Pandemic—Return to Church Checklist

FOLLOW COMMUNITY AND AREA GUIDELINES

This checklist has been developed in order to help Church unit leaders manage a return to Church activity during the pandemic amid increased risk of the transmission of the SARS-CoV-2 virus. In the guidance given by Church leaders, a return to Church activity "can be done only when local government regulations allow *and* after the faith's Area Presidencies provide additional guidance to local Church leaders." This resource is provided as a supplemental guideline and reference to be used in addition to those provided by government entities. Further Church guidance for response to the pandemic can be found by accessing the Pandemic Support and Resources fact sheets.

MINIMIZE DISEASE TRANSMISSION

Overall Measures

Although many factors that contribute to the spread of disease can be targeted more specifically, some general measures can be taken that will help minimize the risks of disease transmission.

- ☐ Units may choose to decrease the numbers of participants in one gathering. Such measures may include staggering meetings:
    - Unit members may be divided up and participate in one of multiple meetings staggered throughout a Sunday or on alternating weeks in order to minimize group sizes. Divisions may be made in a number of different ways. As an example, a ward unit's leadership may decide to break into smaller groups for sacrament meeting by grouping individuals according to similar risk categories (with those in a higher risk category attending with each other apart from individuals or families at lower risk of developing complications) or by grouping alphabetically by family surname.
- ☐ Units may also choose to minimize overall contact with larger groups of people by electing to hold some meetings virtually. These meetings should first be approved by the stake or district leaders and the Area Presidency.

Minimize Droplet Transmission

Currently the SARS-CoV-2 virus is believed to transfer to individuals primarily through droplets. Droplet generation occurs through sneezing, coughing, singing, and talking. Research has shown that droplets of concern are large enough to settle within approximately 6 feet (1.8 meters) of the origin; therefore, social-distancing measures are recommended as a viable control method. The risk of disease spread through droplet transmission can be minimized using the following measures:

- ☐ Ensure the use of face masks during meetings and gatherings. Face masks have been shown to capture large droplets and prevent them from becoming airborne.
- ☐ Refrain from singing in groups. Singing has been shown to generate significant quantities of droplets. Many units have eliminated singing from sacrament meetings and instead have the accompanist play a hymn on the piano or organ while the congregation listens and meditates.

- ☐ Space out the meeting participants so there is at least 6 feet (1.8 meters) between family groups. This can be done in a chapel through strategic chair placement or by designating places where families may be seated on pews.

- ☐ Ensure that the facility's HVAC system has been activated and is operational. Early activation and continuing operation of the HVAC system further minimizes the risk of droplet transmission.

- ☐ Maximize vacancy times between meetings in the same room or area. Due to the increased droplet settlement over time, increasing the time between occupations of a common space decreases the risk of disease transmission. For example, if multiple sacrament meetings will be held in a single meetinghouse in a day, increasing the time between the end of the previous sacrament meeting and the beginning of the next is an additional risk-mitigating technique to safeguard participants.

Minimize Transmission via Common Surfaces

Although believed to be less of a transmission factor than droplet spread, contact with nonporous surfaces is also believed to contribute to the transmission of SARS-CoV-2 virus. The virus may be transmitted from an infected individual onto a common surface, from which it may be introduced by contact into another individual's respiratory system, including the upper respiratory mucosal regions. Consider the following measures to minimize disease transmission via common surfaces:

- ☐ Eliminate the need to touch otherwise common surfaces. Using a doorstop for chapel doors eliminates the need to touch the door handle. Similarly, not singing means hymnbooks stay on shelves where they are not touched. Hand contact at the podium may be eliminated by requesting that members keep their hands down or in their pockets as they speak.

- ☐ Special protocols can minimize the risk of disease transfer during the administration of the sacrament. Consider the following measures being utilized in other meetinghouses:

    - Those priesthood holders passing the bread and water retain exclusive control of the tray. Participants are seated so that a priesthood holder can place the tray within arm's reach of participants, allowing for the sacrament to be taken without having the participants handle the tray.

    - Aaronic Priesthood holders prepare the bread only after a peer verifies that their hands have been sanitized.

    - Bread is broken and placed on the tray spread apart from other pieces to allow members to pick up a piece without touching any other pieces.

    - Bread is placed in sacrament cups to minimize the risk of being touched by another member retrieving bread.

    - One priesthood holder holds the sacrament tray while a second priesthood holder stands by to use another tray or bag to collect used cups.

- ☐ Disinfect common surfaces between meetings. Practical measures should be taken to disinfect common surface areas as often as possible. Common surface areas of note may include restroom doors, restroom faucets, drinking fountain controls, door handles, and bench or chair armrests.

- ☐ Because a virus will eventually become nonviable and inactivated on a common surface, the passage of time may also be an effective control measure to minimize the risk of disease transmission. Research has shown that the SARS-CoV-2 virus is very unlikely to survive on a nonporous surface for over seven days. As such, the risk of transmission via a common surface would be greatly reduced if seven days were allowed between meeting times (for example, meeting in a space just once a week).

Secure Supplies

Certain supplies should be available at a Church meetinghouse in order to minimize the risk of disease transmission. Ecclesiastical leaders receive support from the facilities management (FM) group to identify and purchase supplies aimed at minimizing disease hazards. In some units, members have been asked to provide disinfecting and sanitizing supplies, which increases risk but may be the most practical method for a return to meeting at a Church facility. Ideally, the following supplies should be available to participants as they meet in Church facilities:

Hand sanitizer. Hand sanitizer is used to minimize the risk of disease transmission through contact. In order to be effective against SARS-CoV-2, hand sanitizer should be composed of at least 60 percent alcohol. In obtaining the supplies, ensure that methyl alcohol, or methanol, is not a component of the hand sanitizer, as it can cause significant health hazards when ingested, including blindness. Be aware that increased distribution of and access to hand sanitizer is also associated with childhood poisoning incidents. The sanitizer should be placed in areas and in containers that minimize the likelihood of a child's finding and ingesting the product.

Disinfectants. Disinfecting agents are different from the regular cleaning products used in Church facilities in that they have been approved for the special purpose of inactivating biological contaminants. FM groups should work with Church Risk Management and Purchasing representatives to ensure that chosen disinfectants are effective and safe to use.

Face masks. Most participants should have access to masks. A supply may be needed to assist those who have forgotten or have not yet been able to obtain a personal-use face mask.

Personal protective equipment (PPE). Appropriate PPE specified for using the disinfecting products should be provided for those performing the disinfecting before or after Church meetings. The recommended PPE can be found on the safety data sheet for the disinfecting product. The recommended PPE may include protective eyewear, specified protective gloves, and respirators.

Establish Strong Messaging

A return to Church meetings should be accompanied by a communication plan from the units regarding the strategy and plan to minimize disease transmission risks. The communications may provide participants an overview of the unit disease prevention strategy, including the use of masks, social-distancing measures, the importance of hand-washing, and other general disease-prevention precautions that can be taken to ensure the safety of all.

It is recommended that the communications include strong messaging to participants to not attend if they show any signs of disease or have been in recent contact with persons who are presumed or confirmed COVID-19 positive, and to ensure that those who have been ill are clear before returning to Church activity. General guidelines suggest that safe return can occur when the individual has been fever free for over 3 days and has recovered from all respiratory symptoms and when it has been more than 10 days since symptoms first appeared.

FOLLOW POST-OPENING PROTOCOLS IN THE EVENT OF A POSITIVE OR PRESUMED ACTIVE CASE OF COVID-19

Positive-Case Protocols

The following protocols can be utilized once participants or leaders are made aware that an individual is presumed or confirmed positive for COVID-19:

- ☐ Establish the timing of the individual's visit to the facility in conjunction with the progress of the disease. Generally, an individual will be spreading the virus as early as 2–3 days before—and while—symptoms are present. There is much less risk of disease transfer if the individual was in the facility outside of the viral-spread window.

- ☐ Define the location or the areas of the facility where the individual was present. Disease transfer is believed to occur only in the immediate area where a person was located while contagious. For example, if a contagious person entered the facility on the east side, sat on the east-side benches of the chapel, and left from the east side of the facility, disinfection can be limited to just those areas. If any future meetings will be held afterward (within 3 days) in the area or space where the exposure occurred, alert unit leaders to cancel or relocate the meetings until the space can be cleaned and disinfected.

- ☐ Notify stake or district leaders and ensure that other unit leaders meeting in the same facility are aware of the event. The stake or district leaders will notify the FM manager of the event, and the FM manager may contract cleaning services as needed.

    - A general communication is advised to those participating in the meeting with the diseased individual, without disclosing the specific identity of the individual. This communication may help participants manage their future decisions in the face of what may be an increased risk of disease transmission. Consider providing signage on the facility that communicates the risk of potential transmission from a positive case. The signage would ideally be present after the exposure until the area has been disinfected or 7 days have passed. Signage wording may include the following, for example:

      Building Closure Notice: *An individual who visited this facility has tested positive for COVID-19. This facility will remain closed until extra disinfection and cleaning measures are completed. Potentially exposed individuals are following protocols provided by health officials. For any questions, contact ward or priesthood leadership council members.*

- ☐ Work with the FM manager to determine when a return to Church activity is possible in the exposed area of the facility.

Change to Meet New Guidelines

Continue to monitor and adjust plans according to community counsel, mandates, and rates of disease transmission in the local area and according to counsel from Church leaders.