

# SUMMARY of CDC Guidelines for Re-Opening Houses of Worship

The CDC offers the following suggestions for consideration “to the extent consistent with each community’s faith tradition” and local and state guidelines.

*All decisions about implementing these strategies should be in collaboration with local health officials: they know the level of transmission in the community.*

## Reopening requires:

- Declining cases for 14 days
- Tracing of 90 percent of contacts
- End to health care worker infections
- Recuperation places for mild and moderate cases of COVID-19
- and many other hard-to-reach goals
- **CHECK WITH LOCAL AND STATE GUIDELINES**
  - Public Health Department
  - SEMA
  - Local COADs - Community Organizations Active in Disaster, (google your area)
  - Local Emergency Management, <https://www.ready.gov/local>
- Organize yourself around Phases

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SUMMARY OF CDC GUIDELINES, full content in separate document.

## Hygienic and cleaning practices

- Encourage use of flexible or virtual options whenever possible for all non-worship activities (e.g., counseling, volunteer meetings).
- Follow specific CDC guidance for childcare or educational programming for children and youth.
- Encourage use of a cloth face covering at all gatherings and when in the building by everyone except children aged less than 2 years old. (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.)
- Have adequate hygiene supplies, such as soap, tissues, no-touch trash cans, hand sanitizer (with at least 60 percent alcohol).
- Consider posting signs on how to stop the spread of COVID-19 and promote everyday protective measures.

- Clean and disinfect frequently touched surfaces at least daily and shared objects between use. Avoid use of items that are not easily cleaned, sanitized, or disinfected. Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and so on. Do not open windows and doors if they pose a safety risk to children using the facility.
- 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.

### **Promoting social distancing**

- Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA.
- Consider video streaming or drive-in options for services.
- If appropriate and possible, 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.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- 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.
- 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.
- 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.
- 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.
- 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, and texts using electronic means.

- Modify the methods used to receive financial contributions. Consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Consider mitigating the risk of transmitting COVID-19 posed by 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.
- 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.
- Avoid food offerings when it is being shared from common dishes.
- 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**

- Encourage staff or congregants who are sick to stay at home. Plan for when a staff member or congregant becomes sick.
- 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.
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a health-care facility.
- 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.
- 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.
- 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.
- 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**

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).

- 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.
- 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.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

Community Faith-Based Organizations (CFBO) should be prepared for situations when there is local community transmission of COVID-19 and when a confirmed COVID-19 case has been in the facility, regardless of level of community transmission. These diagrams summarize mitigation strategies that may be most appropriate for these situations.

***All decisions about implementing these strategies AS WELL AS REOPENING PLANS should be in collaboration with local health officials: they know the level of transmission in the community.***

Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<b>Individuals and Families at Home</b> “What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19”	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if symptomatic:               <ul style="list-style-type: none"> <li>» Stay home when you are sick</li> <li>» Call your health care provider’s office in advance of a visit</li> <li>» Limit movement in the community</li> <li>» Limit visitors</li> </ul> </li> <li>• Know what additional measures those at high-risk and who are vulnerable should take.</li> <li>• Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).</li> <li>• Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.               <ul style="list-style-type: none"> <li>» Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible.</li> <li>» Establish ways to communicate with others (e.g., family, friends, co-workers).</li> <li>» Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events.</li> </ul> </li> <li>• Know about emergency operations plans for schools/workplaces of household members.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor local information about COVID-19 in your community.</li> <li>• Continue to practice personal protective measures.</li> <li>• Continue to put household plan into action.</li> <li>• Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor local information.</li> <li>• Continue to practice personal protective measures.</li> <li>• Continue to put household plan into place.</li> <li>• All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.</li> </ul>

Community Faith-Based Organizations (CFBO) should be prepared for situations when there is local community transmission of COVID-19 and when a confirmed COVID-19 case has been in the facility, regardless of level of community transmission. The following diagrams summarize mitigation strategies that may be most appropriate for these situations.

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Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
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<b>Community and faith-based organizations</b> "What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19?"	<ul style="list-style-type: none"> <li>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</li> <li>• Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic.</li> <li>• Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.).</li> <li>• Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness.</li> <li>• Encourage staff and members to stay home and notify organization administrators of illness when sick.</li> <li>• Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette).</li> <li>• Clean frequently touched surfaces at organization gathering points daily.</li> <li>• Ensure hand hygiene supplies are readily available in building.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement social distancing measures: <ul style="list-style-type: none"> <li>» Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness.</li> <li>» Consider offering video/audio of events.</li> </ul> </li> <li>• Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures.</li> <li>• Cancel large gatherings (e.g., &gt;250 people, though threshold is at the discretion of the community) or move to smaller groupings.</li> <li>• For organizations that serve high-risk populations, cancel gatherings of more than 10 people.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancel community and faith-based gatherings of any size.</li> </ul>

**Table 3. Potential mitigation strategies for public health functions**

Public health control activities by level of COVID-19 community transmission		
None to Minimal	Minimal to Moderate	Substantial
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.
<ul style="list-style-type: none"> <li>• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases.</li> <li>• Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance.</li> <li>• For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing.</li> <li>• Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources.</li> <li>• Encourage HCP to develop phone triage and telemedicine practices.</li> <li>• Test individuals with signs and symptoms compatible with COVID-19.</li> <li>• Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</li> <li>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</li> <li>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</li> <li>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</li> <li>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</li> </ul>