

International Health Commission of the African Methodist Episcopal Church Guidelines for Reopening and Returning to Church Buildings



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Six Phases of Disaster Response

1. **Early Preparation** – a time for planning and training
2. **Imminent Disaster**- after alerts, prepare structures, stay home and take necessary actions.
3. **Emergency**- emergency services in rescue efforts.
4. **Relief** – damage assessments, emergency assistance for needs and media coverage.
5. **Recovery** – church becomes more involved with using Long-Term Recovery to assist in meeting unmet needs.
6. **Aftermath** – assess methods used.



OVERALL COVID-19 RESPONSE AND RECOVERY PLANNING

Broad Topics and Resources

- Disaster Preparedness and Response
- Health Disparities
- Death, Dying and Hospice.
- Mental Health
- Chronic Disease like:
 - Diabetes
 - Cardiovascular Disease
 - HIV/AIDS
 - Dementia and Alzheimer's
- Substance Abuse, Addictions and Recovery
 - Tobacco, Vaping, Alcohol, Food, etc.

Broad Topics and Resources

- Other Communicable Diseases and Immunizations.
- Ministry to those who are differently abled (challenged).
- Nutrition and Exercise, including food supply
- Care for Caregivers
 - Including Clergy and Clergy Family, as well as Lay Leaders (at all levels)
- Social Action and Social Determinants of Health
 - Including evolving Health Policy

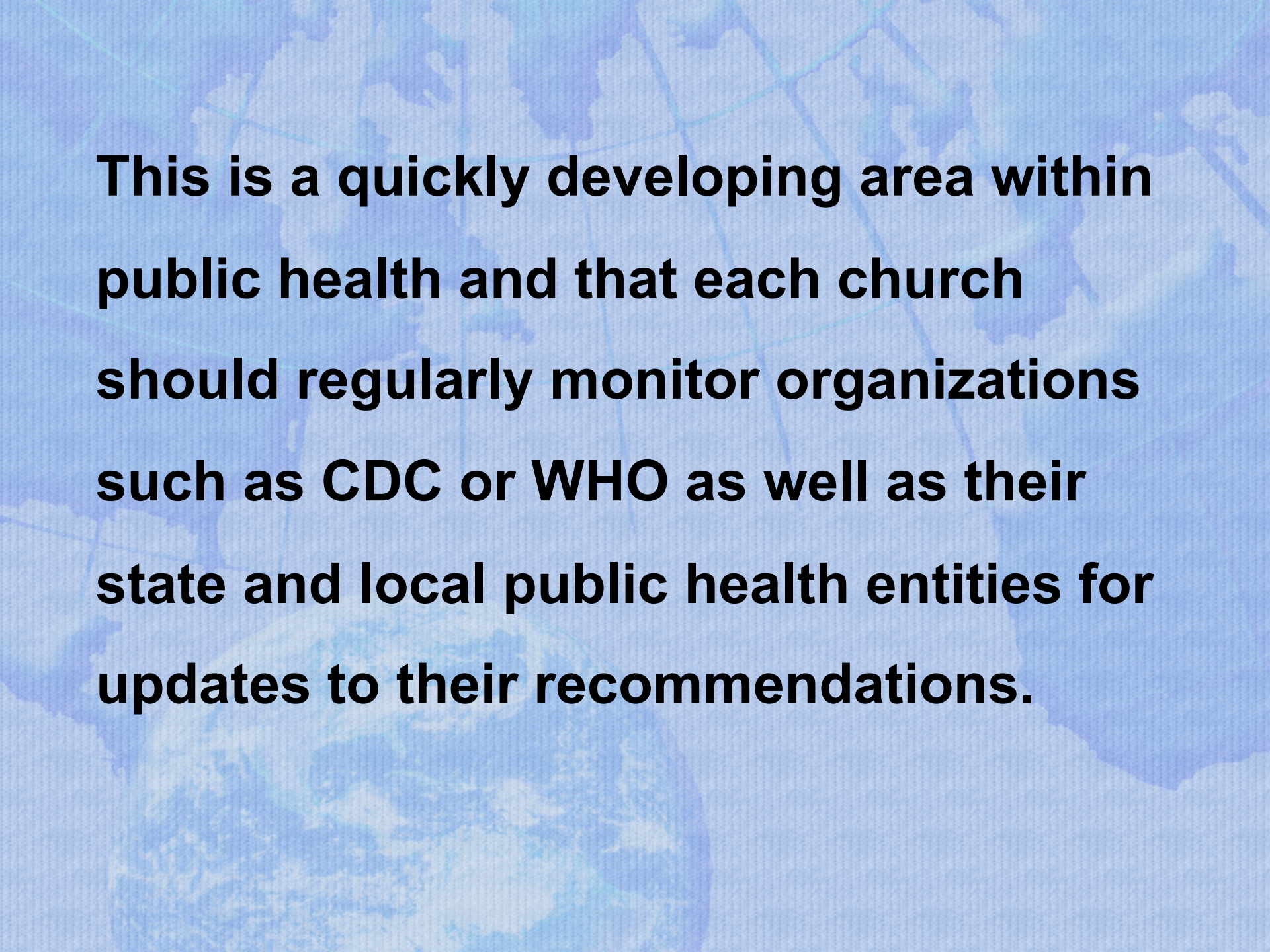


COVID-19 RE-ENTRY PLAN

“These suggested practices have been developed from current guidance provided by leading health organizations in the country. The guidance in this area changes frequently and those reviewing this document should regularly consult with local health departments, other health organizations and medical professionals for up to date guidance and recommended approaches to mitigate risks of the spread of the coronavirus. Further, each congregation must adhere to the rules and regulations which apply within the state or locality in which they operate. No one set of practices fit every congregation and, as such, each church should consider all of the factors in applying these practices in their own congregation. No assurances can be given that following any list of practices or protocols will prevent all spread of the coronavirus or any other infectious disease.”

Opening

- Health organizations are updating and modifying their guidance almost daily.
- Each community will have different governmental rules and regulations that should govern the actions of each local congregation
- Certain populations and demographics are at heightened risk
- Due to the above guidelines cannot be applied uniformly
- Each congregation should remain aware of the latest advice from medical and public health professionals and respond appropriately.



This is a quickly developing area within public health and that each church should regularly monitor organizations such as CDC or WHO as well as their state and local public health entities for updates to their recommendations.

Overall

- Assess risk level of your gathered community
- Monitor local and regional trends
- Follow the directives and gathering restrictions of your local public health departments and advisors
- There should be included in any plan to return, an understanding of the state, country, municipality requirements
- Follow church insurance guidelines and obtain any necessary training/certifications
 - Maintain any necessary increases in the liability section

Confidentiality

- If anyone in the congregation tests positive, becomes ill, goes into isolation, quarantine or self-quarantine do not disclose any information, including the name unless they have given permission (document this permission).
- This will serve as our routine practice and protocol until all restrictions are lifted. It is anticipated that this will be in the distant future.

If local church membership consists of mainly high-risk persons,

- they should NOT re-open buildings until public health entities have declared
 - minimal risk locally and
 - minimal risk locally and they have granted permission for over 100 persons
- or partner with larger churches to maintain the required staffing.

Continued Individual/Household Infection Control

Congregational Infection Control

- Convert AME Int'l Health Commission plan to local plan
- Buildings and grounds
- Worship plan
 - Protective Measures
- Congregates return
 - Who, When and How

High Risk Defined

- Based on what we know now, those at high-risk for severe illness from COVID-19 are:
- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People who have serious heart conditions

High Risk Defined (cont'd)

- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Process Steps

- *All Process Steps require recurring evaluation and modification as needed. Evaluation should occur weekly for at least the first month then monthly (or sooner if local situations have changed) for 12 months or more. Flexibility is the order of the day.*
- **Pre-Entry Process Step**
 - Before re-opening and returning to the church building, strategic plans should be in place.
 - All equipment and supplies should be obtained
 - Training of volunteers and staff has been completed and documented

Pre-Entry Risk Assessment Tools

- **This is a particularly important step and risks should be assessed prior to moving forward with any Process Step.**
- Consider using the “How to use the WHO mass gathering religious addendum risk assessment tool in the context of COVID-19”
- Consider using the “Decision tree for risk assessment tool for Religious Leaders and Faith-based Communities in the context of COVID-19”
- There are others that can be utilized; ensure that they are comprehensive

Components that should be included:

- Current stage of the outbreak in the specific location
- Known current mechanisms for transmission
- Individual Risk Profile
 - Does the congregation have a significant number of worshippers at higher risk of severe disease (e.g. people > 65 years of age, people with underlying health conditions)?

Pre-Entry Checklist

- Have the relevant organizers and responsible staff been informed on the most up-to-date COVID-19 outbreak guidance available?
- Are the organizers and responsible staff committed to following the available guidance?
- Do organizers and responsible staff understand the
 - nature of COVID-19, its risks and transmission routes,
 - symptoms,
 - high risk groups,
 - steps that can be taken by organizers and attendees to limit spread and transmission,
 - the recognized best practices

Pre-Entry Checklist

- Is there a local congregation specific **COVID-19 Response Plan** including strategies to delay transmission of the virus?
- Also include **criteria for limiting the size and number of attendees, or cancellation of the event**
- Consider developing in cooperation with local Public Health authorities.
- Include the additional recommendations event organizers may need to consider in order to prepare for and respond to COVID-19.
 - risk communication,
 - cleaning and disinfecting,
 - hygiene,
 - personal protective equipment

Pre-Entry Cleaning and Disinfection

- Already addressed in a previous presentation
- Remember to remove all Bibles, hymnals, prayer books, books, hardcopy material, laminated bulletins/materials routinely distributed, pens from pews and other public areas, and information cards.

Post signage that reminds everyone:

- Non-contact greetings (no handshaking, hugs, etc.)
- Remind those with symptoms (fever, cough, shortness of breath and other symptoms as they are added) to **NOT** enter
- Remind those who are high risk to strongly consider staying at home
 - this should also be communicated prior to services/meetings
- **Consider “waiver type” or “warning” signage on the entrance door**

- Curves should be flattening with 14 consecutive days of population decreases in new cases in your local area.
- **All high-risk persons, as defined above, should not return until the public health entities have declared minimal risk locally and they have granted permission for over 100 persons. This is critical.**
 - Think about the health condition of the average congregant in the local congregation.
 - Consider waivers or warning signs posted

Infection Control Equipment and Supplies (Pre-Entry)

- **Non-Touch Thermometers**
 - If temperatures are being checked, thermal/Infrared and other non-touch thermometers should be obtained so that temperatures can be checked without direct contact prior to entrance
- **Personal protective equipment – supply chain dependent**
 - If PPE cannot be obtained, consider not re-opening
 - If available, have extra masks (cloth) in case someone presents with symptoms (at the time of turning them away) or for those who do not have.
 - Remember when not to use a mask (medically advised list) – these persons should not be admitted
 - Masks and Gloves – for use for cleaning staff, ushers/security, clergy, finance committee and those distributing things like communion elements

Congregational Infection Control Plan (Pre-Entry)

- Block off areas not being utilized to ensure social distancing (6-13 feet using diamond spacing)
 - No person-to-person contact
 - Utilize cones, tape, remove chairs, etc.
 - Use separate doors for entrance and exit
 - Exception: Persons who live in the same household may sit together
- If temperatures are being checked, admittance should be granted to only those with temperatures less than 100.4 degrees F (38 degrees Celsius)

- Plan to prop open doors to avoid contact with handles
- Determine system for dismissal (row by row, etc.)
- **If available, have multiple handsfree hand sanitizer stations. We recognize that this may be limited or not possible due to the present supply chain.**
- Remove coffee stations and block or prevent use of vending machines (consider emptying to avoid enticement)
- Continue the suspension of food gatherings

- Plan to maintain records of attendance (by name with contact information in case contact tracing is necessary). The record should also include a map of seating, indicating where specific people sat. Ensure confidentiality.
- If available, have personal tissue packs available for members.
- Protocol for someone who is the “spirit”
- Altar rails - There should NOT be altar calls
 - There still can be time designated for prayer (corporate or individual) but this should occur while in their seats (standing).

- Strict social distancing should be maintained
- Masks should be used by all
(those who cannot wear should stay home)
- Continued financial management tools
- Continued virtual worship
- Liturgy and ritual adoption
 - Communion
 - Baptism
 - Funerals
 - Altar Calls
 - Fellowship Moments

RESOURCES

WWW.AMECHEALTH.ORG

AMECHEALTH.ORG/WEBINARS

**GUIDELINES FOR REOPENING AND
RETURNING TO CHURCH BUILDINGS
AND ITS ACCOMPANYING
PARISHIONERS GUIDE**