



Presbytery Recommendations on Reopening Churches

Introduction

In the shadow of our national emergency due to the Covid-19 pandemic, it is necessary to remember who we are and whose we are: “In life and in death, we belong not to ourselves but to our faithful savior, Jesus Christ” (Heidelberg Catechism). This is as true during a pandemic as it is during seasons of joy, health, and wellness. Further, “We are the Body of Christ, and each members of it” (1 Corinthians 12:27). That is, we are connected to one another in a covenant of love through Jesus Christ. Understanding who and whose we are, the presbytery seeks to affirm we have a responsibility of care to each other and, together, for the communities we serve. Therefore, we make the following recommendations for well-being of our congregations, its members, and our communities we serve.

The recommendations that follow use three documents as the template for this discussion: (1) notes on a conversation with several scientists and medical providers,¹ (2) *Questions Your Church Should Answer Before People Return*,² and (3) the Federal guidelines in *Opening Up America Again*.³ Each document will be discussed separately. Additionally, there are four appendices: (A) Church Covid-19 Reopening Assessment Tool, (B) Setting Respectful and Kind Social Boundaries, (C) Reopening Overview Chart, (D) Signage Example, and (E) Further Scientific Observations.

Timing of the Recommendations

A significant point of controversy centers around the appropriate timing of reopening our churches. The political, economic, and medical conversations of the wider society impact our churches, too. We acknowledge “faithful and intelligent Christians may disagree” about such things; therefore, mutual forbearance and respect is especially needful as we discuss, dialogue and discern our way forward.

The assumption that guides this document is that the health and well-being of our congregations is primary; therefore, local health department advisories should be followed. What this means is that our congregations will resume activities at different times depending on the nature of the outbreak in their locale. What this also means is that congregations who resume in-person activities following this initial, state-wide shelter in place order may find they need to cease in-person activities if a “second wave” occurs in their community. The best counsel we can provide is (1) be cautious, (2) start small, (3) add activities in gradual, progressive steps, (4) continually evaluate your local health department advisories, and (5) be vigilant. Good stewardship of our church communities demands nothing less.

Color-coding

The Leadership Commission has affirmed these recommendations and applied a color-coding system to distinguish between required actions, recommended actions, and suggestions according to the following rubrics:

Required actions: RQ-

Strongly recommended: SR-

Recommended: R-

Suggested or Worthy of Discussion: S-

Please note the placement of color-coding markers connect with the largest section, paragraph, or bullet point in which it is found. If used at the beginning of a section, the marker applies to an entire section. If used at the beginning of a paragraph, the marker applies to the entire paragraph. If multiple markers are required, each bullet point will have its own demarcation.



Perspectives from the Scientific Community

Perspectives on the Public Conversation

1. *Guidelines:* SR- [red box] Take state and federal guidelines for what they are: a general idea about things to be done. Please remember guidelines published by state and federal agencies conflate input from both politicians and scientists. Guidelines should be considered as the necessary framework for constructive discussion but the responsibility for leadership resides with the Session.
2. *Steps and Cycles:* SR- [red box] All guidelines should be viewed as (a) steps in a process with (b) the need to plan for cycles of reevaluation. There is no “flip the switch” moment when we will be back to normal, so ongoing, constructive, evaluative conversations are necessary.
3. *Phases and Variations:* SR- [red box] There are no black and white answers, nor a one-size-fits-all way to respond. There are best practices, common sense behaviors to take, and actions that are medically advisable, but no plan will fit every situation. It is appropriate to distinguish between urban and rural settings as well as large, mid-size, and smaller congregations as leaders craft a plan that maintains health and wellness while allowing for services to resume.
 - a. Key Question: What data source(s) is being used to determine the potential safety for the steps you will take? A loud elder’s opinion is not a data source; local health department websites are a data source.

Initial Steps before Reopening

1. *Assess, Assess, Assess:* RQ- [red box] Church leadership in every congregation should take a practical, hard, introspective look at what their abilities are and who their congregation is: assess the physical space and lay-out of the building and what percentage of the congregation and staff fall into medical at-risk categories. Know your demographics! Churches should not reopen until they have a clear picture of who they are and have assessed their preparedness, (c.f. Appendix A).
 - a. How many members attend vs. how much square footage is in the meeting space?
 - b. What number of attendees can be accommodated safely given the square footage of your space?
 - c. Do you have a plan?
 - d. What values are guiding your actions steps during all phases and during each, specific phase of reopening?
2. *Behavioral Plan and Training:* RQ- [red box] What will pastors, other staff, elders and/or ushers do when someone (a) does not comply with the guidance/instructions laid out by the congregational leadership (e.g. not wearing a mask or sitting too close to others), or (b) is obviously sick?
 - a. Staff and volunteers should know the plan and be trained in its implementation (c.f. Appendix B)
 - b. What will be said, by whom, requesting a specific, defined behavior?
 - c. What actions will be taken if there is non-compliance?
 - d. What if the non-compliant person is a prominent elder or sweet, elderly (and beloved) parishioner?
3. *Talk—Honest and Forthright:* SR- [red box] Historically we have found churches safe and comfortable. We need to persuade our pastors and congregations that the virus is just as likely to sit on a stack of bulletins or on an offering plate as on the pump at the gas station.



Medical Observations

1. *At-Risk Populations*: SR- [red box] The key observation made is that people should discuss their personal situation with their own physician. Accepting this caveat, other observations include a reminder that people with the following underlying conditions are considered to be at greater risk:
 - a. People over 60 – however, not everyone is the same, which is why folks should talk to their doctor,
 - b. anyone with an immune-compromising condition,
 - c. anyone with poorly controlled diabetes,
 - d. anyone with pulmonary disease,
 - e. anyone who has had a transplant.
 - f. Also noted: “Energetic is not the same as low-risk,” so folks should talk to their doctor.
2. *Agency*: SR- [red box] Encourage people to take responsibility for their own health as well as to promote caring for the community’s health.
 - a. Some folks who doctors say are at-risk may not see themselves as at-risk.
 - b. People who are not at-risk do not have the right to compromise others.
3. *Common Sense*: RQ- [red box] Given the testing issues discussed below, common sense best practices are vital (e.g. hand washing, wearing masks, maintaining physical distance). It should also be understood that even these commonsense approaches will not and cannot prevent all spread of infection. For instance,
 - a. the advice about maintaining six feet of physical distance is good counsel but viruses have been measured to travel much farther than six feet at times,
 - b. the advice about outside spaces being safer than enclosed spaces is true though being down wind of someone who sneezes will be a problem.

Scientific Observations S- [green box]

1. *Testing*: Testing to determine if someone is infected or to determine if they’ve been infected, recovered and have antibodies to the virus, will continue to become more widespread as the tests increase in availability. Testing will likely become more accurate or their limitations more accurately understood. The data gathered from many people will help our governmental leaders shape public policy on a large scale over time going forward. However, though we encourage individuals to be tested if they suspect they’ve been exposed/infected/been sick, and the tests will help individuals decide about their own behavior at home and in public, we will not require a certificate/passport to participate in church functions, nor will we allow segregation into groups based on testing status.
2. *Further Scientific Discussion*: See Appendix E.



Questions Your Church Should Answer Before People Return

Worship

Will you reopen the doors of your church with a “worship only” strategy? SR- [redacted]

1. “Worship Only” is a misnomer, as online Bible studies, committee meetings and pastoral care will continue.
2. Churches may want to reintroduce staff office hours first, with appropriate physical distancing.
3. The first in-person, congregational gatherings may be limited to worship, but not until phase two of the federal guidelines are met.
4. Be intentional and gradual about adding activities according to your congregation’s ability to maintain Covid-19 related precautions.

What if your worship gathering is initially limited in the number of people?

1. Masks are required to be worn. RQ- [redacted]
2. Accommodate physical distancing, even using multiple services, if necessary. RQ- [redacted]
3. Every-other pew (or two pews, if needed) roped off. SR- [redacted]
4. Tape on pews / chairs to indicate where to sit in order to maintain social distancing. SR- [redacted]
5. Doors may remain open for the entire morning, even in inclement weather, or gloved volunteers stationed at all doors. SR- [redacted]
6. Continue virtual worship as an alternative offering. SR- [redacted]
7. No printed bulletins: use PowerPoint if available or have liturgist “call out” the service as in pre-literacy eras. SR- [redacted]
8. Strip down the pews: remove Bibles, hymnbooks and registration pads until. SR- [redacted]

What adjustments will you make to the Lord’s Supper, baptisms, and your choir ministry?

Lord’s Supper

1. Phases 1 and 2: avoid communion. SR- [redacted]
 - a) *Note from Medical and Science Consultation:* “Do away with trying to do communion. Even if the pastor handles the elements with gloved hands and uses tongs, congregants will still have to lift their masks to consume the elements, probably touching the outside of their mask when they do it. We can’t see a way to do touch communion until we know a whole lot more about this virus and our people are able to accept new routines.”
 - b) *Virtual Communion?* If there is a creative means to celebrate “the Lord’s death until he come again” in ritual form (through some combination of art, action, and responsive verbalizations), yet in a manner that conforms to the theological and spiritual truths of the Reformed tradition, please share. It may be possible but has not yet presented itself. Until such a non-physical, no-touch form of holy communion is revealed, it should be avoided.
2. Phase 3: significant precautions. SR- [redacted]
 - a) No passing communion plates.
 - b) Bread and cup that are broken and poured are symbolic only, not used to serve the people.
 - c) Communion servers provide individual pieces of bread with tongs or while wearing gloves; only the servers touch the bread.
 - d) The cup is given with the small, individualized, plastic cups or pre-packaged communion servings
 - e) Virtual communion may be continued and is a viable option.



Baptisms R-R-

1. Phases 1 and 2: discuss timing.
 - a) Pastors and Sessions should discuss if there is a particular urgency to the request. If there is no particular urgency, Reformed practice allows for waiting until a more appropriate moment.
2. Phase 3: several options present themselves.
 - a) Pastor proclaims the Trinitarian formula as the parents apply the water to the baptized.
 - b) Pastor pours the water from a vessel (e.g. a seashell, ancient baptismal symbol) while the parents hold the child.

Choir Ministry

1. Begin with solos or married couple / partners duets.
2. Introduce quartets and small ensembles that allow for social distancing.
3. Have larger groups of singers stand around the sanctuary, while remaining socially distant (i.e. standing near a pew that is roped off).

Is this the time to end your church’s “meet and greet” time? What about the Passing the Peace? SR-

1. Key Point: distinguish between “meet and greet” vs. Passing the Peace. Meet and greet is an expression of cultural conviviality, while Passing the Peace is an ancient, Christian, liturgical practice that helps traditional worship services ritually tell the story of the Gospel (i.e. Christ is our reconciliation and our peace).
2. End the “meet and greet,” especially during phase one and phase two of the federal guidelines.
3. Continue in modified form the Passing the Peace:
 - a) It can be a liturgical response between pastor/liturgist and the congregation, without turning to one’s neighbor.
 - b) If the Passing of the Peace turns to one’s neighbor, alternative means should be used to convey the peace: “prayer hands” folded in front of one’s chest, “jazz hands,” or bowing are all appropriate.

Do door greeters do their jobs differently, or at all? SR-

1. Adopt the Walmart strategy: greeters do not shake hands, ever.
2. Practice social distancing!
3. Bulletins are not used and so not distributed.
 - a) *Note from Medical and Science Consultation*: “Do away with bulletins for now. Even if they are in a stack, folks will need to touch them to grab one, and who wants to be the next person or the last person to touch the bulletins?”

Is a physical “pass the plate” offering a thing of the past? SR-

1. There should be no passing the plate: place an offering plate at the sanctuary exits (as in Calvin’s Geneva).
 - a) *Note from Medical and Science Consultation*: “If people drop their offering into a common bucket next to the exit, everyone who handles the money will need to do so wearing gloves.”
2. Continue online offerings.
3. Intensify promotion of online giving.

Should you add and/or shorten worship services to allow for social distancing? R-

1. Churches with small or full sanctuaries who need to add more services in order to maintain social distancing may need to shorten the service.
2. Define your priorities: less music, less preaching, less prayer, less announcements? What is the balance?



Will you continue offering virtual online worship?

1. Yes, this is a good idea, even after a vaccine is found.
2. Given #1 above, Sessions will need to consider what they will take away from the pastor's job duties to allow her or him sufficient time to continue providing online worship.

Property and Administration

What are you doing now to sanitize and sterilize your church building? What's your strategy to clean and sanitize your church in real time?

1. "Cleaning Teams" need to be established to sanitize all rooms after every gathering. R-
2. Members of cleaning team should roam the area and/or be stationed at key points of contact (e.g. doors, stair rails, etc.) S-

Do you have a plan for reducing expenses if your church's offerings don't rebound? R-

1. Finance and administration committees should be meeting virtually now to discuss the Fall 2020 and Annual 2021 budgets to project a best, middle, and worst-case scenario.

Should you be investing in new digital equipment right now? S-

1. This is a good idea, if funds allow. Ask colleagues in other churches what is working for them, and then find the best value for your dollars.
2. Keep in mind the best technical solution is useless if it is beyond the capabilities of your volunteers. Invest in the best solution your congregation can capably use and also afford.

What is your plan when volunteers step down or choose not to participate until a vaccine is found? S-

1. Limit the number of activities that are resumed.
2. Phase the return of activities slowly, gradually, to allow for periodic disruption of ordinary services
3. This is an opportunity to recruit: have the administration committee review volunteers' job descriptions

Will a new staff or volunteer position emerge from COVID-19? S-

1. Technical coordinator, perhaps.
2. Deacons for online community, perhaps.
3. Virtual education coordinator, perhaps.

Because people may return very slowly to church, how will you count attendance and effectiveness? S-

1. Count however you wish—but be consistent and articulate the means of counting (e.g. number of online devices viewing, number of online devices x assumption of 2.5 persons).
2. Key question above is: can you find a means to know who is viewing your service in such a way that you can connect with them? It's the *connection* that matters, not that *number*.

What should congregations expect of outside groups?

1. Outside groups are expected to follow the same guidelines practiced by the congregation. SR-



Children / Sunday School / Adult Education

Are you going to continue offering children's church?

1. Kids should stay with their parents. R-
2. Family worship is a historic Christian practice that leads to lifelong faith and should be affirmed and reinstated beginning now. R-
3. Wipe hard surfaces/toys but ask parents to bring in their child's "soft surface" toys (e.g. Teddy Bear). SR-
4. Children should use disinfectant or play the "Washy-Washy Game" before leaving the classroom. SR-
5. All cribs and changing tables should be disinfected after each use. SR-

What's your plan for Sunday School curriculum?

1. Affirm the historic Christian practice of parental responsibility of faith formation of their children. R-
2. Utilize online resources or distribute PDF versions of curriculum, especially for children. S-
3. Distribute PDF materials and/or links to Facebook, YouTube, or other online links to youth and adults. S-

Are you canceling camps and VBS, or delaying them until later this summer? S-

1. Delay, delay, delay.
2. Postpone to fall or a mid-winter event.
3. Plan for next year.

Are you going to host Wednesday night services, meals, or special events?

1. Should be conducted using the CDC guidelines for attendance capacity (e.g. 10+, 50+, unlimited) and conform to the same rubrics for best practices (e.g. wearing masks, maintaining social distancing, etc.) as are followed for a worship service. SR-
2. If medical guidelines or metrics cannot be followed, events should be cancelled. RQ-

What are you going to do about larger Sunday School groups?

1. Phases 1: Adult educational offering should be online. SR-
2. Phases 2 and 3: Move larger groups into a larger space such as the fellowship hall. It will feel weird for a while, but folks will grow accustomed over time, as they are doing with Zoom meetings. SR-

Fellowship and Pastoral Care

Are you continuing to provide coffee stations on campus? What about fellowship time between services?

1. Consideration should be given to cancelling this practice until a vaccine is found. SR-
2. If continued, coffee stations serviced by a volunteer with mask and gloves: no self-serve stations. RQ-
3. Tables should be spaced out to maintain physical distancing and the number of chairs per table limited. RQ-

How will you deal with the rise of COVID-19 related addictions? SR-

1. Pastors should discuss openly the reality of addictions, inviting concerned members to discuss confidentially and seek an appropriate referral to a mental health provider.



Opening Up America Again: Federal Guidelines

Federal Guidelines Say...	Presbytery Analysis
<p>Gating Criteria:</p> <ul style="list-style-type: none"> • Phased approach based on data • Mitigates reemergence • Protects the most vulnerable. <p>Phase One:</p> <ul style="list-style-type: none"> • Downward trajectory in key metrics for 14 day-quarantine period • Plans in place to test and trace Covid-19 cases • Have the capability to ramp up medical supplies and ICU surge capacity <p>Phase Two:</p> <ul style="list-style-type: none"> • ...regions with no evidence of a rebound and that satisfy the gating criteria a second time. <p>Phase Three:</p> <ul style="list-style-type: none"> • ...regions with no evidence of a rebound and that satisfy the gating criteria a third time. 	<p>(1) SR-[REDACTED] The key phrases are “downward trajectory” and “14-day quarantine period.” We are nowhere near either of these situations and some congregants are stirring to be able to resume “normal” activities. We are in pre-Phase 1.</p> <p>(2) SR-[REDACTED] Based on these federal guidelines, churches should plan limited, gradual, resuming of activities.</p> <p>(3) SR-[REDACTED] Resuming activities will occur in phases/stages and not all at once.</p> <p>(4) SR-[REDACTED] Preliminary reports are the CDC may modify the 10+, 50+ guidelines to balance number of persons viz. size of the room as a better evaluation of appropriate numbers for gatherings—stay alert.</p> <p>(5) RQ-[REDACTED] Plan all office, worship, educational, pastoral and fellowship activities to allow physical distancing.</p>

Federal Guidelines Say...	Presbytery Analysis
<p>All Phases Guidelines—Individuals:</p> <ul style="list-style-type: none"> • Wash hands regularly • Masks in public places • Stay at home if feeling unwell <p>All Phases Guidelines—Employers:</p> <ul style="list-style-type: none"> • Social distancing continues • Masks in public places • Temperature checks • Testing and contact tracing if your members get sick • Disinfect high-traffic areas 	<p>(1) RQ-[REDACTED] What churches can do: (a) physical distancing, (b) wear masks in public, (c) disinfect high-traffic areas.</p> <p>(2) R-[REDACTED] What churches may be helpful with: contact tracing of their own member-to-member contact. It is suggested that someone photograph the congregation at worship to help remember where infected persons were sitting, specifically, and who was in attendance.</p> <p>(3) S-[REDACTED] What churches may struggle with: temperature checks. (Monitors available at pharmacies and Amazon.)</p>



(4) What is beyond churches: testing and contact tracing beyond the church.

Federal Guidelines Say...	Presbytery Analysis
<p>Phase One—Individuals:</p> <ul style="list-style-type: none"> • Vulnerable members (60+ or those with underlying conditions) should shelter in place • Gatherings of 10+ should be avoided unless precautionary actions taken: <ul style="list-style-type: none"> • Ability to social distance • Requirement to wear a mask • Limit contact with shared objects (e.g. doors, offering plates, etc.) • Avoid socializing: no coffee hour / fellowship <p>Phase One—Employers:</p> <ul style="list-style-type: none"> • Encourage telework • Close common areas (i.e. church offices should remain locked) • Return to work in phases (e.g. staggered hours, days) • Allow for special accommodations for vulnerable workers • Churches: “Large Venues...can operate under strict physical distancing protocols.” 	<p>(1) SR-■ Many within our churches may argue for resuming in-person worship during phase one but this is not seem advisable given the demographics of most churches.</p> <p>(2) RQ-■ When activities resume, strict compliance to safety precautions (e.g. wearing a mask, physical distancing, “clean teams” for ongoing disinfectant of high traffic areas) must be enforced, with Session commissioning and training individuals on appropriate “social enforcement” protocols.</p> <p>(3) SR-■ Anyone unwilling to follow the safety precautions should be asked to leave.</p> <p>(4) R-■ If church staff come into the office, the doors should remain locked with the church essentially not open to public or congregational traffic.</p> <p>(5) SR-■ However, continued telework is preferable.</p>
<p>Phase Two—Individuals:</p> <ul style="list-style-type: none"> • Vulnerable members (60+ and those with underlying conditions) should shelter in place • Gatherings of 50+ should be avoided unless precautionary actions taken: <ul style="list-style-type: none"> • Ability to social distance • Requirement to wear a mask • Limit contact with shared objects (e.g. doors, offering plates, etc.) <p>Phase Two—Employers:</p> <ul style="list-style-type: none"> • Encourage telework • Close common areas (i.e. church offices should remain locked) 	<p>(1) SR-■ Phase two is the more appropriate time for churches to resume in-person activities in most churches, given our demographics.</p> <p>(2) SR-■ Appropriate safety protocols and social enforcement are also necessary during phase two activities.</p> <p>(3) SR-■ Small and mid-sized groups (e.g. choir, large Bible studies) that ordinarily meet in rooms sufficient for their number should be moved to larger rooms that will feel too large for the number of attendees (e.g. choir practice moved to the sanctuary, Bible study moved to the fellowship hall)</p>



- Return to work in phases (e.g. staggered hours, days)
- Allow for special accommodations for vulnerable workers
- Churches: “Large Venues...can operate under moderate physical distancing protocols.”

(4) R- [red box] Church offices should remain locked but may be open for congregational traffic.

Federal Guidelines Say...

Presbytery Analysis

Phase Three—Individuals:

- Vulnerable individuals can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.”
- Low-risk populations minimize time spent in crowded environments

(1) R- [red box] As communities move into phase three, the temptation will be to revert to the “old normal.” However, continued vigilance and care is required during phase three.

(2) R- [red box] Attention should be given to protect vulnerable people (60+ or with underlying conditions), with spaces reserved that allow them to maintain social distancing, at least.

Phase Three—Employers:

- Resume unrestricted staffing
- Churches: “Large Venues...can operate under limited physical distancing protocols.”

(3) SR- [orange box] Anyone sitting in the “vulnerable” section should be asked to wear a mask, although in other areas mask wearing can be optional.

(4) SR- [orange box] It is readily recognized that the large percentages of “vulnerable” in our congregations makes even phase three difficult. Sessions should monitor health department advisories.



Appendix A: Church COVID-19 Reopening Self-Assessment⁴

INTRODUCTION: As congregations begin to consider how worship and other church activities will be different in a reopening period, it is important to systematically contemplate each church’s ability to respond to various proposed restrictions and guidelines to keep worshippers and staff safe. Church leaders are encouraged to think through both routine and special worship situations in advance in order to identify areas for improvement. This tool is designed to guide church leadership through some of the key issues that need to be addressed in order to provide a safe worship environment. Recognizing that all churches and congregations are unique, leaders are advised not to limit their planning to this tool, but to involve local public health expertise in their preparations.

SECTION 1: Congregational Makeup

RATIONALE: Churches are composed of people of varying risk levels. Some of those who are at highest risk may not be readily apparent and others may overestimate or underestimate their risk status.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Has the church assessed the composition of its members/attenders in order to identify individuals at higher risk (elderly, people with significant medical conditions)?				
Does the church have enough low risk employees and volunteers to task with reopening responsibilities?				
Is the church prepared to offer ongoing alternative worship options for high-risk individuals if in-person worship is not an option for all (online services, taped services, etc.)?				
In the event that a worshipper arrives to the church ill, does the church have a plan in place to give any person who is sick a facemask and separate them from others until they can go home?				
Other:				

COMMENTS:



SECTION 2: Physical Plant and Equipment

RATIONALE: Social distancing, safe passageways and the avoidance of unintentional overcrowding are likely to be cornerstones of future community gatherings. Adequate building design and accommodations will be important for churches.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Does the church have multiple entries and exits to group function areas which would allow for the establishment of unidirectional flow and the avoidance of bottlenecks?				
Is the functional square footage of each meeting room known and has the church calculated the number of worshippers who could be accommodated if restrictions or guidelines limit groups to a specified number per thousand square feet?				
Can seating in group function areas be rearranged to accommodate limited total numbers and adequate social distancing between unrelated parties (i.e. 6 ft apart)?				
Can aisles and worshipper flow be rearranged in group function areas to allow for unidirectional flow and avoidance of bottlenecks?				
Can a separate section of each group function area be established for the dedicated seating of higher risk individuals if needed/required?				
Does the church have internal and external signage and messaging options to direct worshippers, describe flow, and advise people on those restrictions being followed?				
Has the church posted information on the signs and symptoms of COVID-19 (fever, cough, shortness of breath) in high traffic areas as a way of educating members/attenders?				
Does the church have outdoor or open-air meeting areas that may offer improved ventilation for some proposed group activities?				
Other:				

COMMENTS:



SECTION 3: Worship Options

RATIONALE: Some traditional elements of worship may produce contact settings that could not only be dangerous but may also produce anxiety in worshippers. Awareness of these situations and creative alternatives will be important to the process of reopening churches.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Does the church have a touch-free alternative to communicating worship order other than traditional paper bulletins and pamphlets (i.e. projector screen, ability to download worship order on to smart phones, etc.)?				
Does the church have a touch-free alternative to traditional hymnbooks that will allow worshipers to participate in music (i.e. projector screens, downloads)?				
Does the church have a touch-free alternative to the traditional passing of an offering plate (i.e. electronic giving, offering receptacles for limited touch drop-offs of donations, etc.)?				
Through simulations of worship programs, has the church identified additional common “touch points” that can be modified? <i>(Examples may include pew registration books, name tags, coat racks, drinking fountain handles, doorknobs, etc.)</i>				
Other:				

COMMENTS:



SECTION 4: Sanitation and Cleaning

RATIONALE: Proper hygiene and cleaning are important components of infection control. Evident adherence to hygiene standards will increase the safety and comfort of worshippers.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Has the church identified and listed those clean surfaces that are frequently touched – things such as shared desks, countertops, kitchen areas, electronics, and doorknobs?				
Does the church have adequate cleaning supplies available, including the necessary PPE (personal protective equipment) for cleaning personnel?				
Has the church identified volunteer or paid cleaning staff who can clean surfaces in high contact areas immediately after any group function?				
Have both volunteer and paid cleaning staff members received training in COVID-19 risks and appropriate cleaning practices?				
Does the church offer limited personal protective equipment (masks) to worshippers who arrive without PPE?				
Does the church have multiple handwashing or sanitizing stations available which may be accessed without crowding or bottlenecks?				
Other:				

COMMENTS:



SECTION 5: Staff Management

RATIONALE: Churches have a responsibility to provide a safe work environment to both paid employees and volunteers. Close monitoring of staff will in turn improve the safety of the church for worshippers.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Has the church identified high risk employees and volunteers?				
Does the church have a policy in place to require staff, volunteers, and members to stay home if sick?				
Does the church have a plan and system in place to monitor absenteeism in staff and volunteers (a possible indication of unreported infections)?				
Has the church modified workplace arrangements for existing staff and volunteers in order to allow for adequate social distancing during the workday?				
Does the church provide employees and volunteers adequate PPE for their interactions with fellow employees, worshippers, and the public?				
Other:				

COMMENTS:



SECTION 6: Community Connections and Outreach

RATIONALE: As a recognized civic organization, the church may be asked to participate in public health programs aimed at mitigating and controlling infection spread in the community.

Issue	Currently resolved	Resolvable without outside assistance	Resolvable with outside assistance	Not resolvable
Does the church have a reliable communication system (e-mail, texting, telephone tree, etc.) by which potential worshippers can be advised of restrictions regarding worship and church activities?				
Does the church leadership have contact links with state and county health agencies in order to both receive key COVID-19 advisories and to submit queries regarding potential exposures?				
Has a point of contact person been named in the church to address COVID-19 questions and communicate those restrictions the church has chosen to follow?				
Does the church have a mechanism whereby the identities of those who attended a group activity can be listed in the event that attendees must be contacted by a health agency at a later date?				
Is the church prepared to assist local health agencies in the event that contact tracing of exposed individuals involves church members/attenders or a church function?				
Other:				

COMMENTS:

REFERENCES:

CDC: Resources for Community- and Faith-Based Leaders
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html>

PCUSA: Coronavirus/COVID-19 Resources for Congregations and Members
<https://www.pcusa.org/covid19/>



Appendix B: Setting Respectful and Kind Social Boundaries

If a person...

- Refuses to wear a mask
- Refuses to maintain physical distancing
- Refuses to wash their hands (for servers)
- Insists on sitting in a particular seat/pew
- Insists on shaking hands
- Says, “You’re just overreacting...” Or, “This is just political nonsense...”
- Is obviously sick / symptomatic

Use humor...

- “Washy, Washy!” or, “Safety first!” (This will work well for folks who have been on a cruise.)
- “It looks like your 6’ and my 6’ are different. I’m going to take a step back,” said with a playful tone.
- “No thank you! I am not shaking hands these days...How about an elbow bump instead?” Or, “...here (putting one’s hands in front of one’s chest): ‘The Peace of Christ be with you.’”

Be direct and ask for a specific action...

- “Please wash your hands. Doctors tells us this is one of the most important ways to prevent the spread of the infection. If you prefer not to wash your hands or wear gloves, I’ll have to ask you not to serve coffee until a vaccine is found.”
- “Sir/Madam, it appears you don’t feel well. For the health of others, we need you to return home until you feel better.”

Point to Session’s request...

- “Session is asking us not to shake hands, and we need you to comply also. If you just can’t help yourself, it would be best that you stay at home for now.”
- “Session has made wearing a mask a requirement. If you want to attend the service/meeting/event, please wear a mask or you will be asked to leave. If you don’t have a mask, here is one you can use and take with you.”
- “Session asks everyone to respect the rules for physical distancing. Even if you’re not worried, Session is asking everyone to comply. If you choose not to comply, we will ask you to leave.”

Acknowledge the awkwardness without apologizing...

- “I know you have always sat here. I get it. However, Session is asking everyone to maintain physical distance from one another and this seat/pew is roped off. Would you like me to help you find another seat or will you find it yourself?”
- “Many folks feel as you do. However, we prefer to be safe rather than sorry and so are asking you to observe our new group norms. Thank you for going along, even if you disagree with Session’s decision.”



Appendix C: Reopening Churches Overview

	PHASE ONE	PHASE TWO	PHASE THREE	"NEW NORMAL"
SOCIAL DISTANCING (SD)	Strict	Moderate	Limited	Normal
VULNERABLE POPULATIONS (VP)	Stay Home	Stay Home	Moderate Distancing	Discretionary
MAX GROUPS / CROWDS	10	50 – 100 As Instructed	No Size Limit/Use Discretion	No Size Limit
Staffing and Ministries:				
OFFICE STAFF: Determined by	Session + Head of Staff.	Normal Operation w/ SD	Normal Operation	Normal Operation
WORSHIP SERVICES	Online Only	Limited Schedule/Online	Regular Schedule/Online	Regular Schedule/Online
Group meetings / gatherings	Online Only	Open to VP with appropriate SD	Regular Schedule/Online	Regular Schedule
PRESCHOOL / CHILDREN	Online Only	Some group activities with SD. No VP	Open w/ VP Distancing	Open
STUDENTS (7-12)	Online Only	Some group activities with SD. No VP	Regular Schedule	Regular Schedule
CHOIR	No	Appropriate with SD. No VP	Yes. VP?	Yes
PRAISE BAND / WORSHIP TEAM	Six People Max (No VP) Six-Foot Apart	Ten People Max (No VP) Six-Foot Apart	Regular with Expanded Worship Team (no VP)	Regular Activity
COMMITTEES, TEAMS, DEACONS	Online Only	If SD. No VP. Online available	Live Plus Online	Live Plus Online
MINISTRY EVENTS	Canceled	Some Events (no VP)	Some Events (Likely Modified)	As Scheduled
VBS	Postponed	Proceed without VP volunteers	Proceed w/ SD, VP volunteers	As Scheduled
CAMP	Canceled	Canceled	Shift to Local Option	As Newly Scheduled
MISSION TRIPS	Postponed	Postponed	Proceed with No VP	As Scheduled



Appendix D: Signage Example

**LET'S KEEP EACH OTHER SAFE
WHEN USING THE CHURCH OFFICE**

- **WEAR A MASK WHEN SHARING OFFICE SPACE**
- **KEEP YOUR DISTANCE FROM EACH OTHER**
- **OBSERVE GOOD HANDWASHING FOLLOWING
TASKS**
- **DISINFECT ALL SURFACES BEFORE YOU
LEAVE**
- **SANITIZE YOUR HANDS AFTER YOU CLOSE THE
GATE**



CORONAVIRUS DISEASE 2019 (COVID-19)



cdc.gov/coronavirus

NCIRD-J01 04/04



Appendix E: Further Scientific Observations

1. There was much conversation among the scientists regarding PCR vs. Antibody testing and its efficacy. (Disclaimer: the author did his best to capture what the scientists said but his degree is theological ;-)
 - a. Value of testing: there is a need to distinguish between the way one's primary care physician and a public health official uses testing information. For public health officials, testing gives general guidance on the penetration of the virus in a community rather; therefore, the error rates discussed below are scientifically sufficient for public health officials as they take action and make recommendations. No testing can give 100%, specific and accurate information for all individuals guidelines.
 - b. PCR (polymerase chain reaction) and Antibody testing both show a 3-5% false positive or false negative. Until these types of tests are fixed, we will have a problem, but they are the tests we have for now. The quality of the testing has improved and continues to improve.
 - i. Why antibody false positives will be a problem: <https://www.npr.org/sections/health-shots/2020/04/15/834497497/antibody-tests-for-coronavirus-can-miss-the-mark>
 - c. There appears to be a higher error rate with Antibody testing. PCR testing use a solid primer and reagent solutions that Antibody testing does not have. Further, Antibody testing may not have a stable production quality across different manufacturers.
 - d. The "reinfection" rate is probably a case of the person never fully recovering.
 - e. One of the common cold viruses is similar to Covid-19: they are different but present similarly in the lab! Because the two viruses present similarly in the lab, a test needs to be developed that distinguishes between the two, which is only beginning to happen now. How many of these new tests can be produced and how soon are still open questions.
 - f. It does not appear that previous immunity to a type of SARS will help, as SARS 2's binding strength is ten-times more powerful than SARS 1. We need to develop a tool to distinguish between the different types of viruses.
 - g. Sociological issues of a passport of antibody test hugely problematic due to false testing.
 - i. Sociological consequences of immunity/antibody tests: <https://news.umich.edu/without-protections-watch-out-for-unintended-consequences-of-covid-19-immunity-tests/>
2. *Mathematical Modeling*: The value of guidelines are only as good as the models used.
 - a. Why mathematical modeling is hard: <https://fivethirtyeight.com/features/a-comic-strip-tour-of-the-wild-world-of-pandemic-modeling/>
3. *Second Road Map*: While the federal guidelines suggest a three-phase reopening of U.S. society, Harvard and The Rockefeller Foundation have combined to issue guidelines that suggest reopening in four-phases. This model has been developed with bipartisan input from both Republicans and Democrats—Rockefeller-sponsored Roadmap to Pandemic Resilience
 - a. Video: <https://youtu.be/HhRQxk9QA-o>
 - b. Roadmap Report itself <https://ethics.harvard.edu/covid-roadmap>

¹ Participants in this conversation were:

Dr. Carol Dieckman, University of Arizona, Microbiology (Presbyterian elder)

Dr. Jim Fox, formerly of National Institute of Health, Infectious Diseases (cousin is PCUSA minister)

Dr. John Hill, University of Arizona, Astronomy (Presbyterian elder)

Jayne Raffety, Former Nurse, Director of Health Ministries (Presbyterian elder with two PCUSA minister daughters)

Dr. Kathy Spindler, University of Michigan, Virology (Lutheran elder)

Dr. David Yost, CDC (Presbyterian elder)



² Ken Braddy, “24 Questions Your Church Should Answer Before People Return,” <https://kenbraddy.com/2020/04/18/20-questions-your-church-should-answer-before-people-return/?fbclid=IwAR2vHPuO5fxeo5OrB4GB8Ycp6yqG5kSZujpSermNtqikdwWstmo7LZ8-NB0>, accessed 4.20.2020. The questions have been rearranged by subject matter and therefore appear in a different order from Mr. Braddy’s original post.

³ “Opening Up America Again,” U.S. Federal Guidelines released April 16, 2020.

⁴ Dr. Marc Traeger and Dr. David Yost, Community Presbyterian Church. Pinetop, AZ, April 26, 2020. Used with permission.