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## **COVID Safety Practice for Churches**

Update from IGRC Extended Cabinet, Superintendents, and Bishop  
August 23, 2021

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As much as we'd like it be otherwise, COVID-19 is still a danger to our congregations and communities. As disciples of Jesus Christ, the Great Physician, Christians are called to model the highest standards of care for others, especially those who are at higher risk of becoming sick. **At this time we strongly recommend that all IGRC pastors convene a meeting of their local church leaders to review and update their COVID-19 health safety practices as soon as possible.**

In order to help inform your local church discussion and decision making, we are including this set of best safety practices for your church:

**1) Establish a local church health safety team.**

The most effective public health interventions are vaccinations and personal safety practices. Because of this your local church will need to discuss, plan, and strategize how to keep your congregation and community as safe as possible. Each local church should gather a leadership team to help develop and implement your plan. Your church's team should likely include medical care providers and ministry program leaders who can think through the details of a plan that works for your congregation.

**2) Support requests and recommendations from local, state, and federal public health officials.**

Public health officials are experts in keeping our communities safe. They are the ones receiving and reviewing the most recent data and research and making decisions based on the conflicting sets of priorities within our communities. We won't always agree with every decision, but being good neighbors often means honoring their requests and taking them very seriously in our own decision-making process. In almost every case, following public health recommendations is the best course of action.

**3) Encourage vaccinations.**

Vaccination against COVID-19 remains the best practice that individuals can do to keep themselves, their family, their church, and their community safe. Although vaccinations are not 100% effective in stopping every case, they are proven to significantly reduce the chance of a person getting ill, getting seriously ill, or dying from COVID-19. If people have questions about vaccination safety, have them speak directly to their primary health care provider as there is a lot of misinformation spreading among more casual information networks.

**4) Request, recommend, or require personal safety practices while in your church buildings or at church gatherings.**

We've been at this for a while, and most people understand and accept that they have a personal responsibility to help avoid spreading COVID-19 to the people around them. Although vaccination can help protect an individual, personal safety practices are designed to help protect others from someone accidentally spreading COVID-19 to them. These practices are especially important when groups include those who are not yet vaccinated or cannot be vaccinated, including some people with high-risk health conditions and every child under the age of 12. Remind people at each gathering of the personal safety practices expected as a participant in your church community. The current Federal Centers for Disease Control and Illinois State Department of Public Health recommendations include:

- a) Do not come to church if you are ill or experiencing any symptoms of COVID-19, such as:
  - Fever over 100° F,
  - Shortness of breath or difficulty breathing
  - Cough
  - Chills
  - Fatigue
  - Muscle or body pain
  - Headache
  - New loss of taste or smell
  - Nausea, vomiting, diarrhea
  - Sore throat
  - Congestion or runny nose
- b) Wash your hands frequently, especially after coughing, sneezing, touching your face, or adjusting your facemask.
- c) Maintain 3-6 feet of social distance between yourself and non-household members. Give everyone more space if you are speaking loudly or singing indoors.
- d) While indoors in non-household groups, unvaccinated people should wear a well-fitting facemask at all times. While indoors in non-household groups, vaccinated people should wear a well-fitting facemask during times of high or substantial community viral transmission. (Review community transmission rates at: <https://covid.cdc.gov/covid-data-tracker/#county-view>, but as of August 2021 all of the IGRC region is included in high or substantial risk areas.)

#### **5) Limit in-person contact when appropriate.**

By reducing in-person meetings and gatherings, your congregation can reduce its potential risks. This could include conducting business meetings online or over the phone, delaying public events or moving them outside, and staggering group schedules throughout the week so that their meetings don't overlap in the building.

#### **6) Encourage pastors and church leaders to be as safe as possible all the time.**

People who use personal safety practices while at church but not while shopping, working, or visiting in their community may still bring COVID-19 into the congregation. We need the ministries of our pastors and church leaders, and we need the example of their witness to

Christ's care for others. Our communities need encouragement, hope, and love. Your availability to minister is your greatest ability in ministry. Take care of yourself out there.

**7) Give everyone an extra amount of care, forgiveness, and grace.**

People are weary and heart-sick with the weight of COVID-19. Everyone is having to make difficult decisions and weigh complex risk-reduction strategies for themselves and others. Allow some extra grace for everyone. Listen and encourage before judging and excoriating. Our successful witness as Christians is mostly about how we treat people, especially the people we encounter outside of our churches and ministries.

**8) Respond carefully to a COVID-19 exposure in your congregation.**

When a person with a confirmed COVID-19 case has been in the facility for any purpose or at any gathering regardless of community transmission rates you will want to pay close attention to safety practices to mitigate the possibility of additional exposures. These should include:

- a) Follow local community rules for close coordination and communication with local public health officials.
- b) Contact and inform your District Superintendent.
- c) Contact those who may have been exposed to someone with COVID-19. This would include anyone who was in close contact (less than 6 feet distance and more than 15 minutes in contact, had physical contact, or was exposed to exhaled respiratory droplets through coughing, sneezing, or singing) with the person in the 5 days prior to their positive test results. So, if the person received a positive test on Wednesday, everyone they were in close contact with from Saturday through Wednesday should consider themselves as potentially exposed. A contact log or picture of everyone at each gathering or worship service may help you track potential exposures. Please maintain the privacy of the person who has tested positive and avoid sharing their name or identifying characteristics. If they self-identify publicly, then you may share their name or identification only with those whom they have already shared it.
- d) Unvaccinated people who have been potentially exposed should
  - i) isolate for 14 days OR
  - ii) isolate for 7 days after exposure and after receiving a negative test result (test must occur on day 5 or later) in accordance with CDC guidelines:  
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- e) Fully vaccinated people do not need to isolate after a possible exposure but should do so immediately if they begin to experience any COVID-19 symptoms.
- f) Discontinue use of facility, including worship, meetings, office functions, and all group gatherings until it can be made safe for others to use.
- g) Communicate clearly with the congregation to share with them changes to your ministry activity plans and to assure them of your safety practices.
- h) Clean and sanitize the facility, particularly areas frequently contacted by users or areas visited by anyone with a confirmed case of COVID-19. This can be done in one of two ways:

- i) Close your facility and follow the detailed cleaning instructions provided by the Centers for Disease Control found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- ii) Completely close your facility from all people (including cleaning staff) for three days. This would give sufficient time for the virus to completely die on all contact surfaces.