9. **Clean and disinfect all surfaces and objects** using registered cleaning products following the manufacturer’s instructions

EPA approved products for use against COVID-19 Addendum 2 - III.A.

F. **Disinfection of Wood**

4. See Addendum - 3G for recommended instructions

2. Avoid using bleach because it requires sanding finishes before using

G. **Ensure frequent garbage removal and sanitation**

1. Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance – Addendum 2 - I. F.

III. **Post signage pre-entry** that reminds everyone to:

1. Non-contact greetings (no handshaking, hugs, etc.)

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

2. Remind those with symptoms (fever, cough, shortness of breath and other symptoms as they are added) to **NOT** enter
3. Remind those who are high risk to strongly consider staying at home (this should also be communicated prior to services/meetings)

IV. Infection Control Equipment and Supplies (Pre-Entry)

- A. If temperatures are being checked, thermal/Infrared and other non-touch thermometers should be utilized so that temperatures can be checked without direct contact prior to entrance
- B. Personal protective equipment, including gloves and masks
 1. If available, have extra masks in case someone presents with symptoms or for those who do not have.

V. Congregational Infection Control Plan (Pre-Entry)

- A. Block off areas not being utilized to ensure social distancing (6-13 feet using diamond spacing)
 1. No person-to-person contact
 2. Utilize cones, tape, remove chairs, etc.
 3. Use separate doors for entrance and exit
 4. **Exception:** Persons who live in the same household may sit together
- B. If temperatures are being checked, admittance should be granted to only those with temperatures less than 100.4 degrees F (38 degrees Celsius) (see confidentiality statement – Addendum-1)
- C. Determine system for dismissal (row by row, etc.)
- C. If available, have multiple handsfree hand sanitizer stations. We recognize that this may be limited or not possible due to the present supply chain.
- D. If available, have masks available for those who do not have
- E. Remove coffee stations and block or prevent use of vending machines (consider emptying to avoid enticement)
- F. Continue the suspension of food gatherings
 1. Bathrooms should be cleaned frequently (at a minimum every other or third person)

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

- a. Consider having cleaning supplies so that individuals may clean after their usage of the bathroom.
- b. Special considerations will have to be made for facilities without running water, to include hand sanitizer, containers with soap and water with someone else to assist with pouring the solution over the hands.
- G. Maintain records of attendance (by name with contact information in case contact tracing is necessary). The record should also include a map of seating, indicating where specific people sat. Ensure confidentiality.
- H. Plan to prop open doors to avoid contact with handles
- I. If available, have personal tissue packs available for members. Avoid the use of a common box of tissues. Only ushers or stewardesses are to distribute. Train congregants.
- J. Protocol for someone who is the “spirit”
 - 1. Do not fan them
 - 2. Let them be in the spirit with the spirit alone; do not interfere or assist unless a medical issue occurs requiring first aid (see recommendations below).
 - 3. If person is covered with a modesty cloth, then the cloth will have to be washed. After recovery, have the person immediately place the cloth in a bag that is then sealed (tied off). All bagged cloths for that day will then need to be laundered by the designated person.
- K. Altar rails
 - 1. There should NOT be altar calls (an invitation to kneel, stand or otherwise approach the altar). There still can be time designated for prayer (corporate or individual) but this will should occur while in their seats (standing or sitting).
 - 2. Cover fine wood rails with something that can be sanitized.
 - 3. If the altar rail is used for prayer, it will immediately need to be sanitized after each person kneels or stands at the altar. This should occur between each person.
 - 4. See Addendum - 3G

VI. Staff and Volunteers (pre-Process Step and subsequent Process Steps)

- A. **Masks should be worn by all** until Process Step 4 (remains optional but encouraged thereafter)
- B. Determine the overall coordinator and planning team
- C. Develop a staffing/volunteer plan for gatherings
 - 1. Determine the number of volunteers that will be needed to assist.
 - 2. **Limit volunteers to those who are under 65 years old and do not have pre-existing conditions. Based on congregational demographics, this has the potential to be a challenge.** Consider partnering with churches nearby.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

- D. Determine who will be responsible for cleaning as noted in section I.E. **between** each service/gathering. Allow enough time between services to do a thorough job.
- E. Ensure there an adequate number of security and ushers/greeters to control the social distancing for the services/gatherings
 - 1. Monitor so that entry doors remain open, limiting handling of the doors by multiple individuals
 - 2. Consider whether temperature checks prior to admittance will be performed. This will probably be based on the availability of equipment.
 - a. To prevent cross-contamination, use non-touch or disposable (single use) thermometers
 - b. If yes, admit only those with temperatures less than 100.4 degrees F (38 degrees Celsius)
 - i. See confidentiality statement
 - ii. Keep a record of all measurements
- F. Determine a plan for monitoring the restrooms to ensure social distancing and handwashing
- G. Determine a plan for fill-in or back-up volunteers
- H. Minimize the vendors coming into buildings. For those only delivering packages, consider they drop them just inside the door, rather than walking through the building. This way only contractors (HVAC, plumbing, other repair) will need entrance.

VII. First Aid - additional guidance from standard first aid protocols

- A. Appropriate PPE should be worn while attending to persons
- B. See direction in Addendum-3.I-K

VIII. Worship services

- A. **Masks should be worn by all, except those under 2 years old, until Process Step 4 (then it will become optional but encouraged)**
- B. Upon returning for first 2 Sundays or until the developed plans **all** work
 - a. start with Ministerial Staff, Media, Trustee, Steward, Security/Usher Board leadership and Transportation only
 - i. do not exceed 10 persons (this may require being selective)
 - b. practice how you will work with larger groups
 - c. practice to ensure that the plans all work. Work on any identified concerns.
- C. Consider abbreviated (shortened) services
 - 1. Allows time to clean
 - 2. Decreased exposure time
- D. Remind congregants to **NOT** bring their bibles, pocketbooks or any other external material into the building. Bringing in these materials could create an opening for contamination.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

- E. Determine the number of in-person services that will be needed to accommodate an estimated 25% of space occupancy. Example, if the sanctuary normally holds 100 persons, plan to allow only 25 persons at a time.
- F. Determine if virtual and/or conference call services will continue and using what media.
 - a. place cell phone and/or laptop near pulpit and share services.
 - b. Do not forget those who do not have digital access and may need recorded worship (CD, DVD, jump drives)
- G. Clergy microphones - ensure that there are enough microphones for individual usage (no sharing)
 - 1. Consider color coding so the same microphone is used by the same person each time
 - 2. All attempts should be made to have the person using the microphone, clean the microphone.
 - 3. If multiple microphones are not available, consider having only one person use the microphone (remains single use)
- H. Clergy and Choir robes
 - a. no robe sharing for clergy or choir – everyone takes home their robe, wash it, clean it, and keep it home until Process Step 4
- I. Bulletins
 - a. Do not distribute printed bulletins.
 - b. Consider emailing bulletins prior to worship
- J. If available, consider the use of screens and projectors for bulletins, scripture and Responsive Reading, etc.
 - a. If no screen is available, a wall can be used for projection

VIII. Technology Ministries

- A. Ensure that the Music Ministry and Worship service has a plan that can be executed
- B. Ensure that copyright licenses are obtained so that the church is compliant for in-person, online and streaming purposes
- C. Ensure plan for cleaning microphones, headphones, computers, laptops, and other electronics is executable
 - 1. Keep a record
 - 2. Use alcohol-based cleaners or manufacturer’s instructions
 - a. See www.amechealth.org recommendations video
- D. Consider if new digital equipment is needed

IX. Worship through giving plan

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

1. The offering plate should not be passed among the congregation nor exchanged between ushers.
2. Create boxes/stations where people may drop their offerings (**NOT** hand to an usher or other volunteer), and/or
3. Use an alternate giving options - Online, electronic, text, app, and postage
4. Ensure that there are gloves and masks for the Finance Committee to count cash. Again, this will depend on the supply chain. If masks are not available, consider other cloth barriers

X. Study Plan: Determine when in-person study will resume - Bible Studies, Church School, and other small group meetings.

1. Continue study at home until Process Step 4 where there is minimal risk
2. Consider a Process Step approach to ensure that high risk persons can continue fellowship and study virtually
3. Consider breaking studies into smaller groups to ensure social distancing
4. Ensure that there is enough time to clean and disinfect between study and worship
5. Continue virtual meetings until Process Step 4, including board and ministry meetings

XI. Plan for Children

1. No gathering of small children, **until Process Step 4**, should be considered before all daycares and public schools are open. Follow your local governmental guidelines for spacing of children (e.g. 1 adult for every 6 children)
 - a. Do not open for Vacation Bible Study (VBS), Church School Convention or other summer programs
2. Remember that children under 2 years of age should not wear masks or face coverings
3. Develop a Process Step approach to including children in the building for worship and study during Process Step 4
4. Children should remain with their household only. They should not be gathered with family and/or others who do not reside in their household.
5. Teachers and volunteers should not be high risk with pre-existing conditions or over 65 years old
6. Have a registration process – consider pre-registration so that social distancing, contact tracing and mapping can be ensured
7. Ensure cleaning procedures are in place before and after each gathering

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

8. Remove all old toys and books that cannot be cleaned or have never been cleaned. Start with new and fresh items. Do not allow small children to share and put items in their mouths

XII. Transportation Plan

- A. Do not begin to use transportation vehicles until Process Step 4
- B. Cleaning and Disinfection for Non-emergency Transport Vehicles
 1. Addendum 2 - II.C.
- C. Ensure driver and all passengers wear a mask or face covering (except children 2 and under.
- D. Recommend several runs or additional pick up and drop offs – do no crowd bus, use alternate seating. Families that live together can sit together. Leave (two 2) empty seats or spaces between passengers. If horizontal rows, then utilize every other row.
- E. Weather permitting, windows may be opened while driving but masks will need to be worn by all. The wind coming in from the windows will further transmit aerosols (germs) from people talking.
- F. Provide the bus or van with hand sanitizer for use upon entering by each passenger.
- G. Give each passenger their tissue pack or paper towel upon entry in case it is needed. There is to be no sharing of tissue boxes and paper towels. Do not pass tissues or towels in the bus or van.
- H. Develop an organized plan for entering and exiting the bus or van – one seat at time, others remain seated until the passenger completely disembarks to avoid crowding and proximity of passengers exiting.
- I. Consider a seating guide – those picked up first proceed to the back of van or bus and fill from back to front. On the return home those dropped off first sit in the front; fill the bus/van from back to the front again.
- J. Bus or van driver should have temperature checks prior to entering the vehicle. The bus or van should not run if the driver(s) have a temperature over 100.4 degrees F (38 degrees Celsius) and there is not a backup driver.

XIII. Music Ministry Plan

- A. Addendum - 3D addresses congregational singing.
- B. Addendum - 3E addresses the cleaning of microphones. Ensure that all manufacturer instructions are followed.
 1. All attempts should be made to have the person using the microphone, clean the microphone.
- C. Rehearsal Plan for praise teams
 1. Develop an online rehearsal process until Process Step Two

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

2. Search out virtual platforms' music rehearsals. Addendum - 3F provides some examples.
- D. Develop a Process Step approach
1. Process Step One
 - a. No congregational singing (to prevent aerosol spread)
 - b. No praise team, choir rehearsal or participation in worship
 - c. **It is permissible to use recorded music if copyright licenses and privileges are obtained and maintained.**
 2. Process Step Two
 - a. It is permissible to use recorded music if copyright licenses and privileges are obtained and maintained.
 - b. No congregational singing
 - c. Soloist or Small praise team (2-3 persons) with 1-2 selection(s)
 1. Maintain social distancing (diamond spacing) of 6-13 feet
 - i. Ensure no one is within 20 feet of the singer
 2. Ensure that there are enough microphones for individual usage (no sharing)
 - i. Consider color coding so the same microphone is used each time
 - ii. Clean microphones and stands after every use
 - (i) Clean thoroughly to include the microphone screen. Although we have added one document with instructions (Addendum - 3E), please ensure that you are following the manufacturers specific instructions.
 3. Process Step Three
 - a. It is permissible to use recorded music if copyright licenses and privileges are obtained and maintained.
 - b. No congregational singing
 - c. Soloist or Small praise team (2-3 persons) with 1-2 selection(s)
 1. Maintain social distancing (diamond spacing) of 6-13 feet
 - i. Ensure no one is within 20 feet of the singers
 2. Ensure that there are enough microphones for individual usage (no sharing). Utilize the above protocol detailed in Process Step Two.
 4. Process Step Four
 - a. It is permissible to use recorded music if copyright licenses and privileges are obtained and maintained.

"These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease."

- b. Music is permissible but there should **not** be any congregational singing
- c. Soloist, Small Choir or Praise Team only
 - 1. Maintain social distancing (diamond spacing) of 6-13 feet
 - i. Ensure no one is within 20 feet of the singers
 - 2. Ensure that there are enough microphones for individual color-coded usage (no sharing). Utilize the above protocol detailed in Process Step Two.
- d. Avoid using choir robes due to the following:
 - 1. Robes will require washing after every use
 - 2. Robing rooms tend to be small, so social distancing may be more difficult
- e. Orchestras and Bands
 - a. Music stands need to be cleaned after every use
 - b. Brass and wind instruments should NOT be added
 - c. Maintain social distancing (diamond spacing) of 6 feet within the orchestra
 - d. Ensure no one within 6 feet of the musicians
 - e. If space does not allow, limit the number of musicians to meet the physical distancing requirements

XIV. Liturgy and Rituals Adaptation

Masks should be worn by all, except those under 2 years old

A. Communion

- 1. **Do not approach the altar until Process Step 4 with continued social distancing of 6-13 feet**
- 2. Utilize disposable prepackaged communion cup/wafer kits, if available
- 3. Process Step 1-3
 - a. Move the Communion Service to the first part of the Worship Service. This allows congregants to not hold the kits for a long period of time.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

- b. Congregants should use hand sanitizer or other hand cleansing method prior to being given prepackaged kits. A free-standing dispenser will also serve the same purpose.
 - c. Utilizing gloves, distribute prepackaged kits upon entrance into the sanctuary
 - d. **All** communion elements should be distributed with such care that flesh or glove should have **NO** contact. If contact is made, the person doing the distribution must stop and clean their hands and/or change gloves
 - e. Any elements that are exposed in a tray, table or self-serve capacity should be shielded from the breathing of any party. Unless a person has on a mask/covering, they should not be handling uncovered items.
 - f. Approaching the altar rail should **NOT** happen. Although it saves time, (1) the small plates containing communion wafers should not be set out on the chancel rail. This could allow exposure to multiple hands on several wafers; and (2) pre-setting communion cups in the communion rail wells should also not occur.
 - g. **Never use a common cup.**
4. Process Step 4

Clergy will use the following protocol for themselves to receive the elements. Prepackaged kits and the protocol for Process Steps 1-3 are to remain the order of the day for the congregants. This will allow clergy the opportunity to begin to slowly restart the use of the pre-COVID protocol.

The Doctrine and Discipline of the African Methodist Episcopal Church - 2016: Bicentennial Edition (page 92, Duties of the Stewardesses) provides this directive (emphasis added):

“As the washing of hands is both ceremonial and practical, special care should be given to sanitizing the ministers’ hands for serving the Holy Communion. Using soap, warm water should be *poured* over the hands of the ministers for appropriate washing. Small white towels should be supplied for *each* minister to dry their hands before administering the sacrament. The common bowl of water should be avoided. Hand sanitizers or antibacterial agents are acceptable. Stewardesses should practice health-conscious and safety methods in preparing the elements of the Holy Communion consistent with a standard that meets or exceeds local health laws regarding the preparation of food for public consumption.”

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Additionally, we offer the following recommendations:

- i. Consider using individual disposable towels for the clergy to dry their hands if the soap and water option is used.
- ii. Do not towel dry hand sanitizer.
- iii. **Never use a common cup.**

B. Baptism

1. All Process Steps, especially 1-3
 1. Do **NOT** use a baptismal pool. There will not be any baptism by immersion.
 - b. Baptism by pouring or sprinkling should be considered the best course
 - c. Ensure the proper sanitizing process of the bowl before and after the baptism.
 - d. When multiple persons are to be baptized, consider using a single use cotton swab for Baptism. Dip the swab in the bowl then discard.
 1. Social distancing of 6 feet apart within family groupings should be followed
 2. Family groupings - Only 1 family may approach at a time. Minimize the size of the family grouping by including only the parents/guardians and a maximum of two (2) godparents.
 3. A household member should be holding the child throughout. Do not pass the child to the celebrant.

B. Anointing

1. If anointing is felt to be spiritually necessary, a cotton swab should be used for single use anointing. Use a different cotton swab for each person. **Never touch the bottle;** either use a wide mouth bottle so that the swab may be inserted. Never re-insert the swab. If the opening is not large enough, shake the oil onto the swab.
2. Do **NOT** touch – do not use physical touch, to include gloved touch.

C. Funerals/Wakes

1. **Continue to follow the city, state, and other municipality guidelines**
2. Morticians should not be pressured to reduce more stringent guidelines. The more stringent guideline should be used in every case, to include if the church's standard is the more stringent.
3. Until such time as this, and potentially any other widely communicable diseases (e.g. Ebola) are contained, several regional practices should be discontinued.
 - a. Do **not** shake hands at the end of the service
 - b. Do **not** have persons sleep at the funeral home

"These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease."

- c. Do **not** have overnight prayers. Even if gathering to any degree is permitted, this increases the potential exposure time.
 - d. Do **not** touch/kiss the deceased.
- 4. Process Step 1-3
 - a. Continue graveside services with the number of persons (including the officiant) permitted by the municipality
 - b. Ensure social distancing is maintained
 - c. Ensure the use of masks
- 5. Process Step 4
 - a. Determine the number that can be accommodated for an in-person service maintaining an estimated 25% of space occupancy.
 - b. Ensure social distancing is maintained
 - c. Use the same guidelines for Music Ministry and Worship

D. Weddings and other Special events

- 1. **Continue to follow the city, state, and other municipality guidelines**
- 2. Use the same guidelines for Music Ministry and Worship
- 3. Determine the number that can be accommodated for an in-person service maintaining an estimated 25% of space occupancy.
- 4. Ensure social distancing is maintained

E. Fellowship Moments

- 1. Maintain 6-13 feet physical distancing
- 2. Do not hug or embrace
- 3. Do not hold hands.
- 4. Use other non-contact means of greeting, Examples:
 - a. Verbal greeting
 - b. Waving.
 - c. Placing the hand over the chest while facing the other person
 - d. Head nod with or without a slight bow
- 4. Church Meals
 - a. See Food Safety Recommendations below in Section XVI.
 - b. Process Steps 1-2
 - 1. NO meals
 - b. Process Step 3 and 4.
 - 1. To-Go (take-out meals) only
 - 2. When you resume meals, include healthy food choices to help support healthy immune systems and model healthy eating for

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

congregates with pre-existing conditions that make them vulnerable to COVID-19 death and sickness.

3. No home prepared meals
4. Only serve food prepared in the commercial kitchen or by your culinary staff at church dressed in full PPE. Availability of these resources will have to direct congregational response to this.

XV. Food Banks, Food Distribution Centers, Soup Kitchens, and other church sanctioned feeding ministries

- A. No church sanctioned home preparation of food for delivery to anyone.
- B. Required: current health department inspections and food preparation certificates should be current and posted. See food safety and liability resource on amechealth.org (TBD)
- C. **Masks and gloves should be worn by all who are working**
- D. Use face shields when available.
- E. Use take-out containers only
- F. If servicing hot meals:
 1. No home prepared meals
 2. Only serve food prepared in commercial kitchen or by your culinary staff at church dressed in full PPE.

XVI. Food Safety Recommendations

- A. All churches refrain from serving home cook meals at church to avoid food borne illness and spread of germs. COVID-19 has taught that human mouths release aerosol of germs when we speak, sing, cough, and sneeze. All home cooked, baked, prepped, and prepared items (dinners, dishes, baked goods, dessert, beverages etc.) provide an unsafe source of food contamination and the spread of disease
- B. Instead of home cooked and prepared meals served on special days and events:
 1. Serve only commercially prepared food from a store, restaurant or caterer that carries their own liability and certification for food safety.
 2. Culinary and Kitchen staff and/or church members that want to prepare or bake a special item should do so in the church kitchen wearing full PPE - no exceptions and should refrain from talking over food during preparation. Anyone with a fever, cough, runny nose, pink eyes, upset stomach, sneezing due to a cold should never be allowed to prepare, serve, or cook meals for the public.

"These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease."

3. All church kitchens (commercial and non-commercial) should follow Food Safety Practices. Use the link below to ensure everyone in your kitchen is trained and post the required hand washing signs. See Addendum - 3H
4. Food Safety Certification is required for food served to public in most cases, therefore it highly recommended all faith-based culinary and kitchen staff complete the SERV Safe Food Handlers Certification. Post completed certification on the wall in your kitchen. Below is a link to SERV Safe Food Handler Certification: (**SERV Safe is offering FREE Certification and COVID-19 Videos until May 31, 2020). See Addendum - 3H

XVII. Communication tools and training

- A. Communicate using timely and pertinent information dissemination
 1. Pulpit, flyers, phone trees, emails, texts, and other electronic forms of communication
 2. Utilize our wonderful Class Leaders system
 3. Eliminate unnecessary steps in the notification process by using a Chain of information
 4. Dissemination much like a Chain of Command can be used
- B. Continue education and training regarding all public health information as well as the plans for each Process Step
 1. Staff and volunteers
 - a. dress down and practice with essential staff – work out the kinks, anticipate the challenges with essential personnel before the congregation arrives
 2. Congregation
 - a. dress down 2 consecutive Sundays and monthly for 3 months then quarterly (to ensure everyone gets training),
 - b. similar to a Fire Drill, practice and explain new procedures and how long they are anticipated to last.

XVIII. Partnerships

- A. Develop partnerships to augment all resources
 1. Ecumenical and Interfaith
 2. Smaller congregations with larger ones

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

XIX. Individual/Household Infection Control

- A. Personal Protective Equipment – masks and gloves
- B. Avoid touching your face, including your nose, mouth, and eyes
- C. All individuals who are displaying symptoms should **NOT** leave their homes and will not be able to enter church buildings.
- D. Hand hygiene
 - 1. wash your hands frequently thoroughly with soap and water for at least 20 seconds
 - 2. application and/or use of hand rubs, gels, foams, or premoistened towelettes with 60%-95% alcohol.
- E. Cough etiquette
 - 1. Cover your mouth and nose with a tissue when you cough, sneeze, or into your upper sleeve, not into your hands.
 - a. Put used tissues directly into the wastebasket.
 - b. Clean your hands after coughing or sneezing.
 - c. Wash hands with soap and water for at least 20 seconds and/or use 60%-95% alcohol-based hand cleaner.
- F. Routinely clean frequently touched surfaces and objects
- G. Maintain healthy habits and eating
- H. Follow the directives of local health departments and advisors

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Addendum– 1
Confidentiality Statement by Rev. Miriam J. Burnett, MD, MPH
Excerpts from “Integrity through Confidentiality” article written for the 2010 Anvil
Edited by Rev. Francine A. Brookins, Esq.

The church should take steps to ensure that harm does not occur from our attempts at helping. In the era of Coronavirus-19, maintaining confidentiality is even more essential. In the medical profession, “the physician's duty to maintain confidentiality means that a physician may not disclose any medical information revealed by a patient or discovered by a physician in connection with the treatment of a patient...A breach of confidentiality is a disclosure to a third party, without patient consent or court order, of private information that the physician has learned within the patient-physician relationship.” In general, there are three exceptions to the maintenance of confidentiality: child and elder abuse, threats of homicide or suicide and the subpoena of records by a court. We should be careful not to disclose that someone has Coronavirus-19 unless they have given consent.

When dealing with our sick and shut-in lists, our pastoral concern moments, and some of our missions’ work. These attempts at the “ministry of helps” can pose a potential conflict between confidentiality of a personal matter and that of a community concern. Does our desire to provide assistance in a time of actual or perceived need or to offer an intercessory prayer for a congregant during an illness or before surgery supersede that person’s desire for privacy? Did anyone ask or was there an assumption that because one belongs to the body of Christ called “church” that there is an implied desire for an intervention by the ‘body’? How does one determine how and when to provide assistance while preserving the integrity of confidentiality and privacy?

How we proceed with the “ministry of helps” therefore requires the placement of safeguards to privacy and confidentiality so that integrity and trust are maintained. Care should be given to providing assistance while maintaining as much privacy as possible. It is also important to note that help is not always desired. Help or assistance that is not desired may be viewed as an intrusion on a person’s privacy and therefore deemed malicious. Good intentions can create ill-will and mistrust if they are not wanted.

How policy development occurs should be set by the Pastor and church leadership, Stewards, and missionary organizations. After the policy is set, efforts to educate the entire church leadership and congregation are next. The class leader’s system and systems of conferences are an excellent means for this occur. These systems may also provide an opportunity for discussion and therefore assistance in developing these policies.

Examples of possible policy components are:

1. Before names are placed on our “sick and shut-in” lists or names are called from the pulpit during intercessory prayer, permission should be sought from the person.
2. The specifics of an application for and distribution of benevolent funds should be limited to a small committee.
3. Pastoral care conversations should not be discussed with anyone without permission of the person, not even to enlist the help of others to meet actual or perceived needs, unless one of the three exceptions noted above applies.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

The “Integrity of Confidentiality” should be preserved while our social institution and system of healthcare, called church, provides assistance and care. Our continued ability to undergird the needs of our communities (church, geographic, familial) are based in integrity and trust. All should be done to ensure that both are maintained.

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Addendum-2

I. World Health Organization (WHO) Resources

A. Overall

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

B. Country & Technical Guidance - Coronavirus disease (COVID-19)

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

C. How to use the WHO mass gathering religious addendum risk assessment tool in the context of COVID-19 with Religious Addendum-2

1. <https://www.who.int/publications-detail/how-to-use-the-who-mass-gathering-religious-addendum-risk-assessment-tool-in-the-context-of-covid-19>

D. Consider using the “Decision tree for risk assessment tool for Religious Leaders and Faith-based Communities in the context of COVID-19”

1. https://www.who.int/docs/default-source/coronaviruse/who-2019-ncov-mg-decision-tree-religious.pdf?sfvrsn=f3433c0a_2&download=true

E. Practical considerations and recommendations for Religious Leaders and Faith-based Communities in the context of COVID-19

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>

F. Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance

1. <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>

G. Coronavirus disease (COVID-19) travel advice

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>

II. CDC Resources

A. CDC Guidance Documents

1. <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=6>

B. Public Health Communicators: Get Your Community Ready

1. <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>

C. Cleaning and Disinfection for Non-emergency Transport Vehicles

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

D. COVID-19 and Cooling Centers

- i. <https://www.cdc.gov/coronavirus/2019-ncov/php/cooling-center.html>

E. Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- F. **Guidance for Building Water Systems**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>
- G. **Cleaning and Disinfection for Community Facilities**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- H. **Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>
- I. **Get Your Mass Gatherings or Large Community Events Ready**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>
- J. **Planning Guidance and Checklists**
 1. <https://www.cdc.gov/nonpharmaceutical-interventions/toolsresources/planning-guidance-checklists.html> •
- K. **Preparing for the Flu: A Communication Toolkit for Community and Faith-based Organizations**
 1. <https://www.cdc.gov/h1n1flu/faithbased/>
- L. **Cleaning and Disinfecting Your Facility**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- M. **People Who Need to Take Extra Precautions**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- N. **Coronavirus Disease 2019 Information for Travel**
 1. <https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html>

III. Other Resources

- A. **EPA approved products for use against COVID-19**
 1. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- B. **Posters and Signage**
 1. <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- C. **Check with your Church/Building Insurance Company**
 1. See your church insurance company website

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

2. Call/contact your church insurance company
- D. Is Congregational Singing Dangerous?**
1. <https://www.thegospelcoalition.org/article/congregational-singing-dangerous/>
- E. How to clean microphones**
1. <https://churchtechtoday.com/2020/03/20/7-steps-to-a-clean-microphone/>
- F. Examples of rehearsal platforms for musicians/choirs**
1. These are only a few. There are many more. We are not endorsing any product or platform, but merely providing examples so that you can do your own research of these and more
 - i. <https://www.jamkazam.com/>
 - ii. <https://www.choirplayer.com/online-choir-rehearsal-platforms/>
 - iii. <https://www.chorusconnection.com/>
- G. How to disinfect wood**
1. <https://www.hunker.com/13420820/how-to-disinfect-wood-furniture>
 2. <https://www.hunker.com/13418708/how-does-bleach-affect-wood>
- H. Food Safety Practices**
1. <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling>
 2. www.servsafe.com
 3. <https://www.servsafe.com/ServSafe-Food-Handler>
- I. First aid protocols for an unresponsive person during COVID-19**
1. <https://www.redcross.ca/training-and-certification/first-aid-tips-and-resources/first-aid-tips/first-aid-protocols-for-an-unresponsive-person-during-covid-19>
- J. What can a first aider do to help during the coronavirus outbreak?**
1. <https://blog.redcrossfirstaidtraining.co.uk/what-can-i-do-as-a-first-aider-at-work-or-in-public-during-the-coronavirus-outbreak>
- K. Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings**
1. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>
- L. Life cycle of COVID-19 on surfaces**
1. <https://www.webmd.com/lung/how-long-covid-19-lives-on-surfaces>
 2. <https://www.nejm.org/doi/full/10.1056/NEJMc2004973>

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”