



Forming a Health Team / Building Policies and Protocol Physical Plant (Facility) Guidelines for COVID-19 Update: May 20, 2020

Introduction

Safety is our number one consideration. This document is a supplement to the UMC NIC ReTurn Plan to aid local congregations in managing their response to pandemic novel coronavirus with regard to the facilities used for ministry. It contains guidelines and questions to help Health Teams work through how to keep congregations and staff safe through a process of re-opening in phases.

Until we have adequate levels of high quality testing, we have to assume that everyone is an asymptomatic carrier—unless they have symptoms, in which case they must be considered as though they are a confirmed carrier. This may seem extreme, but given the case fatality rate (CFR) AND the high percentage of serious cases with long-term health impacts, the risk of even one preventable infection is unacceptable. Our First General Rule is “Do No Harm.” These considerations and our responsibility to provide safe spaces require us to act carefully and conservatively in re-opening.

Because each setting is different, the guidance below is aspirational, and must be adapted for your particular context. As we learn more about the virus, how it is transmitted, how it attacks those it infects, previous guidance will need to be revised. Approach this work with openness and flexibility, giving yourself the permission to say “we need to know more before we can be safe.” This is important work and difficult work at a difficult time. As you make use of practical resources, do not neglect spiritual resources.

Organization

These recommendations follow the 5-phase outline in the ReTurn plan. In each phase, local church response with regard to the building should be coordinated with actions in other areas as part of an organized and comprehensive plan for ministry. **The establishment of a “Health Team” or the equivalent body is a prerequisite to this coordination for the sake of clear communication and defined responsibility.** [Click here](#) for more information With regard to facility management, it is highly recommended that this team should include a member of the Trustees.

Phase 1 - Rapid Spread

- As directed by federal, state, local, and denominational authorities close building and discontinue **all** on-site activities. Secure the building against unauthorized access.
- Provide for limited access as needed in order to coordinate online/remote ministry. Communicate with all keyholders and set up scheduling as needed in order to minimize/eliminate interaction on site.

- Organize recording and tracking of all persons who access the facility.
- Secure building, consider cost-saving strategies regarding temperature controls and lighting. Don't forget to clean out the refrigerators/freezers and leave them ajar if unplugged. If possible, suspend custodial services (keep paying those workers, though!)
- Designate folks for regular inspection of premises, interior and exterior, minimum weekly.
- Begin monitoring local/county/state/federal guidance and updates regarding hazards and best practices in your area.
- As permitted, utilize closure time to accommodate deferred maintenance and repairs without disruption. If workers will be on site, make sure you have communicated safety guidelines to vendors, contractors, etc. and have a strategy for monitoring and enforcing compliance.
- Begin planning for reopening, particularly considering the securing of supplies for cleaning/sanitizing, signage, and PPE, especially masks.
- Research best practices for sanitizing surfaces in preparation for re-opening; consider how to address soft/porous surfaces (chairs, pew cushions, etc.) and older wood finishes. Will you be able to adequately execute these practices?
- If a confirmed infected person has been present in the facility, refer to CDC guidelines for "deep cleaning" and insure sufficient time has passed before considering reopening.

Phase 2 - Flattening

- When permitted by federal, state, local, and denominational authorities, and in light of their guidelines, Health Teams should consider whether your particular context benefits from limited access to the facility for the sake of safety. Consider 1 Corinthians 10:23 and reflect on what will be gained.
- Make plans for re-opening the facility with regard to the integrity of physical and mechanical systems and structures, both interior and exterior (see the SmartChurch reopening checklist PDF on the resource page). Is your "house" in order?
- Arrange for cleaning/sanitizing before and between each use of the facility.
- Document guidelines and expectations for facility use. Publish widely and make available for all those who enter (see sample "INFO SHEET" below).
- Prepare for expanded tracking of all persons who access the facility (see sample "Sign In Sheet" below). Consider how to prevent sign-in from becoming a vector of transmission (free pens?)
- Consider restricting areas of the facility, avoiding overlap of use without a 24-hour gap.
- Ensure adequate supplies and arrangements for increased custodial demand. If groups/users will be responsible for pre-/post-sanitizing, create explicit guidelines, ensure access to cleaning tools and supplies, and document how you will monitor and enforce compliance.
- Provide PPE (masks and gloves) and hygiene products (soap and hand sanitizer) for everyone who enters. Communicate the non-negotiables clearly, with their rationale.
- Determine room capacities for social distancing guidelines. Label rooms with those numbers.
- Remove high-risk items from shared spaces (hymnals, etc.) and store safely.
- Prepare for the next phase by designing "trial runs" to identify needs for policy changes, supplies, signage, and communication.

- Keep track of compliance by facility users with the established guidelines. Are there policies that invite non-compliance, are there gaps in enforcement, and is there new guidance on best practices? How does what you have need to be modified for safety.
- If a building user is confirmed positive for COVID-19, communicate per guidelines, implement contact tracing with local health authorities, and return to Phase 1.

Phase 3 - Recovery

- When permitted by federal, state, local, and denominational authorities, and in light of their guidelines, Health Teams should consider whether your particular context benefits from limited access to the facility for the sake of safety. Consider 1 Corinthians 10:23 and reflect on what will be gained.
- Consider slowly “ramping-up” usage, or “phasing-in” small group activities. Remember that ***infection is the result of exposure x time*** and continue to closely schedule facility use and manage occupancy limits.
- Especially consider traffic patterns within the building and the increased time necessary to move people safely from area to area (the entry/checkout lines at Walmart and elsewhere are instructive here). Don’t forget the parking lot.
- Consider the spaces and interactions of staff and volunteers. Continue tele-work to the greatest extent possible. Where not possible, consider changes to how spaces are arranged. Avoid having folks in the same enclosed spaces for extended periods. Communicate closely with staff regarding safe practices.
- Identify “high-risk” activities (recording vocalists and speakers, musical rehearsals/recordings that bring several people together in relative proximity for extended periods) and consider how/if they can be accomplished without sharing spaces and to allow for aerosolized virus to settle and become inactive (record on different days?).
- Increased use increases the demand for cleaning supplies and PPE. Closely monitor and track usage to ensure that you can maintain a hygienic facility. Be attentive to the increased demands, both physical and psychic, on custodial staff. Consider scheduling regular “Sabbath” blocks (2-3 days with no activities) on an ongoing basis, or other strategies to relieve cleaning crews.
- Monitor and modify policies as needed, continue Health Team meetings, and track recommendations by federal, state, local, and denominational authorities for best practices.
- Prepare for the next phase by designing “trial runs” to identify needs for policy changes, supplies, signage, and communication.
- Keep track of compliance by facility users with the established guidelines. Are there policies that invite non-compliance, are there gaps in enforcement, and is there new guidance on best practices? How does what you have need to be modified for safety.
- If a building user is confirmed positive for COVID-19, communicate per guidelines, implement contact tracing with local health authorities, and return to Phase 1.

Phase 4 - Revitalization

- When permitted by federal, state, local, and denominational authorities, and in light of their guidelines, Health Teams should consider whether your particular context benefits from limited access to the facility. Consider 1 Corinthians 10:23 and reflect on what will be gained.

- Consider slowly “ramping-up” usage, or “phasing-in” larger group activities. Remember that ***infection is the result of exposure x time*** and continue to closely schedule facility use and manage occupancy limits.
- Consider especially what it means to accommodate vulnerable populations with extravagant hospitality.
- The shift from small groups (10>) to larger gatherings (50>) implies a potential five-fold increase in demand for PPE and cleaning supplies. Tracking of usage in previous Phases should be instructive. If unable to maintain adequate resources, expansion of access should be postponed or restricted.
- The resumption of larger group gatherings should not equate to the resumption of certain high-risk activities, in particular: congregational singing and potluck luncheons. While creative expressions that are reminiscent of these activities might be developed, the First General Rule (Do No Harm) should be the primary bar to clear for any activity.
- Prepare for increased tracing demands.
- Monitor and modify policies as needed, continue Health Team meetings, and track recommendations by federal, state, local, and denominational authorities for best practices.
- Prepare for the next phase by designing “trial runs” to identify needs for policy changes, supplies, signage, and communication.
- Keep track of compliance by facility users with the established guidelines. Are there policies that invite non-compliance, are there gaps in enforcement, and is there new guidance on best practices? How does what you have need to be modified for safety.
- If a building user is confirmed positive for COVID-19, communicate per guidelines, implement contact tracing with local health authorities, and return to Phase 1.

Phase 5 - Illinois Restored

- When permitted by federal, state, local, and denominational authorities, and in light of their guidelines, Health Teams should consider whether your particular context benefits from limited access to the facility. Consider 1 Corinthians 10:23 and reflect on what will be gained.
- Consider slowly “ramping-up” usage, or “phasing-in” larger group activities. Remember that ***infection is the result of exposure x time*** and consider continuing to schedule facility use and manage occupancy limits.
- Consider the continuation of the Health Team as a permanent part of the congregational leadership structure.
- Consider what practices should be continued and which can be changed.
- Continue to plan for increased “new normal” hygiene practices and for making PPE available as an act of hospitality.
- Document and communicate the “new normal”.
- Continue to assess and evaluate accessibility and safety with regard to pandemic threats, and integrate this learning into institutional planning and preparedness.
- Pursue input from stakeholders for evaluation and to inform future planning.
- If a building user is confirmed positive for COVID-19, communicate per guidelines, implement contact tracing with local health authorities, and return to Phase 1.

- If you are experiencing symptoms, please do not enter.
- We sanitize our public spaces after each use.
- Please sanitize your hands as you enter at the station provided.
- Consistent with Public Policy, all visitors over the age of [2] should wear masks that cover the **nose** and **mouth**. Masks are available at the entry; please dispose of masks in the receptacle provided on exit or take them with you.
- Please maintain social distancing guidelines at all times.
- So that we can communicate with you in the case that contact tracing is needed, please sign in with your name and contact information.
- In the event that you are diagnosed as positive for COVID-19, please notify the church Health Team ASAP at [our phone/email]
- Certain areas of the building are not open to the public, please look for and respect signage that indicates off-limits areas.
- Be aware of the posted occupancy limits for rooms.
- At this time, all restrooms are single occupancy only (except parents with small children).
- Please use only the indicated entrance and exit, except in case of emergency.
- [your facility-specific, user-specific, or event-specific instructions]

