

Interim Guidance: Community- and Faith-Based Organizations Considerations, Coronavirus Disease 2019 (COVID-19)

The Centers for Disease Control and Prevention developed [guidance for community- and faith-based organizations \(CFBOs\) in the United States](#). As the COVID-19 outbreak evolves, the Virginia Department of Health strongly encourages CFBOs to prepare for the possibility of outbreaks in their communities. Creating an emergency plan for your organization can help protect the health of you and your community.

In consultation with local health officials, CFBOs should consider the following intervention strategies based on COVID-19 severity status in Virginia. Broadly, VDH will assess and categorize COVID-19 severity using measures including the number of cases reported, case- hospitalization ratio and the number of localities affected. CFBO leadership should take into consideration their ability to implement modifications to their normal operations for moderate and high severity level situations depending on their organizational needs.

The guidance below is structured in three sections: **prior** to COVID-19 detection in your community, **once** COVID-19 is detected in your community, and **after** COVID-19 event in your community.



PRIOR to COVID-19 Detection in your community

- **Update your existing emergency operations plan**
 - Find out if your local government has a private-public emergency planning group.
 - **Meet with your planning team** to update your emergency operations plan.
 - Consider the needs of older adults, persons with disabilities, and other [at-risk persons](#).
 - Identify services that might be limited or temporarily discontinued during an outbreak.
- **Address key prevention strategies**
 - Promote everyday preventive actions such as [hand hygiene and environmental cleaning](#), and **provide appropriate supplies** in accessible locations to staff and visitors of your organization.
 - **Plan for staff absences** and develop flexible attendance and sick leave policies. Develop teleworking opportunities for staff when possible.
 - Develop a method for tracking COVID-19 related absences.
 - **Identify a separate space** for people who become sick and cannot leave right away.
 - Plan to **limit face-to-face contact** between people in the organization, including options for telework and telephone conferences. Consider postponing non-essential meetings and travel. Consider ways to televise religious services.
 - Plan ways to continue essential services if onsite services need to be scaled back.
- **Communicate about COVID-19** and prevention actions
 - Identify potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers and those you serve.
 - Establish ongoing communication with your local public health department to facilitate access to current information.
 - Share plans with staff, volunteers and community partners.



ONCE COVID-19 IS DETECTED in the community

Once COVID-19 is detected in a community, health department recommendations addressing any change in normal operations will depend on a number of factors such as the number of cases detected, the severity of

illness associated with those cases and how widespread infection is or is predicted to be based on case histories. Assessing these and other factors will help the health department determine the severity of the situation, which will help inform recommendations. In consultation with local officials, leaders within CFBOs should consider implementing the following when COVID-19 is detected in their or neighboring communities.

Actions to take DURING the identification of NONE to MINIMAL travel-associated cases with NO EVIDENCE of COVID-19 COMMUNITY TRANSMISSION

- Put into action strategies for postponing or cancelling events and large services.
 - Cancel or postpone in-person events consisting of 100 people or more.
 - Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting [vulnerable populations](#), [hand hygiene](#), and [social distancing](#) (which has been defined by CDC as maintaining a distance of 6 feet away from others).
- **Provide information** that explains why and when on-site operations and services may be scaled back, or may be closed to non-essential visitors.
- **Distribute health messages** to staff, volunteers, and the community
 - [Consider placing posters](#) about hand hygiene and encouraging people to stay home when sick
 - [Know the signs and symptoms](#) of COVID-19, and what to do if an organization member becomes symptomatic during a congregation gathering.
- **Provide COVID-prevention supplies** to staff, volunteers, and those you serve
 - This includes hand soap and paper towels.
 - Provide [cleaning agents](#) for frequently touched surfaces, and assign staff to regularly clean surfaces.
 - This includes childcare areas; read guidance specific to childcare.
- Consider the following **guidance regarding communion and other rituals**
 - **Distribution of ritual breads** (for example, Challah or the host) could be done by a single asymptomatic person, rather than each participant individually.
 - If receipt of the host or a blessing may be sufficient to replace use of the communion cup, it may be appropriate to limit Communion to one of these during times of community-wide germ spread.
 - If the decision is made by church leadership to use a shared communion cup, we recommend implementing the following safeguards. The chalice bearers should be trained to consistently:
 - **Communion servers should wash their hands** or use hand sanitizer before serving or blessing.
 - Wipe the interior and exterior rim between parishioners.
 - Rotate the cloth or purificator during use.
 - Use a clean cloth for each service.
 - Intinction by parishioners could be temporarily stopped.
 - **Hugging and handshaking** as part of normal fellowship and at the sign/exchange of the Peace could be temporarily stopped. Other options include bowing to each other, waving, or using elbow or foot bumps. Consider other ways to collect offering than passing a plate around that everyone touches, and consider the same for communion.
 - **Shared ritual garments** should be washed after use.

Actions to take DURING the identification of MINIMAL TO MODERATE TRANSMISSION of COVID-19

- Put into action strategies for postponing or canceling events and large services
 - Cancel or postpone in-person events consisting of 50 people or more
 - Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting [vulnerable populations](#), [hand hygiene](#), and [social distancing](#) (which has been defined by CDC as maintaining a distance of 6 feet away from others).
 - Determine ways to continue providing support services to individuals at increased risk for severe disease.
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- Disinfect prayer books and other common items after each service, or consider the use of a projector or printed, disposable materials.
- Consider **cancelling non-essential activities** such as social events and meetings, especially for [high-risk groups](#) of people, such as the elderly and those with certain chronic conditions.
- Consider cancelling fellowship with shared food after services, especially if many people will be touching the same coffee servers, condiment containers, etc.

Actions to take DURING the identification of SUBSTANTIAL community transmission

- **Cancel community and faith-based gatherings of any size.**



AFTER a COVID-19 event in your community

Once concern about COVID-19 has subsided, organizers of CFBOs gatherings are encouraged to work with local officials to help scale back prevention efforts specific to COVID-19. Recommendations to consider in this phase of response include:

- Meet with the emergency operations coordinator or planning team for your venues to discuss and note lessons learned.
 - Maintain and expand your planning team.
 - Participate in community-wide emergency preparedness activities.
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