



Guidelines for In-Person Worship and Ministry during **COVID-19**

Updated: June 17, 2020

TABLE OF CONTENTS



3 | Introduction

It is important to remember that all persons are susceptible to contracting COVID-19.

4 | Social Principles

Research has shown that COVID-19 disproportionately affects African Americans and Latinx.

5 | Mental Health Guidance

Take care of yourself physically, mentally, and relationally.

6 - 11 | Best Practices Guidance

Preventing the spread of COVID-19 begins with one, and that one is you.

12 | Preparing Building and Worship Areas

In this time, we recommend that you spend some time preparing for in-person worship.

13 | Returning

While we prepare to “reopen” within the safe guidelines of CDC and our local leaders, our most important reopen will be our joyful obedience to what God is inviting us to do.

14 | Phased Reopening

This phased approach to returning to in-person worship may look different in your local context and may need to be reviewed and amended by the leadership in the church.

15 | Worshipers that Test Positive

What to do in the event that a worshiper, who attended a worship service, test positive for COVID-19.

16 | Arrival

Recommendations of best practices on arrival to worship.

17 | Worshiping

Detailing some of the more common and usual components of the way we worship, and recommendations for adjusting those components to reduce harm.

18 | Preaching

Preaching will require special considerations.

19 | Baptism and Confirmation

The tradition of baptism by sprinkling will require minimal adjustment for safety and careful thought regarding confirmation.

20 | Holy Communion

Recommendations of Holy Communion until an effective treatment or vaccine is widely available.

21 | Weddings and Funerals

Recommendation of best practices regarding weddings and funerals.

22 | Ministry with Children and Youth

Best practices recommendations on ministering to children and youth.


23 | Emergency Preparedness

Recommendations on what to do if someone becomes ill during worship service, active shooter, fire, and other situations.

24 | Miscellaneous

This section considers things that maybe don't impact the church congregation directly, but perhaps the building, grounds, etc.

The following are considerations, not mandates.



On February 11, 2020, the [World Health Organization](#) announced the official name of the disease that caused the 2019 novel coronavirus outbreak, first identified in Wuhan China— Coronavirus Disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Prior to the official naming by the WHO, this disease was called “2019 novel coronavirus” or “2019-nCoV”. COVID-19 causes respiratory distress and can be fatal in some persons.

There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus not previously seen in humans. Because it is a new disease, there is limited information regarding risk factors. Based on currently available information and clinical expertise, older

adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

It is important to remember that all persons are susceptible to contracting COVID-19 (even those who are young and otherwise healthy), and this disease has the capability of being fatal regardless of other factors. With this in mind, the CDC cautions those who are [considered vulnerable](#) to be especially vigilant, including:

- Persons who are age 65 and older
- Persons with underlying conditions (lung disease or breathing problems, heart conditions, immunocompromisation, diabetes)

SOCIAL PRINCIPLES

COVID-19 slowed our lives in a quick moment. We have adjusted our daily schedules and learned to navigate our communities with facemasks, gloves, hand sanitizer, social/physical distancing of six (6) feet, and temperature and health screenings.

We are reminded daily to implement appropriate precautions to protect ourselves, protect our families, and protect those who are vulnerable, in an effort to slow down the transmission of COVID-19 among neighbors, church family, community, and ourselves. The transmission of COVID-19 has raised an awareness in the community of just how closely connected we are. COVID-19 has become a humanitarian crisis that has magnified the concerns of vulnerable individuals, the marginalized, and those affected by health and socio-economic disparities. Lack of equitable access to healthcare and other resources as well as co-morbidities (high blood pressure, diabetes, high cholesterol, heart disease, and respiratory diseases) in communities of color increase the impact and risk of death from complications due to COVID-19.

[Research](#) has shown that COVID-19 disproportionately affects African Americans and Latinx. We, the Church, have a moral responsibility to issue the clarion call to love of neighbor, to social justice in healthcare opportunities, and elimination of health disparities.

“He has told you, human one, what is good and what the Lord requires from you: to do justice, embrace faithful love, and walk humbly with your God.”
Micah 6:8 (CEB)



“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.”

Proverbs 31:8-9

[The United Methodist Social Principles](#) sections pertaining to healthcare and racism guide us to:

“...call on congregations and on pastors, bishops, and other church authorities to educate themselves about the root causes and manifestations of racism, ethnocentrism, and tribalism within communities of faith and to develop strategies for overcoming these kinds of social divisions.” (p 29)

“...call on national governments and international health organizations and medical groups to work cooperatively and expeditiously to address global pandemics such as HIV/AIDS, as well as outbreaks of contagious diseases that threaten the health and well-being of entire countries and regions.” (p 36)

We have an opportunity to creatively extend Christ to a hurting world, particularly as advocates for the vulnerable, as proclaimers of hope and healing, as users of technology that reaches those seeking to know Christ, and disciples who love our neighbors.

Time and time again Jesus tells us not to be afraid, not to worry, and not to let our hearts be troubled. These scriptures are a powerful way to remind us that we never have to remain in a place of fear or anxiety. As a people of faith, we draw strength and assurance from the presence of God's Spirit within us and among us, and we also rely on our local and connectional community of faith. Even as we are distanced physically, we remain in touch through phone calls, letters, e-mails, and video.

John 13:34

"Just as I have loved you, you also are to love one another"

One way to love our neighbors is to remain informed regarding COVID-19. Education helps dispel harmful stereotypes and is an effective way to fight stigma. Public shaming and blaming are not productive responses and can cause harm. If you or your loved one becomes ill, it is helpful to know all you can about the illness rather than feel ashamed or isolated. Everyone can help reduce stigma by getting the facts about COVID-19 from reputable sources such as the Centers for Disease Control and Prevention (CDC), by speaking up if you hear or see inaccurate statements, and by reaching out to people who may feel stigmatized. Ask how you can help, and listen to show your understanding and support. Remember, everyone is in this together. The COVID-19 pandemic will be over sooner if fears and rumors are replaced by facts, proper action, and a show of support for one another.

It is normal to be concerned. We are in the midst of an unprecedented public health crisis. Increased stress, anxiety, and fear are to be expected. In the midst of this changing and uncertain time, it is important to take good care of yourself, and to know there are resources available for you.

Take care of yourself physically, mentally, and relationally:

- Draw on your faith, scripture, and prayer
- Get enough sleep
- Eat healthy food
- Participate in regular physical activity
- Avoid tobacco, alcohol and drugs
- Limit screen time
- Relax and recharge
- Keep a regular routine
- Avoid excessive exposure to news media
- Focus on positive thoughts

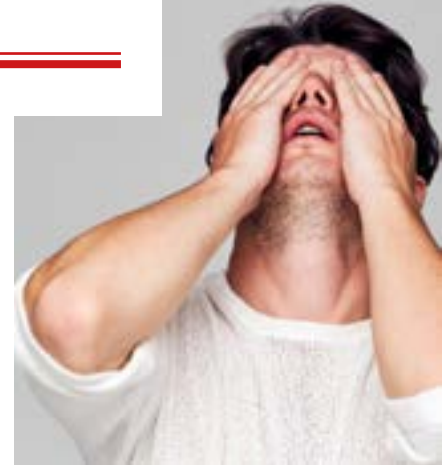
- Keep a daily gratitude list or journal
- Stay connected with others
- Do something for others
- Support a family member or friend
- Allow family and friends to support and care for you

MENTAL HEALTH GUIDANCE

"Let not your hearts be troubled."
John 14:1

Additional information for managing anxiety and stress during this crisis is available [here](#).

If you find that symptoms of anxiety, stress, or depression persist, remember that you are not alone. Ask for help from a friend or loved one, your minister or faith leader, or a mental health professional.



If you are feeling suicidal or thinking of hurting yourself, seek help. Contact your primary care provider, a mental health professional, or call the

National Suicide Prevention Lifeline at
1-800-273-TALK (1-88-273-8255)

or locally:
Tennessee Suicide Prevention Network
1-855-CRISIS-1 (1-855-274-7471)

Kentucky Suicide Help Line (via Four Rivers Behavioral Health) 1-800-273-8255

Remember, you are not alone, and you are abundantly loved!

BEST PRACTICES GUIDANCE

The best practices for the two Conferences that will soon become the Tennessee-Western Kentucky Conference of The United Methodist Church have been carefully crafted by a diverse team of elders, deacons, local pastors, and laypersons, with backgrounds in medical and nursing service, laboratory and research science, social work, and administration. This guidance is established using evidence-based scientific facts, approached with prayerful guidance, and rooted in the theology of John Wesley, particularly the “Three General Rules: Do No Harm, Do Good, and Stay in Love with God.”



These recommendations are compiled not as mandates, but as a “best-practices” guide. Some practices, such as the hygiene practices for individuals, will apply in every setting. Other practices will need to be adjusted for the context of your particular worship or missional setting. Unfortunately, there is no “one size fits all” instruction manual. At minimum, we recommend that churches adhere to the recommendations of the CDC (Centers for Disease Control and Prevention), HHS (Office of Health and Human Services), and other applicable guidance and directives from federal, state, and local government and public health agencies. As a team, we consulted and adopted the practices given by these organizations and built upon them. As people who are committed to “Do No Harm,” we methodically approached ways to help congregations in our conferences fully live into who we are as United Methodist Christians.

COVID-19 TRANSMISSION PREVENTION

Preventing the spread of COVID-19 begins with one, and that one is you.

There are many simple measures you can take to prevent contracting COVID-19 both inside and outside of the church building:

HAND HYGIENE

Properly washing your hands can keep you healthy and prevent the spread of germs and infections from one person to the next. Germs can spread to/from other people or to/from surfaces.

Key Times To Wash Your Hands

- You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

During the COVID-19 pandemic, it is also recommended that you clean hands:

- After you have been in a public place and touched an item or surface that may be frequently touched by other people (door handles, tables, gas pumps, shopping carts, electronic cashier registers/screens, etc.)

- Before touching your eyes, nose, or mouth. Those are the places that germs enter our bodies.
- After handling your face mask or covering.

*** Follow Five Steps to Wash Your Hands the Right Way:**

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

- Wet your hands with clean, running warm water, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails, reaching down to your wrists.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- While the water is still running, dry your hands with a clean, dry, disposable towel. Use this same towel to turn off the running water (utilizing the used towel to create a barrier between your hand and the faucet), as well as operating the door knob to exit (assuming you are in a room with a door). After you have used the towel to open the door, throw it away in the waste receptacle and exit.



Keeping Hands Clean When You Can't Wash

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

HOWEVER...

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

There are persons who may not be able to use alcohol-based hand sanitizers. Based on current data, there are no other human/skin use approved agents as effective against COVID-19 as alcohol. Evidence suggests that benzalkonium chloride offers very little in combating the spread of COVID-19. Therefore, it is recommended that persons unable to use the approved hand sanitizers wear disposable gloves that are disposed of and changed when soiled, and properly wash hands with soap and water as much as possible.

GLOVES

Wearing gloves can be an effective way to prevent the spread of COVID-19 by curbing cross-contamination (cross-contamination happens when the COVID-19 virus is picked up from one place and spread to another). It is recommended that the gloves used be disposable, with no rips or tears, and neither too snug nor too loose. Nitrile and vinyl gloves are the most popular and prevent the possibility of an anaphylactic reaction by those who have either a known or unknown latex allergy.



When putting on gloves, grasp the wrist of one glove and slide it on the opposite hand, following the procedure for the other hand. In some situations, it is highly recommended to apply hand sanitizer to ensure no cross-contamination from anything that may have already existed on the gloves (these gloves are not sterile and have the potential of viral molecules existing on them). When removing soiled gloves, grasp the outside of one glove near the wrist without touching your bare skin, and peel the glove away from the outside of your body, allowing it to turn inside out as it comes off. Without letting go of the removed glove, wed it up in the hand that still has the glove on it. Peel off the other glove by putting your fingers inside the inner-wrist of the glove, and allow the glove to turn inside out as you peel it away from your body with the first glove inside the second. The second glove will now be inside the first glove, with the second glove turned inside out (the concept is all soiled surfaces of the gloves are not exposed). Dispose of the gloves and wash your hands using proper technique. Gloves do not create a "clean" surface, but instead serve as a protective layer for you while on your hands. It is still possible to spread COVID-19 (along with other illnesses) while wearing gloves.

In light of new evidence, CDC recommends wearing cloth face coverings in public settings and when around others who aren't a part of your household unit, both indoors and outdoors, especially in areas of significant community-based transmission. Remember that wearing a face covering is one way that we can show love for our neighbor, because wearing a face covering is primarily intended to protect those who come into contact with the wearer.

With or without a face covering, it is still important to maintain six feet of social distancing to slow the spread of the virus. CDC advises using simple cloth face coverings to slow the spread of the virus and slow transmission from those who may be infected while not knowing it. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

To be effective, face coverings and masks should—

- Fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be laundered and machine dried without damage or change to shape

Face coverings or masks should not be placed on young children under age 2, or anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance, unless directed by a healthcare professional.

Face coverings should be washed after use using whatever procedure would typically be used for washing the type of fabric from which the face covering is made.

FACE COVERINGS

When putting on a face covering, it is recommended that you follow the steps outlined below:

1. Clean your hands with soap and water or hand sanitizer before touching the mask.
2. Make sure there are no obvious tears or holes in either side of the mask.
3. Determine which side of the mask is the top if your particular mask has a designated top or bottom. If the mask has a stiff bendable edge, that side of the mask is the top and is meant to mold to the shape of your nose.
4. Determine which side of the mask is the front, if applicable. For many masks, the colored side of the mask face out while the white side touches your face.
5. Follow the instructions below for the type of mask you are using.
 - *Face Mask with Ear loops:* Hold the mask by the ear loops. Place a loop around each ear.
 - *Face Mask with Ties:* Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow. Then secure the bottom ties with a bow at the nape of your neck.
 - *Face Mask with Bands:* Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
6. Mold or pinch the stiff edge to the shape of your nose
7. Pull the bottom of the mask over your mouth and chin.



When removing the face covering, it is recommended that you use the following steps:

1. Clean your hands with soap and water or hand sanitizer before touching the mask. Avoid touching the front of the mask or your face. The front of the mask is contaminated. Only touch the ear loops/ties/band. It is preferred that you use a clean, new, disposable tissue as a barrier between your hands and your mask upon removal.

Follow the instructions below for the type of mask you are using.

1. *Face Mask with Ear loops:* Hold both of the ear loops and gently lift and remove the mask away from your face.
 2. *Face Mask with Ties:* Untie the bottom bow first. Then untie the top bow and pull the mask away from your face as the ties are loosened.
 3. *Face Mask with Bands:* Lift the bottom strap over your head first, then pull the top strap over your head.
2. If your mask is disposable, throw it in the trash. If it is reusable, wash it.
 3. Clean your hands with soap and water or hand sanitizer.

WHEN SICK

Stay at home when you are sick.

When you are fighting an illness, your body is weak and more susceptible to other germs.



Amidst the COVID-19 pandemic, this is especially important if you are experiencing any of the following symptoms, or any other symptom related to COVID-19 or for which a medical professional has advised you to stay home:

- Cough
- Shortness of Breath or Difficulty Breathing
- Fever (greater than 99.9)
- Chills
- Sore Throat
- New onset of loss of sense of taste or smell

Staying home (except when seeking medical attention) is one of the best things you can do for your body to allow it to heal, and to protect others.

UNIVERSAL PRECAUTIONS

The practice of Universal Precautions in healthcare assumes that all blood and bodily fluids should be treated as a threat to your wellbeing and handled as such. Translating these precautions to our context in light of COVID-19 will require us to assume that each of us has the potential to transmit the COVID-19 virus. We do this because the research community has yet to establish the asymptomatic infection rate. When we honor Universal Precautions, we actively “do no harm” to others by avoiding inadvertently and unintentionally spreading the COVID-19 virus.

In caring for yourself, you are caring for others

“And the second is like, namely this, Thou shalt love thy neighbor as thyself. There is none other commandment greater than these...” Mark 12:31

When we care for ourselves, we, in part, follow the direction given to us by Jesus to love our neighbors as ourselves. Throughout the safer-at-home phases of the COVID-19 pandemic, one of the most basic questions has been, “What can I do to show love to my neighbor in this time?” While it may seem counterintuitive, the best action we can take to love our neighbor in this season is to stay at home. Staying at home prevents us from contracting and transmitting COVID-19. We do not currently know the rate of asymptomatic transmission (when a person has active COVID-19 but does not show any symptoms and is capable of transmitting the disease to others), or presymptomatic transmission (when a person has contracted COVID-19, and is in the incubation period prior to exhibiting symptoms). [You may fall into one of these two categories, and be unaware of it.](#)

In order to do no harm, we will need to rethink the ways we approach our life together. But we are not alone in this change and are joined by concerned Christians from around the globe.

SOCIAL DISTANCING



COVID-19 spreads mainly among people who are in close contact, within about 6 feet or two arm lengths of each other. While the risk is mitigated somewhat by being outdoors, social distancing is still recommended because spread can still occur. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air, then contacting the eyes, mouths, or noses of others nearby. Recent studies indicate that people who are infected but do not have symptoms play a significant role in the spread of COVID-19, which is why it is important for all persons to wear face coverings and socially distance.

It may be possible to contract COVID-19 by touching a [surface or object](#) that has the virus on it and then touching your own mouth, nose, or eyes, but data shows that this is not the primary way that the virus is spread, COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19, so everyone's participation is essential in slowing the spread and protecting themselves, their family, and their community.

In this time, we recommend that you spend some time preparing for in-person worship:

CLEANING



Cleaning/Disinfecting/ Sanitizing Agents

In order to come back together in the safest way possible, it is recommended that churches:

- Learn to properly use [EPA approved cleaning and sanitizing agents](#)
- Maintain a three months' supply of these cleaning and sanitizing agents
- Plan to clean before worship, after worship, and in real time during worship.
- Plan for an increase in refuse/recycling and have an appropriate supply of garbage bags.

SOAP/SANITIZER



Hand Soap/Hand Sanitizer

It is recommended that you have on hand an ample supply of plain hand soap and hand sanitizer that is labeled 60% or greater alcohol content, along with paper towels. Current FDA guidance does not require the use of consumer antibacterial or antimicrobial hand soaps to effectively prevent the spread of COVID-19. It is recommended that soap come from a dispenser rather than a bar. A hands-free dispenser is not necessary; a pump-style bottle is sufficient.

Paper towel rolls that are in a mounted holder or dispenser are recommended.

THERMOMETER



It is recommended that you check the temperature of all persons entering the worship space with a contactless thermometer at each designated entrance to your worship area. Contactless thermometers use infrared technology to accurately register a person's temperature from a safe (6-foot) distance.

A word of caution: these devices are sometimes referred to as "forehead" or "head" thermometers. We refrain from using this terminology, because there is a different thermometer device [temporal thermometer] which measures body temperature by coming into contact with the person's forehead. This type, along with oral [mouth], tympanic [ear], or other temperature checking methods are not recommended due to the required proximity to function.

FACE COVERINGS



It is recommended that parishioners bring their own [face coverings](#) to worship, but that the church also be prepared to provide face coverings to those who do not have them or who forgot them.

It is recommended that disposable masks provided by the church be thrown away and never shared, and that reusable (or cloth) face coverings be laundered both before and after each use, machine washing and drying as you would any garment.

VOLUNTEERS



Moving back to physical worship in this season may require recruiting more volunteers, based on your context. It is recommended that volunteers be:

- Healthy persons not in the vulnerable population (at least initially)
- Stationed at each designated entrance to perform entrance screenings, as well as at the offering collection box if your church chooses to use one.
- Available to disinfect surfaces in real-time, especially after restroom use.
- Subject to screening based on temperature and health questionnaire (this is true of worship leaders, staff, and clergy as well)

PREPARING BUILDING & WORSHIP AREAS

We recommend that you begin now to assess your worship space, paying particular attention to:

- Seating areas or coffee stations that encourage social gathering
- Areas that offer high risk for cross-contamination
- Worship seating

Some recommendations for reconfiguring your worship space include

- Cordoning off parts of your building to prevent persons from congregating or using. This decreases the risk of cross-contamination, and simplifies cleaning and disinfecting procedures.
 - For social distancing, it will be necessary to make some pews inaccessible. Depending on spacing, it may be necessary to prevent seating in the one or two pews in front of and behind an open pew for seating so that persons/household units are seated in a configuration that complies with 6-foot spaces between; clear signage and communication to worshipers will be key in this transition. It will be important to configure and test the seating arrangements prior to worshipers coming. Assigning seats to household units can be beneficial here.
- Limiting accessible areas to
 - Sanctuary or worship space
 - Nearest restrooms
 - One to two “quarantine” rooms
- Communicating to worshipers that they should not be in the chancel area unless they are participating in worship.
- Marking pews with easy-to-read directions if not assigning seats.
- Assigning one volunteer to seat household units
- Ensuring that aisles are clearly



marked for one-way traffic.

It is recommended that you make the largest entrance to your building the only one available.

This ensures uniformity and compliance with social distancing guidelines, eases some of the logistical issues with recording attendance, and assists with identifying and notifying exposed persons in the event of someone testing positive for COVID-19.

Household unit is defined as all persons who resided together during the “safer at home” stage of the pandemic; this could differ from the term “family” unit. It is not recommended that extended families who did not live together during the safer at home stage disregard social distancing guidelines.

We are also recommending the removal of all pew paraphernalia:

- Hymnals
- Bibles
- Attendance Pads
- Writing Utensils
- Offering Envelopes
- All Literature

Everything in the pew becomes a risk for cross-contamination, and adds to the surfaces requiring continual sanitation.

You may consider utilizing multi-media in the church where available (projectors), electronic bulletins (either emailed out or shared via online storage or the “cloud”), or, with special precautions, single use paper bulletins or programs. If using single-use paper programs, it is recommended that you prepare them at least four days or more in advance by the fewest number of people possible, using equipment that has been cleaned and disinfected. It is further recommended that those preparing bulletins wear a mask and gloves, and pass all screening criteria (temperature and questionnaire).

There is [continuing research](#) surrounding the use of HVAC systems, heaters, and air conditioners in light of COVID-19’s method of transmission.

While it has been proven that when a greater number of people are congregated together in one space the risk of actively spreading COVID-19 is increased, there is no conclusive data that proves any means of air conditioning and climate control are responsible for or contributing to the spread of COVID-19. Equipped with this current data, best practices would be reinforcing the importance of wearing a face covering while in the worship space, and operating the climate control to make the space comfortable. As new data is available, we will update guidance on this topic.

This becomes important due to the overheating risk associated with some persons wearing face coverings.

Discussing the return to in-person worship with the church’s insurance carrier is imperative. Several insurance companies have recommended best practices for the church when reassembling amidst the COVID-19 pandemic.

RETURNING



“Do not remember the former things, or consider the things of old. I am about to do a new thing; now it springs forth, do you not perceive it? I will make a way in the wilderness and rivers in the desert.” Isaiah 43:18-19

The arrival of COVID-19 into our Conference area has not stopped the faithful Spirit of God from working in incredible ways. We could not have expected that in the middle of a pandemic we would have such an opportunity to reach new people, love our neighbors next door, and support one another through our UMC connection. As you prepare to “reopen” for worship and gathering, we encourage you to consider the grace God is offering us in this pause from in-person worship. Is your “reopen” the opportunity God is using to bring forth a new thing? Has the wisdom and grace of God revealed things in this time that invite your congregations to reopen in a way that more faithfully reflects what God is doing in your community right now? Sometimes crisis unleashes our creativity. While we prepare to “reopen” within the safe guidelines of CDC and our local leaders, our most important reopen will be our joyful obedience to what God is inviting us to do. If you have had that nudge to relaunch the church...maybe this is a time being offered to you! As we approach reopening, here are some things to think about:

- If online worship is reaching more people is it time to shift some people and financial resources to offering groups and studies online, making discipleship more accessible?
- Have you discovered some things that you can let go of in order to refocus attention on new relationships God is creating?
- What facilities (Assisted Living, Independent Living, Nursing Homes) can connect via computer and project your worship service on their flat screen in an activity or conference room so people can gather and participate?
- Creating groups for personal phone calls to check in with people as a regular method of pastoral care. Divide it up among clergy, staff, laity. Make this a primary method of connection and care.
- What neighbors did people meet during COVID-19 with whom they need to keep fostering friendship? Making time in our daily lives to connect and visit with neighbors may be a new priority and pace for the people of God. Sharing meals and family time this summer may be an essential ministry.
- COVID-19 has an impact on economic stability. What missions or service need to shift or totally changed to meet the needs of this year? Shift time, resources and focus to serve those needs. Collaborate with others in the community. It is a shared experience that touches everyone.
- Quarantine can be a bit like exile. What did God teach the Israelites during exile? How do we do exile well? Perhaps this is a time to teach and equip our people.
- Perhaps you have been dreaming of creating small groups to further your discipleship. How might this look in this new time? Does this mean house church on Wednesday night in lieu of Wednesday Night Dinners in our fellowship halls? Does this mean Saturday Evening studies in lieu of Sunday School? How might this look in your context?
- Who are the most vulnerable in your community? How has God equipped you to serve with them in this season? Make that a priority.

PHASED REOPENING

It is finally the day when we return to in-person worship. You have appropriate supplies, your worship area is ready, and your volunteers are ready

Who attends worship and when?

This phased approach to returning to in-person worship may look different in your local context and may need to be reviewed and amended by the leadership in the church. Our proposed phasing is as follows:

Phase 1 attendance should consist of adults, ages 21-64, who are not included in the vulnerable population demographic, and are able and willing to wear a face covering and adhere to social distancing guidelines. It is recommended that the occupancy of your worship area not exceed 33% of maximum capacity, but you will need to determine the maximum number of worshipers who can attend while observing social distancing guidelines. While we may not now be used to small group gatherings, small groups were a large part of the growth of Methodism.

In this phase and in the next phase, you may consider inviting non-vulnerable persons to come together in homes or public spaces in groups of 10 or less for virtual worship.

During this phase and the next two phases, churches should remain mindful that vulnerable older adults and children need worship and ministry, although it may not be safe for them to return to physical worship in the short term. As we celebrate our initial phases of return to worship, we should be mindful that we do not turn our eyes and hearts from those who must still worship at a distance, and all churches are strongly encouraged to continue to reach out to those populations in innovative and meaningful ways.

Phase 2 begins after a stable period in Phase 1 (recommended 6 weeks, adaptable to your local context). In this phase you may consider increasing attendance by 20% in 3-week intervals until 100% of non-vulnerable adults are attending. Continue to monitor the health of the parishioners and the community for COVID-19 “hot-spots” or a spike in positive cases.

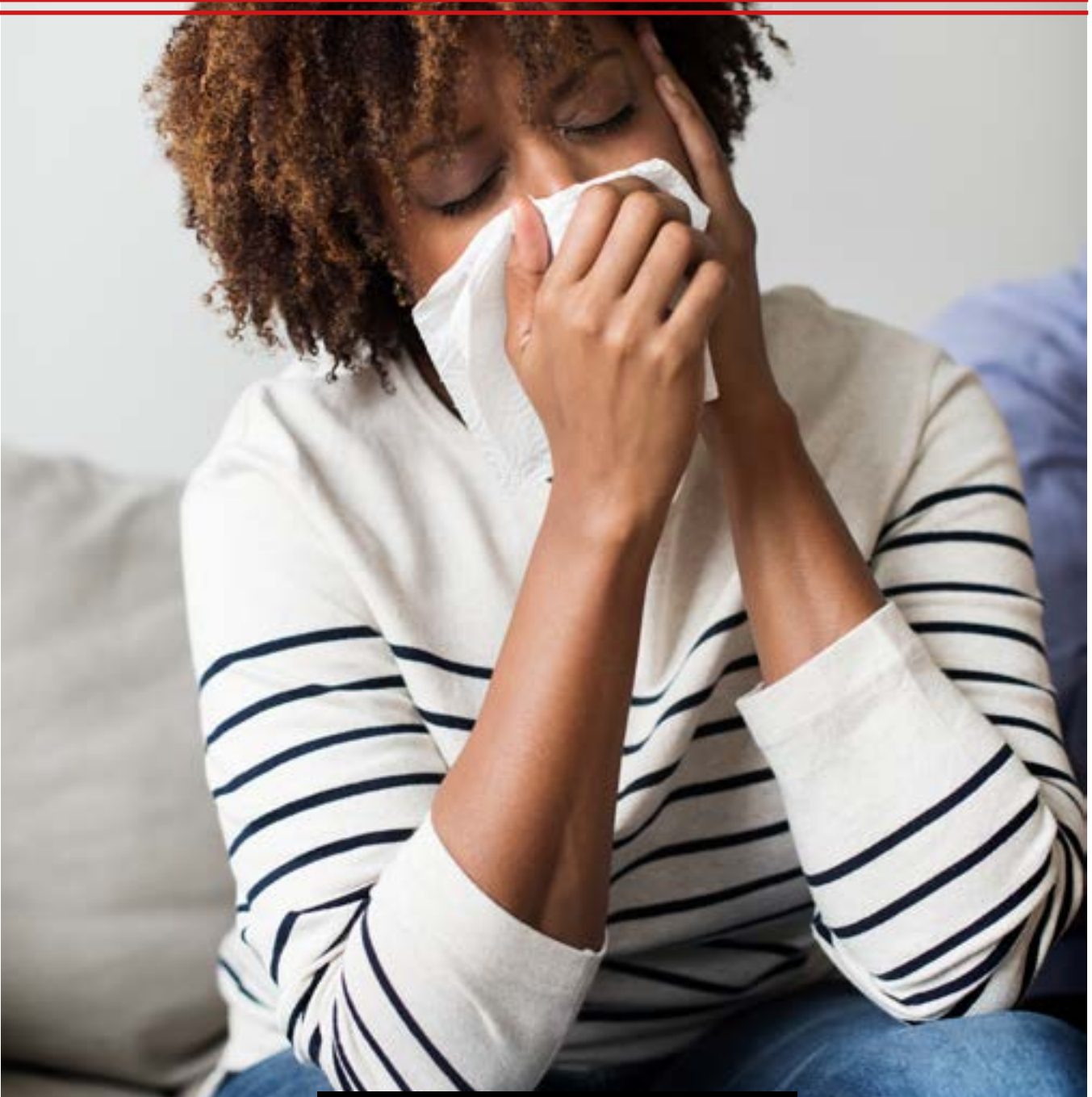
Phase 3 begins after a stable period in Phase 2, and seeks to incorporate non-vulnerable children age 1-20 and their households, and persons with high-functioning physical and intellectual disabilities. This will depend on your local context.

Phase 4 begins after a stable period in Phase 3, and brings in the vulnerable population. The continued wearing of face coverings and social distancing will be judged based on the guidance of the CDC at that time.

Depending on the size of your church, it may not be possible in Phase 1 to bring together the entire population of non-vulnerable adults in one service, making it necessary to rotate attendance. We recommend that you continue offering worship via an additional medium so persons unable to attend physically can remain engaged. As noted above, it is extremely important to look for ways to continue to engage in worship and relationship with those who, due to vulnerability, are not yet able to attend in person.

It is important to remember that you are not required to offer in-person worship right away. This is a conversation that church leaders and clergy need to have together. Persons or household units may not feel comfortable yet with returning to physical worship. If you are not sure whether it is time for you or your household to return to worship, or have concerns about medical conditions, it is a good idea to consult with your primary healthcare coordinator (physician, physician’s assistant, or nurse practitioner).

In addition to the phasing model, the local church leadership may find it useful to begin with a “soft open” of sorts, possibly drive-up church or outdoor services in nice weather. By gradually bringing people together, we can exercise more control over the spread of COVID-19 rather than reacting to a spread when it is already too late.



WORSHIPERS THAT TEST POSITIVE

In the event that, after in person worship has resumed, someone who attended a worship service tests positive for COVID-19, worshipers should communicate the result to the pastor (or clergy) appointed to the church. Confidentiality must be maintained in this reporting. Other worshipers who were in the worship space at the same time as the person who reported the positive should be notified, but the identity of the person and any details who may lead to breaching confidentiality must not be revealed. In addition to notifying those who had contact or potential contact with someone testing positive for COVID-19, it will also be necessary to contact the Department of Health for guidance on how to proceed.

The following are recommended practices for arrival at worship:

- Worshipers arrive earlier than usual.
- Worshipers enter the building at six foot intervals between household units.
- Mark the area outside the entrance at 6-foot intervals. Alternatively, worshipers remain in their cars until the entrance is clear.
- Households approaching the building to enter will stop six feet from the screening volunteer who will be wearing a face covering and gloves. The screener will:
 - Check the temperature of each person using a contactless thermometer and verify that the temperature is less than 99.9°F (ahrenheit).
 - Review with each person prior to entering if they, today or in the preceding 48 hours, have experienced:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever (greater than 99.9°F
 - Chills
 - Muscle Pain
 - Headache
 - Sore Throat
 - New loss of taste or smell
 - Vomiting or diarrhea
 - Close contact with someone who has tested positive for COVID-19 in the past 14 days
 - International travel
 - Domestic travel to a COVID-19 hot spot

To reduce potential transmission of the virus, it is suggested that only persons answering “no” to each of the screening question be allowed in the building. Likewise, it is suggested that those who answer “yes” to any of the questions or register a temperature greater than 99.9°F, not be admitted. Further suggestions include that these individuals and their household unit should either return home or be escorted to a quarantined area of the building away from the trafficked areas if they were dropped off and cannot return home immediately.

ARRIVAL



To reduce potential transmission of the virus, it is recommended that everyone in attendance will wear a mask or face covering before entering the worship space and continue to wear it until returning to their vehicles at the end of service. It is recommended that the church supply disposable face coverings to those who do not have one. It is also recommended that in addition to standing sanitizing stations at entrances, individuals or household units bring effective hand sanitizer with them to conveniently disinfect as necessary.

Bulletins

If your church will be using single use bulletins or programs, it is recommended that those are distributed as worshipers enter the building by handing the appropriate number, at full arm's length, to one person in the household unit who will take the bulletins for all persons in the household, also at full arm's length.

It is recommended that a hand sanitizing station be set up in the entrance for worshipers to clean hands between the entrance to the building and the seating area, following the technique detailed in the above section.

Seating

Once seated in the worship space (detailed in above section), it is recommended that worshipers remain seated unless absolutely necessary; movement encourages deeper and more frequent breathing, increased circulation in ambient air, and escalates the opportunity for cross-contamination and the spread of COVID-19.

WORSHIPING

In general, it is recommended that worship be shortened rather than lengthened to limit possible exposure to COVID-19. In this section, we will detail some of the more common and usual components of the way we worship (your local context may or may not do some or all of these), and recommendations for adjusting those components to reduce harm.

Procession and Recession

If your worship typically begins with a procession, it is recommended that you seat households more than 6 feet away from the aisle where the procession takes place. It is further recommended that:

- All persons processing wear face coverings and maintain a distance of at least 6-feet from one another and from those seated in the pews.
- Candle lighters, Processional Crosses, and other items held and carried during the procession and recession should be disinfected before use, only be touched by the person carrying them, and only while wearing disposable gloves that are removed when seated. New, clean gloves should be worn during the recessional and the items should be disinfected afterward. Recessing should follow the same procedure above for Processing.

Singing

Methodists have long been known as “a singing people.” Charles Wesley, one of the founders of Methodism, was also one of the most prolific hymn writers ever. His brother John also composed and translated hymns. In America, hymn-singing was an important part of the tradition of camp meetings, religious worship and revival services common in the nineteenth century. The current United Methodist Hymnal (UMH) is the most successful hymnal ever published. While certainly not all Methodists can sing or like singing, the denomination was and is a tuneful one as a whole. During this season, we have been continually reminded that things once commonplace are taking on abnormal changes. Some of these changes have been positive, while others come with immense grief.

In this time, [data clearly](#) reveals that best practices for in-person worship recommend against congregational sin-

ging, consider having instrumentalists offer special music, or play pre-recorded songs. Soloists can sing as long as there is sufficient distance (26 feet) between the singer and anyone else. Microphones, due to the nature of their use, present a unique opportunity to spread the COVID-19 virus, and therefore should not be shared.

Scientific research is ongoing in the area of singing, but the preliminary data is trending toward showing singing as a “superspreading” event, one of the most dangerous activities we can engage in during worship. Singing requires significantly different body mechanics than other activities; we breathe deeper, at an increased rate and often through our noses, and we exhale with greater force than we do when talking. Taking this into account, current data reports that the COVID-19 virus can be projected up to 26 feet during the act of singing.

Liturgy

There are no special provisions for the spoken parts of the liturgy (call and response, corporate prayer, The Lord’s Prayer, etc.), but it is recommended that microphones not be shared and that all microphones be disinfected both before and after use.

No one should use or speak into a microphone after someone has used it until it has been thoroughly disinfected and sanitized.

Offering of Gifts

Offerings will be one of the more obvious changes to the way we traditionally worship. It is not possible, in this season, for us to pass the offering plate in the way we are accustomed. The best practice in this season is to offer online giving, and/or to provide a touchless box, plate, or other receptacle at the entrance and/or exit, for persons to deposit their offering. It is recommended that counting and preparing offerings be done in a way that offers the greatest protection to the persons handling this task. This includes:

- Wearing gloves and masks
- Preparing the offering, placing it in an envelope, and then placing the envelope in a sealed plastic bag.

Loving

We encourage you to refrain from handshaking, embracing, and other forms of passing the peace. Your church may choose to wave at one another, or adopt another creative way of communicating, such as sign language for “I Love You.”



PREACHING

Preaching will require special considerations. Preaching in a mask or face covering can make breathing difficult for the speaker, can increase difficulty in understanding for the congregation, and can expose the speaker to the risk of overheating. A distance of 26 feet is a good substitute if a face covering is not worn during preaching.

It is recommended that:

- The preacher remove and replace the face covering utilizing proper technique as detailed in a prior section, if a face covering is worn.
- Preachers remain in the platform/pulpit area, with the frontmost accessible pews being a minimum of 26 feet away (if the preacher wears a face covering while preaching, a distance of 6 feet is acceptable)
- Clergy wear a robe/alb/pulpit gown over their clothing, which would then be removed and placed in a bag or container for transport, after which the clergy person would then thoroughly clean and disinfect their hands. It would be recommended the robe/alb/pulpit gown be cleaned or laundered after use; however, it is understandable that this may not be possible. If safe to do so (consult the garment's label), it is possible to use a disinfectant product designed for soft-surfaces (such as Lysol) to sanitize the garment. Please remember that it is possible for the COVID-19 virus to live on soft-surfaces as well as hard, non-porous surfaces as long as four (4) days.

We also recognize that some clergy and others leading the service may fall into the category of vulnerable people, and inherently carry a higher risk of exposure, which increases even more in settings with multiple charges. A best practice for those leading the service, particularly those in clergy roles, is to arrive before anyone else does, follow all screening procedures, and quarantine/sequester themselves alone in the platform/pulpit area. The clergy should then be the first to leave, limiting exposure to the greatest extent possible. This will greatly depend on the discernment of lay and clergy leadership and the comfort level of the Clergy and the local context. For clergy who serve appointments with multiple churches, logistical considerations will need to be observed. With the clergy being the first to exit the initial service, the risk of cross-contamination is sig-

nificantly lowered; if the clergy person owns robes/albs/pulpit gowns enough to wear a new, clean one to each service, that would further decrease the opportunities for cross-contamination, though not required. It is not recommended that the clergy person wear the pulpit garment in their automobile while traveling (the robe/alb/pulpit gown would need to then be placed in a bag or container for transport, and thoroughly disinfect their hands after removing and storing the garment). The clergy person, upon arrival to the remainder of the day's services, should be screened in as outlined earlier in this document (primarily to model good practice as an example). Following the model in the arrival section of this document, parishioners should be seated with no one in the pulpit area that isn't essential. The clergy should be able to don their pulpit garment and thoroughly sanitize their hands following. The already addressed best practices should then be observed, with the procedures continued throughout each service that day.

Invitation

The invitation is one of the most intimate moments in any worship service. Due to its nature, it is recommended that clergy:

- Encourage those wishing to make a profession of faith to let the pastor know ahead of time so that steps can be taken to reduce potential harm.
- Prepare ways for the congregation to respond in the absence of hymnals and congregational singing.
- Lead conversations about spontaneous invitational responses that include
 - Pre-marked distancing intervals at the chancel rail (or appropriate area)
 - Procedures for disinfecting the area before and after the service, as well as in real time
 - Ways for clergy to observe distancing guidelines of at least six feet from any who come forward





The tradition of baptism by sprinkling will require minimal adjustment for safety. It is recommended that the clergy celebrating the baptism:

- Be the only person who sanitizes the font, fills the font with water, and maintains custody of the filled font throughout the end of the service. *When applying hand sanitizer to gloved hands, follow the usual procedure of using the recommended amount and rubbing your gloved hands together for at least 20 seconds; it will take longer for the hand sanitizer to dissipate since there is no mechanism of absorption.*
- Change gloves between filling the font and celebrating the baptism, being sure to apply hand sanitizer to the gloves prior to the baptism.
- Supply single-use baptismal vows and responses to participants.
- Refrain from holding the infants in the case of infant baptism, allowing the infant to be held only by those who live in the infant's household.
- Sprinkle the water on the person being baptized without directly contacting them.
- Hold hands over or toward the person being baptized rather than laying hands on them.
- Wear a face covering and encourage all participants to do the same, with the exception of anyone under two years of age.
- Wear a robe or alb. *As outlined in the "Preaching" section above.*
- Empty, sanitize, and refill the font between each person being baptized.
- Wear a new, clean pair of gloves for each baptism.

The celebration of a baptism is not a private event; acknowledging this, in this season it will be necessary to only have those essential to the baptism physically present. Others should be invited to participate via virtual means. *Virtual participation can take place by many reliable and safe means. Facebook Live, Zoom, WebEx, and FaceTime are a few of the ways in which participation can be facilitated. Recording the baptism remains a safe and valuable means as well.*

Confirmation vows require deeper planning, and in light of the current season, best practices recommend postponing these services until they can be safely performed after either an effective treatment, a vaccine, or both are widely available.

HOLY COMMUNION

Based on the mechanics and logistics of receiving Holy Communion, after much prayer, research, and discussion, it is our recommendation that Holy Communion not be offered during in-person worship until an effective treatment or vaccine is widely available.



WEDDINGS



In this season of uncertainty, it is recommended that public celebrations of weddings be postponed if possible. This practice is the only guarantee we have of doing no harm in this situation. If the wedding must occur, the following best practices are recommended:

- For services involving only the clergy and the couple to be wed, it is recommended that clergy:
 - Remain six feet away from the couple
 - Wear a face covering and refrain from physical contact with the couple
 - For larger weddings, it is recommended that clergy:
 - Remain six feet away from the couple and from all others gathered
 - Wear a face covering.
 - Consider the possibility of enabling guests to participate remotely (Zoom, Facebook Live, video recording) if the number of guests needs to be limited for the sake of social distancing and to control the possibility of exposure.
- When completing legal paperwork required for weddings it is recommended that clergy:
 - Wear disposable gloves (that are safely removed and disposed of afterward without coming into contact with any other surfaces or touching your face)
 - Sanitize the ink pen used to complete the paperwork and place it in a safe container such as a sealed plastic bag after use.

In all situations, it is recommended that universal precautions and all protective measures be observed, including face coverings, social distancing, and hand sanitizer. This document doesn't seek to give advice on wedding receptions and other possible aspects of a wedding, only the ceremony itself.

FUNERALS

Funerals will require a heightened level of care simply because of their nature. Because people have heightened emotions, the margin of error is likely to increase. Where possible, public remembrances should be deferred and private, smaller ceremonies encouraged. Funeral homes likely have their own internal policies and procedures for services during this season, and it is recommended that officiants (clergy and otherwise) work within those.

It is recommended that the officiant:

- Refrain from physical contact with anyone gathered.
- Maintain social distance for safety.
- Wear a face covering; the face covering may be removed (using proper technique) for the service if a safe distance can be achieved between the officiant and those gathered. *A safe distance for public speaking is 26 feet, as outlined in the "Preaching" section above.*
- Follow the recommendations outlined in the prior section labeled "Preaching".



MINISTRY WITH CHILDREN & YOUTH



In the beginning phases of reopening, in-person [ministry with children and youth is discouraged](#) as outlined by guidance from state and local governments and health departments. If your church has a daycare or programs for children, please follow state and local guidelines on when and how to reopen.

When children and youth are able to return to physical worship, the following best practices are recommended:

- Children and youth sit only with the people from their households.
- Satisfy both temperature screening and health questionnaire as outlined in above section.
- Wear face coverings unless they are less than two years old.
- When restarting Sunday School, child care programs, and other gatherings of children and youth, the same children and youth should gather in the same groups or classes, with the same instructor each time to help control the spread of COVID-19. It may be wise to consider creating a separate classroom or group for the children and youth of healthcare workers and other first responders.
- It is recommended that the following guidelines be followed:
- Examine daily group activities that may promote the transmission of COVID-19, and modify or discontinue the activity as necessary.
- Have enough supplies on-hand so that sharing of objects doesn't occur.
- Keep each group of children and youth in a separate room.
- Promote frequent hand washing and sanitizing; hand sanitizer stations should be conveniently placed throughout the areas where children and youth will be.
- Face coverings should be worn at all times, both indoors and out, and social distancing guidelines of 6-foot distances between household units observed.
- Limit the mixing of children and youth, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out at a minimum distance of 6-feet per best social distancing practices. Consider placing children head to toe in order to further reduce the potential for viral spread.

- Plan for disinfecting and sanitizing of the space and furnishings prior, after, and in real-time. Refer to the "Worshiping" section above for further guidance on disinfecting best practices.

Upon pick up and drop off of children and youth, hand sanitizer stations should be available at the entrance and exit so that children and youth can disinfect their hands before they enter and as they leave.

Best practices would be to place sign-in stations outside (where and when possible) with a staff member or volunteer to check children and youth in and to maintain disinfecting of this high traffic area (including the sign in sheets, ink pens, etc.). Consider staggering arrival and drop off times. Your plan for curbside drop-off and pick-up should limit direct contact between parents and staff/volunteers and adhere to social distancing recommendations. If possible, designate a staff member or volunteer to be the dedicated drop-off/pick up person to walk all children and youth from the car to their classroom, and at the end of the day, walk all children back to their cars.

Ideally, the same designated person from each household should drop off and pick up the child and/or youth every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children and/or youth, because they are more at risk for severe illness from COVID-19.



EMERGENCY PREPAREDNESS

Illness During Service

If, during service, someone becomes ill (including acute coughing spells) and is unable to leave, it is recommended that churches make “quarantine rooms” available to the person, with a volunteer available to monitor and safely assist if needed. To prepare the room, it is recommended that all unnecessary and nonessential items be removed, seating be made available, and that the room be thoroughly and deeply cleaned and sanitized after use.

Emergencies are something we never plan for, but should be prepared for.

Active Shooter, Fire, and other Situations

In an active shooter situation, in the case of fire, and other emergencies, please continue to use the emergency plan your church has in place. There are no special adjustments or considerations that this guidance can offer, other than continuing to wear your face covering as recommended. It is recommended that this be further discussed on a local level.



MISCELLANEOUS

This section considers things that maybe don't impact the church congregation directly, but perhaps the building, grounds, etc.

Event Hosting

Many churches find their buildings host to various events (weddings, reunions, community events, etc.) for persons who do not attend the local congregation. It is recommended that this practice be discontinued when possible due to the logistical issues in additional cleaning and disinfecting. If your church chooses to host outside groups, maintain your current policies on this topic while simultaneously following the best practices for cleaning, disinfecting, sanitizing, etc., and continuing to encourage the personal protective measures of social distancing, face covering, abstaining from eating, drinking, smoking, spitting, etc. In addition to typical cleaning it is recommended that you thoroughly disinfect the space before and after the event will need to occur, remembering that the person or group utilizing the facility may not have the knowledge or equipment to perform this task. It is recommended that your church leadership discuss this to determine your way forward, and that you consult your insurance company to verify further

documentation or waiver that may be necessary.

Church sponsored transportation

Many churches provide transportation, such as a church bus or van, for those who do not or cannot drive. Social distancing and disinfecting between uses poses a unique challenge, and it is recommended that shared, church-sponsored transportation be discontinued due to the heightened risk of exposure and cross-contamination.

