What to Consider for Reopening: Practical Precautions for Faith Communities

Faith communities must plan collaboratively with both faith and facts for resuming in-person gatherings. Because the COVID-19 virus loves worship as much as we do, bringing congregations together comes with a new set of responsibilities.

Seek and provide clarity. If you lead a staff or oversee volunteers, you may want to have someone advise you on emerging legislation related to the coronavirus and human policy. Be mindful of key questions, such as whether to test all staff and where testing is available. Make sure staff and volunteers understand the responsibility to keep others safe by not coming to work sick. Then consider how you will communicate expectations for others who enter the building. Post and photograph signs around the building about precautions and keep copies of congregational communications. Finally, guard privacy. If someone becomes ill, follow health department reporting requirements, but do not compromise privacy within the congregation.

Provide accurate information on testing. The first purpose of testing is to make sure people who have symptoms, or have had contact with someone with the virus, have easy, equitable access. Identifying cases also makes sure we isolate households where the virus is present. Many people have questions about tests. The most widely used tests are “PCR” diagnostic tests that look for the genetics of the virus and answer the question “Are you infected right now?” Antibody tests would let us know if you’ve had the virus and might be immune, but these tests have not yet demonstrated enough accuracy to be used for public health decisions. Finger prick tests, which would have very quick screening results, are not on the market yet.

Support your specific congregational environment. When you reopen you must still be able to remain within the health department’s guidelines for maximum numbers and social distance sufficiently. Depending on the traits of your congregation, such as typical age, common occurrence of underlying illnesses, usual manner of interactions, traffic flow of the building, and so on, opening later rather than sooner may be the right decision. Also, opening in a manner that excludes segments of the congregation not by their choice is something to consider cautiously.

Listen to specific needs. Are there specific cultural issues to address before making decisions about safely reopening? Are there ways to meet needs within the faith community meaningfully apart from physical gatherings? What communications would help?

Unite with trusted voices. Draw on networks of expertise, leadership, and information to collaborate and fill in the gaps. This strengthens the role of faith leaders as a whole as people to turn to for trustworthy information, help, and support.

Church Health hosted a webinar called “Guidelines for Gathering: What to Consider for Reopening,” which included advice from panelists Ann Langston (Church Health), Jenny Bartlett-Prescott (Church Health), Pastor Keith Norman, (First Baptist Church-Broad), Pastor Rolando Rostro (Iglesias Nueva Vida) and Pastor Dan Henley (Journey Christian Church). In addition, see the flyer “Guidelines for Gathering: Opening. Houses of Worship during COVID-19.” Both are available at www.churchhealth.org/fce/