

## Phase Two Guidance Coronavirus 2019 (COVID-19): Guidance for Places of Worship

During Phase Two, the public, businesses, and community organizations will be expected to adopt new behaviors and rigorous safeguards to reduce risk for all. Places of worship serve a vital role in promoting the spiritual and mental health of their congregations. **This guidance has been updated in accordance with Mayor's Order 2020-126 issued on December 16, 2020.** For additional information visit [coronavirus.dc.gov](https://coronavirus.dc.gov).

Please note that any individual experiencing symptoms of COVID-19, or recently exposed to someone diagnosed with COVID-19, should not work in or visit a place of worship due to the risk of exposing others. Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.

### **Phase Two General Information for Places of Worship**

- Places of worship are strongly encouraged to continue providing virtual services.
- **Participation limited to virtual worship services is especially recommended for older adults and people of all ages with chronic medical conditions who are at higher risk for severe illness from COVID-19.**
- **UPDATE: In-person worship services held indoors shall not exceed 25% of the capacity of the room or rooms in the facility where the service is occurring as per the Certificate of Occupancy, or 250 persons, whichever is fewer.** These limits apply to **core religious services and sacraments only** and include all individuals in the facility or space (worshippers, clergy, staff and volunteers).
- Houses of worship conducting in-person services must establish a reservation system or some means of ensuring that there will not be crowding inside or outside the facility.
- All other activities, such as religious education classes, youth events, support groups, and any other social programming such as wedding receptions, wakes, or memorial services not involving religious sacraments or core religious services must not exceed 10 persons indoors or 25 persons outdoors.
- Household members attending together may be seated as a group and must not exceed 10 persons in a household group. Each group must be seated at least 6 feet in all directions from every other group.
- There is no numeric cap on the number of persons that can attend an outdoor service. Services and activities may be considered to be outdoors if they are held in structures with a roof and not more than two flaps or sides.
- Safety protocols must be written and available to DC Health officials upon reasonable request. Safety protocols must include mandatory masking, plans for ingress and egress of worshippers, hygiene and airflow, and wellness checks.
- Houses of worship must cooperate with DC Health officials, or public health officials from other states upon request to assist in contact tracing.

### **Everyday Prevention Measures**

- Across all phases of reopening, clergy, staff, volunteers, and congregants should be educated and encouraged to practice the following:
  - **Stay at home if you feel unwell** or were recently exposed to someone with COVID-19
  - **Practice social distancing.** Stay at least 6 feet from other people.
  - **You must wear a cloth face covering at all times.** Masks protect the wearer and protect other people.

- If you are unable to wear a cloth face covering, virtual services are strongly recommended.
  - Masks are not recommended for children under two and those who experience difficulty breathing with masks.
- Avoid shaking hands and other physical contact with people outside of your household.
- Cover coughs and sneezes with a tissue or use the inside of the elbow. Used tissues should be thrown in the trash and hands washed.
- Gloves should be worn only as indicated per routine facility responsibilities.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand rub).
  - Key times to perform hand hygiene include:
    - Before and after using the toilet,
    - Before and after putting on, touching, or removing cloth face coverings,
    - Before and after handling any shared objects (i.e. books);
    - After handling other people's belongings,
    - After blowing your nose, coughing, or sneezing, and
    - After finishing services and departing.

### Prevention Measures to Encourage Safety

- Post signage at the entrance to the facility stating that no one with a fever or symptoms of COVID-19 is permitted to enter and that individuals must wear a cloth face covering.
- Post signs in highly visible locations (e.g., entrances, restrooms, gathering halls/community rooms) that promote everyday protective measures including use of face coverings, social distancing and hand hygiene.
- Make hand sanitizer easily accessible at every entrance of the building.
- Provide supplies to allow for frequent hand hygiene (e.g., soap and water or alcohol-based hand sanitizers with at least 60% alcohol). Ensure hand hygiene products are accessible in staff and public areas.
- Provide clergy, staff and volunteers with appropriate personal protective equipment (e.g., masks, gloves) and cloth face coverings.
- Train all clergy and staff, including volunteers in COVID-19 safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.
- Encourage clergy, staff, volunteers and attendees to remain at least 6 feet apart from anyone not from their household.
- Be cognizant that traditional choir configurations pose an increased risk of COVID-19 transmission. Performances and practices are strongly discouraged in Phase Two and should only be done if all participants are masked.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19.
- If your faith community provides social services in the facility as part of its mission, refer to DC Health's relevant guidance documents at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- If a nursery or childcare will be provided during services and events, refer to DC Health's Guidance on Childcare Services at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- If providing childcare services, programs must follow the appropriate DC Health guidance, found at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- Other organizations that share or use the facilities should follow these safeguards as applicable.
- **For more information specific to places of worship**, see the Centers for Disease Control and Prevention(CDC)website: [cdc.gov/coronavirus/2019-ncov/community/faith-based.html](https://cdc.gov/coronavirus/2019-ncov/community/faith-based.html).

### **Avoid Close Contact and Reduce Touchpoints**

- Provide physical guides, such as tape on floors and walkways and signs on walls, to encourage appropriate distancing.
- Discourage any congregating in parking lots or outside the place of worship.
- Use visual cues to help prevent congregating.
- Reconfigure or mark seating arrangements to delineate physically distant seating in worship and gathering spaces.
- Develop staff and congregant movement flows to minimize face-to-face passings (e.g. “one-way routes” in hallways).
- Train and deploy social distancing ambassadors in high-traffic areas or at high-traffic times.
- Consider closing off or limiting access to areas where physical distancing cannot be practiced.
- Limit the sharing of frequently touched objects, such as worship aids, prayer rugs, prayer books, hymnals, religious texts, bulletins, and books. Encourage congregants to bring their own such items, if possible, or consider 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/online methods of collection of regular or one-time financial contributions instead of shared collection trays or baskets.
- Discourage physical contact (e.g., shaking hands, hugging, or kissing) among members of the faith community who are not from the same household.
- If food is offered at any social gathering, pre-packaged options are strongly recommended. Avoid buffet or family-style meals as the sharing of serving utensils is risky. The more people in close contact with the food, the higher the risk.
- Avoid any items that may be passed or shared among congregants, or traditions that may increase the risk of spread.

### **Screening and Monitoring for Symptoms**

- Perform screening (e.g., symptom questionnaires) of staff and volunteers prior to them entering the premises, over the phone or in person.
  - For **Screening Tool Guidance**, visit [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- If staff or volunteers develop any symptoms of COVID-19 while in the building, there should be a plan in place for that individual to immediately isolate, notify someone, and leave the building.
- Close off areas used by the sick person and do not use the area until after cleaning and disinfection.
- Implement a process for maintaining a daily record of individuals who have been in the building for at least 30 days. This information will be needed if a case of COVID-19 occurs at your place of worship to assist with contact tracing.
  - Houses of worship must cooperate in contact tracing if contacted by DC Health or other health departments.

### **Clean and Disinfect**

- Develop a schedule of increased routine cleaning and disinfection. Consider that volunteers and staffing may need to increase to implement cleaning and safety protocols.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Clean and disinfect high-traffic areas and frequently touched surfaces (e.g., doors, railings, seats, restrooms, etc.) at least daily, and shared objects and spaces in between uses.
- If the faith community offers multiple services, schedule with enough time in between to

allow time for adequate ventilation or air filtration, as well as cleaning and disinfecting of high-touch surfaces between services.

- For more information on cleaning and disinfecting buildings and disinfectants that are effective against the virus that causes COVID-19, see the CDC website [cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html).

### Building Considerations

- Consider making the following improvements to improve building ventilation ([cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)):
  - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.
    - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
  - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
  - Increase ventilation rates.
  - Check filters to ensure they are within service life and appropriately installed.
  - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
  - Consult with a specialist to see what works for your building.
- If the building was closed for an extended period of time, remember to ensure all water systems are safe to use. For more information, see CDC's Guidance for Reopening Buildings after Prolonged Shutdown or Reduced Operation: [cdc.gov/coronavirus/2019-ncov/php/building-water-system.html](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

### Establish a Plan for COVID-19 Exposure

- Establish a plan in the event a staff member, volunteer, or congregant is diagnosed with COVID-19.
- Identify a point of contact at the facility that a staff member or volunteer can notify if they test positive for COVID-19 and choose to disclose this information.
- If a staff member or volunteer chooses to report to the facility that they are positive for COVID-19, the facility should have a notification process to share the following with staff, volunteers, and the congregation. Notifications should be done in conjunction with DC Health.
  - Education about COVID-19, including the signs and symptoms of COVID-19,
  - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at [coronavirus.dc.gov](https://www.coronavirus.dc.gov),
  - Information on options for COVID-19 testing in the District of Columbus, available at [coronavirus.dc.gov/testing](https://www.coronavirus.dc.gov/testing).
- Refer to the guidance "First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19" at [coronavirus.dc.gov/healthguidance](https://www.coronavirus.dc.gov/healthguidance).
  - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person's infectious period.
  - The infectious period starts two days before symptom onset and typically ends 10 days after symptom onset (or test date for people who do not have symptoms).
- Establishments must notify DC Health when:
  - A staff member or volunteer who interacts frequently with the public notifies the organization they tested positive for COVID-19 (not before results come back)

**OR**

- if a participant notifies the organization they tested positive for COVID-19

**AND**

- the person was in the building **during their infectious period.**
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website [dchealth.dc.gov/page/covid-19-reporting-requirements](https://dchealth.dc.gov/page/covid-19-reporting-requirements):
  - Submit a **Non-Healthcare Facility COVID-19 Consult Form.**
- An investigator from DC Health will follow up within 24 hours to all appropriately submitted inquiries. Please note this time may increase as cases of COVID-19 increase in the District.

The guidelines above will continue to be updated as the outbreak evolves. Please visit [coronavirus.dc.gov](https://coronavirus.dc.gov) regularly for the most current information