

Industry Guidance for Safely Reopening: Faith-based communities, places of worship, weddings, and funerals

Beginning May 27, 2020

Before hosting groups over 10 people, faith-based communities, places of worship, funeral homes, and other venues that offer gathering space for wedding, funerals, and planned services such as worship, rituals, prayer meetings, scripture studies, must develop and implement a COVID-19 Preparedness Plan that addresses the following components. The Plan must be evaluated, monitored, executed, and updated under the supervision of a designated Plan Administrator within your organization or leadership structure (including a "church" as that term is used in the Internal Revenue Code).

The Plan must be posted on site in an easily accessible location that will allow for the Plan to be readily reviewed by all leadership, staff, and volunteers.

Please note: Occupancy must be reduced to accommodate for the required social distancing of at least six feet between people who do not live in the same household. **In indoor settings, occupancy must not exceed 25% of total occupancy, with a maximum of 250 people in a single self-contained space. In outdoor settings, gatherings must not exceed 250 people.**

Please note: This guidance is limited to weddings, funerals, and faith-based services as described above and does **not** apply to related celebrations or social gatherings. Such social gatherings continue to be limited to 10 people. The consumption of food and beverages beyond what is necessary for a planned service or ritual is also prohibited. This includes gatherings after services to share food, drink and community both indoors and outdoors. Congregants should be encouraged to exit directly after services and return to their cars or other mode of transportation.

Faith Leaders, Staff, and Volunteers, including those responsible for using the facility for support groups or other activities, are all considered "Staff" in this document.

Large gatherings continue to present a risk for increasing the spread of COVID-19. All faith communities are encouraged to provide remote services and have the right to choose not to open or host large gatherings.

STAFF PROTECTIONS AND PROTOCOLS

Ensure Sick Staff Stay Home

1. Establish health screening protocols for staff at the start of each shift (e.g. health screening survey, taking temperature). See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>). The checklist is also available in Hmong, Somali, and Spanish (<https://www.health.state.mn.us/diseases/coronavirus/businesses.html>).
2. Staff with COVID-19 symptoms should be sent home immediately. If they cannot be sent home

immediately, isolate them in a closed room until they can be sent home. Staff who have been in close contact with a household member with COVID should not be at work until their quarantine period is finished.

- Symptoms of COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.
3. Establish communication protocols and steps to take when staff have been exposed to COVID-19 in the workplace.
 4. Designate an individual to maintain communication with and gather information from staff who may be ill, as to ensure the privacy of staff is maintained.
 5. Establish staff sickness reporting protocols.
 6. Establish protocols for staff to return to work and follow MDH Guidance. (<https://www.health.state.mn.us/diseases/coronavirus/returntowork.pdf>).
 7. Establish a process to identify contact between infected staff and other staff who may have been exposed. ([CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020 https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)).
 8. Evaluate and adjust sick leave policies to reflect the need for isolation and incentivize staff who are sick to stay home.
 9. Strongly urge all “at risk” staff and members of vulnerable populations to stay home and participate in services remotely. See Executive Order 20-55 (<https://www.leg.state.mn.us/archive/execorders/20-55.pdf>); CDC’s People Who are at Higher Risk for Severe Illness (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>) and Executive Order 20-55 (<https://www.leg.state.mn.us/archive/execorders/20-55.pdf>). Vulnerable staff should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should urge such workers to stay home whenever possible and take particular care to reduce these workers’ risk of exposure.
 10. Clearly communicate sick leave policies to all staff.

Social Distancing – Staff Must Be At Least Six-Feet Apart

1. Maximize remote-working - Staff who are able to work from home must work from home.
2. Stagger shifts and breaks; Extend work-hours and implement flexible scheduling to reduce number of staff in the same place at the same time.
3. Evaluate traffic patterns and “choke points” to reduce crowding at entrances, in hallways, elevators, waiting areas, break areas, common areas, etc.
4. Limit staff meetings to 10 people or less.
5. Limit the number of people in restrooms at the same time.
6. Ensure physical distancing in work areas, including at workstations, break rooms, shared projects requiring people to work together to adapt the physical space, event preparation, etc.
7. Maintain at least a 6-foot distance for any worker interaction.
8. Increase physical space between staff and the public to at least 6 feet whenever interacting.

Staff Hygiene and Source Controls

1. Ensure staff regularly wash their hands. Ensure handwashing and/or hand-sanitizer facilities are readily available and appropriately stocked.
2. Provide recommended protective supplies, such as non-medical cloth face coverings, gloves, disinfectant, shields, etc., appropriate to the task of the staff.
3. Post “hand-washing” and “cover your cough” signs. See: <https://www.health.state.mn.us/people/cyc/index.html> and <https://www.health.state.mn.us/people/handhygiene/materials.html>
4. Staff should wear face masks when working in shared office space or when working on projects with others for extended periods of time.
5. Doors to multi-stall restrooms should be able to be opened and closed without touching the handles, opening-devices, or powered door-operators with the hand, whenever possible. If the door cannot be opened without touching the handle or door-operator, place trash-receptacle by the door to ensure a paper towel can be readily disposed of when operating the door. The location and positioning of waste-receptacles should not interfere with Life Safety requirements (e.g. egress, evacuation, emergency equipment) or any reasonable accommodations provided under the Americans with Disabilities Act.
6. Community drinking stations and water-fountains should not be available/used. Touchless water-filling stations may still be provided
7. Food should not be shared communally.
8. Provide tissues for proper cough/sneeze etiquette and no-touch disposal bins.

BUILDING AND VENTILATION PROTOCOLS

General Building Conditions: Buildings must be assessed to determine the status and capacities of the utility-systems within the building (e.g. ventilation, water-supply, sewer, gas), as well as potential issues associated with vermin, molds, and mildew, prior to putting the building into an operational status.

1. Follow established protocols for starting mechanical, electrical, plumbing, life-safety, and other systems after non-use.
2. Assess the building for indications of pest and vermin infestation, and consult a pest-control professional as appropriate.
3. See CDC’s Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (<https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>).
4. Windows, fans, and air conditioning: CDC recommends working with facility management to determine how often to change air filters and to improve ventilation and exchanges for air from outside to the extent possible.

Day-To-Day Operations: Once systems are in a safe operational status, ensure the following practices and protocols are maintained:

1. Continuously maximize fresh-air into the work and communal spaces. Eliminate air recirculation.
2. Minimize air-flow from blowing across people.
3. If your facility has air conditioning:
4. Supplement ventilation-system with the use of portable HEPA filter units whenever possible.

5. Keep systems running longer hours (24/7 if possible) to enhance the ability to filter contaminants out of the air.
6. If you have the capacity to do so, the following is also recommended:
7. Maintain relative humidity levels of RH 40-60%
8. Add a flush cycle to the controls of the HVAC system, and run HVAC systems for 2-hours before and after occupancy if your system allows for this.
9. Check and rebalance the HVAC system to provide negative air-pressure whenever possible.
10. Consult an HVAC professional or the American Society of Heating, Refrigerating and Air-Conditioning Engineers to ensure proper ventilation is provided, and ventilation-systems are properly maintained. See ASHRAE's COVID-19 Preparedness Resources (<https://www.ashrae.org/technical-resources/resources>).

DROP-OFF, PICK-UP, AND DELIVERY PRACTICES AND PROTOCOL

1. Receive deliveries via a contactless method whenever you can.
2. Provide for contactless deliveries that promote delivery at a doorstep, where persons maintain a distance at least 6-feet away while verifying receipt of the delivery between the staff and the delivery person. Whenever possible, attempt to do everything electronically (e.g. app, phone) to eliminate the need for close contact between staff and delivery personnel.
3. Staff must maintain a distance 6-feet or greater from others during interactions while receiving or exchanging deliveries.
4. Staff must minimize the unnecessary exchanging or sharing of scanners, pens, or other tools with delivery personnel.

WORK AND GATHERING SPACE CLEANING AND DISINFECTION PROTOCOLS

1. Establish a documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs.
2. Routinely clean and disinfect all areas, such as offices, restrooms, common areas, shared electronic equipment, instruments, tools, controls, etc.
3. Electronic devices (e.g. light-switches, circuit-breakers) should not be sanitized with a liquid agent. Consider covering switches/devices with a poly-covering that allows the user to manipulate the device without touching the switch, and hangout the poly-covering frequently. Electronic devices must be sanitized only when disconnected from the power-source, and sanitized in accordance with the listing/labeling requirements.
4. Personal equipment, items used in rituals or services, microphones, and phones should not be shared or, if shared, should be disinfected after each use.
5. Frequently clean all high-touch items, such as doorknobs, countertops, barriers, railings, handles, ends of pews, tops of chairs, and other surfaces.
6. Implement immediate cleaning and disinfecting of the work and gathering space if a staff,

member, or visitor becomes ill with COVID-19. See CDC’s Cleaning and Disinfecting Your Facility (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

7. Select appropriate and ensure the needed supply of disinfectants – consider effectiveness and safety. The U.S. Environmental Protection Agency’s (EPA) List N has identified a list of products that meet EPA’s criteria for use against SARS-CoV-2. See EPA’s List N: Disinfectants for Use Against SARS-CoV-2 (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>).
8. Review product labels and Safety Data Sheets, follow manufacturer specifications, and use required personal protective equipment for the product.
9. Hymnals and religious texts should be removed as they cannot be effectively cleaned. Consider the following options:
 - Use projectors to guide participants through the order, prayers, and texts of the service.
 - Distribute paper copies in a way that minimizes contact by anyone but the service participant, and do not reuse.
 - Provide electronic copies of text used for services to participants to access on their personal devices prior to the service.

COMMUNICATIONS AND TRAINING PRACTICES AND PROTOCOL

1. All leadership and staff must be trained regarding COVID-19 exposure, as well as applicable policies, procedures, practices, and protocols.
2. Organizations and facilities must ensure the COVID-19 Preparedness Plan is posted in easily accessible locations and is shared with and reviewed by all staff.
3. Organizations and facilities must ensure the necessary or required rules and practices are communicated to members and renters or other users of their space (e.g. community groups, support groups, etc.), and adequately enforce their provisions.
4. Staff must ensure they comply with and follow established rules and practices.
5. Communication to educate members and participants about the steps being taken for their protection to mitigate the spread of COVID-19 is encouraged. Protective measures should be communicated to members and participants prior to, and at the start of, the event or gathering to both educate and inform them of their role in protecting themselves and others.

WHAT ORGANIZATIONS AND FACILITIES CAN DO TO MINIMIZE POSSIBLE TRANSMISSION

1. Participants should conduct a self-check and stay home if they have symptoms of COVID-19.
 - Symptoms can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.
2. Facilities and organizations should ask visitors and participants to review a screening survey addressing close contacts with confirmed cases and quarantined cases, and recent out of

continent travel. The questions should be the same as those completed by staff, and visitors and participants should be advised to stay home if they have had a significant exposure. [MDH's Visitor and Employee Health Screening Checklist](#): (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>).

3. Persons who may be at higher risk for severe illness are strongly encouraged to stay home (See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>).
4. Post signage and develop messaging that if members or visitors do not feel well or have any symptoms compatible with COVID-19, they should stay home. See the Minnesota Department of Health (MDH)'s Visitor and Employee Health Screening Checklist: (<https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>). The checklist is also available in Hmong, Somali, and Spanish: (<https://www.health.state.mn.us/diseases/coronavirus/businesses.html>).
5. People should also stay home if they have a household member experiencing symptoms compatible with COVID-19. Refer to [CDC's What to Do if You are Sick or Caring for Someone Who is Sick](#) (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>).
6. If a participant begins to feel unwell while in the facility, they should leave immediately and isolate themselves at home. See CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
7. Encourage participants to regularly wash and/or sanitize their hands.
8. Limit the equipment, products, or items touched by participants while in the building.
9. Strongly encourage all participants to wear a face covering or mask when they are able. Have extra masks available for people who do not arrive with one. Cloth face coverings are NOT a substitute for maintaining a physical distance of 6-feet from other people. Refer to [CDC guidance on cloth face coverings](#) (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>).
10. Singing is a higher-risk activity as it more forcefully expels respiratory droplets than speaking. And the act of singing may contribute to transmission of COVID-19, possibly through emission of aerosols. Congregations should refrain from singing. Congregations are strongly encouraged to offer pre-recorded music or only one cantor singing at a distance of at least 12 feet from anyone else during the service, while wearing a face mask.
11. Processionals and recessionals should only be done in a manner that maintains at least 6 feet of distance between people from different households.
12. Adapt your practices during planned services, weddings and funerals to avoid physical contact or passing objects between individuals (e.g. greetings, collection baskets, sharing of ceremonial objects).
13. Communion for some faiths is a critical part of their ritual. Faith communities that cannot make communion a touch-free encounter should follow these guidelines:
 - Communion should be distributed hand-to-hand, not hand-to-mouth.

- Both the distributor and the receiver of communion should wear face coverings.
 - 6 feet of distance (two arm's length) distance should be maintained between the communion distributor and the receiver. This would require both parties extending their arms as comfortably as possible.
 - The distributor of communion should use hand sanitizer prior to initiation, and repeated after touching their face, coughing, or sneezing, or significant touching of another person or object in the process of distributing communion.
 - Hand sanitizer should be used before touching a mask to take it down for communion, and after touching a mask to put it back on. Note: hand sanitizer must be applied thoroughly and allowed to dry to be effective.
14. Maintain a distance of at least 6 feet (2 meters) from people not in the same household at all times. This includes establishing this distance with people next to you and in front and behind you. Remove or block off seating, clearly mark entrances and exits and space within the facility to ensure adequate spacing of participants.
 15. Consider implementing usher directed entering and exiting of the seating area to maintain proper social distancing.

OTHER IMPORTANT CONSIDERATIONS

As organizations and facilities consider further opening of gathering spaces worship, rituals, prayer meetings, scripture studies, weddings, or funerals, it is important to consider the unique characteristics of your community members and your shared spaces.

1. Some of your staff and members may be at higher risk for COVID-19; these persons are strongly urged to stay at home and not participate in any group gatherings involving people outside of their immediate household.
2. Continue virtual services, phone contact, and other outreach to vulnerable community members, even as other members begin to engage in person. Some of your members may not feel comfortable resuming in-person contact for a longer period of time. It is important to respect their decisions while continuing to remain connected in other ways.
3. Remember that as restrictions are lifted on a state-wide level, your community has the choice to continue the practices put in place during the stay-at-home orders and delay in-person gatherings. Faith communities need to take steps to ensure that members who choose not to attend in-person services will not experience negative consequences from those communities because of their decision.
4. These Requirements are being implemented universally across sectors with similar gathering spaces for various sectors of our communities. Consideration is given to space size, flow of movement, duration of time in designated shared space, and the nature of the COVID-19 virus to easily spread in large group gatherings no matter how much planned social distancing is implemented.

OCCUPANCY LIMITS

1. Facilities must reduce occupancy to accommodate for the required social distancing of at least six feet between people who do not live in the same household.
2. In indoor settings, occupancy must not exceed 25% of total occupancy, with a maximum of 250 people in a single self-contained space. Outdoors gatherings must not exceed 250 people.
3. Large gatherings should utilize different entrances, staggered arrival and departure times, and other mechanisms to avoid congestion at entry and exit points.
4. This includes leadership, staff, and participants for all planned services, weddings and funerals .
5. These limits may change as the data indicates declining number of cases and deaths, or surges in those numbers over time.
6. For drive-in services, see:
<https://www.health.state.mn.us/diseases/coronavirus/guidefaithpark.pdf>

ADDITIONAL PROTECTIONS AND PROTOCOL FOR MANAGING OCCUPANCY

1. Publicize your protocols so that current and potential members or visitors are aware of expectations.
2. Advise members and visitors of the added COVID-19 precautions that will be taken prior to arrival at the site. Use websites, social media, pre-appointment phone calls and other outlets to educate members on the steps being taken for their protection and the protection of workers.
3. Consider sending an email or text of a screening survey prior to a planned service, wedding or funeral and request that anyone with symptoms stay home.
4. Post signage at the entrances and exits outlining established protocols.
5. Limit the number of persons trying to enter the building at the same time. Consider planning ways to ask participants to arrive at staggered times (e.g. alphabetically or by electronic sign-up).
6. Determine how your community will address arrivals after you have reached maximum capacity. Pre-plan as much as possible to avoid this situation and prepare a plan for if it occurs.
7. Train staff how to address a situation where a participant in a service or event appears to be sick or symptomatic and assist them in leaving.
8. Evaluate all points in the services that previously involved a face-to-face or interaction closer than six feet to determine how they can be done in an alternative way.
9. Provide hand sanitizer and tissues at the entrance, in each seating area section, and other prominent locations.
10. Entrances, exits, restrooms and other areas of congestion should be marked to provide for social distancing of at least six feet, including floor markers for distance, lane lines and signage in adjacent areas where people may be waiting for access.
11. Space, configuration and flow of the space should be evaluated to allow for physical distancing of six feet by every household at all times.
 - Only members of the same household can sit together and should maintain a distance of at

least six feet from other households or individuals.

- Participants from separate households should not interact from closer than six feet before, after, or during planned services, weddings or funerals.

12. In-person services and ceremonies should not resume if adequate protective measures cannot be implemented.

Appendix A – Guidance for developing an Employer Preparedness Plan

General

Centers for Disease Control and Prevention (CDC): Coronavirus (COVID-19) – www.cdc.gov/coronavirus/2019-ncov

Minnesota Department of Health (MDH): Coronavirus – www.health.state.mn.us/diseases/coronavirus

State of Minnesota: COVID-19 response – <https://mn.gov/covid19>

Faith-Based Communities

CDC: Resources for Community and Faith-based Leaders

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html>

CDC: Resources for Large Community Events & Mass Gatherings

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html>

MDH: Community and Faith-based Organizations Guidance

<https://www.health.state.mn.us/diseases/coronavirus/communities.html>

MDH: Guidance for Faith-Based Communities Considering In-Person Services

<https://www.health.state.mn.us/diseases/coronavirus/guidfaithserv.pdf>

MDH: Guidance on Hosting Faith-Based Services in Parking Lots

<https://www.health.state.mn.us/diseases/coronavirus/guidfaithpark.pdf>

MDH: Guidance for Visiting People at Home

<https://www.health.state.mn.us/diseases/coronavirus/visitingathome.pdf>

MDH: Ramadan 2020 and COVID-19

<https://www.health.state.mn.us/diseases/coronavirus/guideramadan.pdf>

Businesses

CDC: Resources for businesses and employers –

www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

CDC: General business frequently asked questions – www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

CDC: Building/business ventilation – www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: Businesses and employers: COVID-19 –

www.health.state.mn.us/diseases/coronavirus/businesses.html

MDH: Health screening checklist – www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: Materials for businesses and employers –

www.health.state.mn.us/diseases/coronavirus/materials

Minnesota Department of Employment and Economic Development (DEED): COVID-19 information and resources – <https://mn.gov/deed/newscenter/covid/>

Minnesota Department of Labor and Industry (DLI): Updates related to COVID-19 –

www.dli.mn.gov/updates

Federal OSHA – www.osha.gov

AIHA Back to Work Safely <https://www.backtoworksafely.org/>

Handwashing

MDH: Handwashing video translated into multiple languages –

www.youtube.com/watch?v=LdQuPGVcceg

Respiratory etiquette: Cover your cough or sneeze

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC: www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

MDH: www.health.state.mn.us/diseases/coronavirus/prevention.html

Social distancing

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

MDH: www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

CDC: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

CDC: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

CDC: www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Environmental Protection Agency (EPA): www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Employees exhibiting signs and symptoms of COVID-19

CDC: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

MDH: www.health.state.mn.us/diseases/coronavirus/basics.html

MDH: www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/returntowork.pdf

State of Minnesota – <https://mn.gov/covid19/for-minnesotans/if-sick/get-tested/index.jsp>

Training

CDC: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Federal OSHA: www.osha.gov/Publications/OSHA3990.pdf

MDH: www.health.state.mn.us/diseases/coronavirus/about.pdf