

Restoring Metropolitan Chicago Synod:

Guidelines for Physically Returning to Buildings



Metropolitan Chicago Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Note: All guidelines should be modified, as needed, to comply with local, state, and federal requirements, as well as changing Center for Disease Control (CDC) and Illinois Department of Public Health (IDPH) guidance.

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ACKNOWLEDGEMENTS

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INTRODUCTORY LETTER



Metropolitan Chicago Synod
Evangelical Lutheran Church in America
God's work. Our hands.

May 22, 2020

Dear Congregation Leader,

We are living in a rapidly-changing environment with new information emerging each day that challenges us to determine how we best love God, our neighbors, and ourselves (Luke 10:27). As we continue our discernment, members of the Synod Council, in consultation with local health professionals, have developed these guidelines entitled “Restoring Metropolitan Chicago Synod (MCS)” that utilize [“Considerations for Returning to In-person Worship”](#) released by the ELCA Churchwide organization to be in alignment with the governor’s [“Restore Illinois”](#) reopening plan. These guidelines are not legal guidance, and are offered as a template which can serve as a starting point for congregations as they consider how best to proceed. The requirements of various governmental authorities regarding the COVID-19 pandemic have changed frequently, and each congregation should monitor those requirements so that they can adjust to further changes.

As you use Restoring MCS, each congregation will need to integrate additional local guidance from entities such as your county or municipality and confirm the current state of local, statewide and national legal requirements. We strongly recommend that you create a “restoration plan” so that you can come to an agreement of how things will proceed both forward through the phases and when they may fall back to an earlier phase. It is important that you regularly review this plan at each Congregation Council meeting and when new guidance emerges from the government.

We offer these guidelines as a resource for the consideration of congregations, with the understanding that each congregation will need to create its own set of policies. Some congregations may choose to be more protective with their congregation’s health, and their prayerful response is equally faithful and loving in this time of pandemic. Restoring MCS also includes a summary of the state’s reopening framework along with questions to help you explore your contextual features. This is not an exhaustive resource; rather, it is a starting point for your congregation to consider. Please note that various suggestions regarding the different topics are not mandatory; they are not intended to create a uniform standard for congregations.

In your discernment, we encourage you to err on the side of love for your neighbor as you both embody and model love in the time of pandemic. To love your neighbor necessitates action to protect your community, staff, pastors, deacons, members, and visitors of all ages, physical/mental abilities, cultural/ethnic backgrounds, along with all of those who make up the diversity of the body of Christ. In this time, grace, patience, and flexibility will need to be given and received by all involved.

As you continue your conversations and develop a plan, we hold you in prayer. Join us online or by phone to review this information and ask questions on Wednesday, May 27 at 2pm using [this link](#). (Now available as a recording [here](#).) For additional support, please contact the [Associate to the Bishop](#) for your conference.

In God's peace,



The Rev. Yehiel Curry
Bishop, Metropolitan Chicago Synod
Evangelical Lutheran Church in America



Mr. Terry Henderson
Vice President, Metropolitan Chicago Synod
Evangelical Lutheran Church in America

BISHOP'S RESPONSE TO MAY 28 IDPH GUIDANCE



Metropolitan Chicago Synod
Evangelical Lutheran Church in America
God's work. Our hands.

May 29, 2020

Dear Congregation Leader,

Information regarding the best practices and recommendations of public health officials continues to evolve. You may have seen the media coverage that followed the release of the Illinois Department of Public Health (IDPH)'s ["COVID 19 Guidance for Places of Worship and Providers of Religious Services."](#)

We continue to give thanks for the work of health care professionals, and we remind congregations that local municipalities may have stricter laws or further public health guidance that needs to be taken into account. You should ensure that your restoration plan complies with all local, state, and federal requirements.

In the IDPH's guidance, they clearly note that **"It is strongly recommended that places of worship continue to facilitate remote services."** They give two safest and recommended options that align with [Restoring MCS: Guidelines for Physically Returning to Buildings](#), that include remote services and drive-in services along with congregating indoors or outdoors with a limit of 10 people because **larger gatherings pose greater risk**. However, IDPH acknowledged that some congregations may not comply with their recommendations. If your congregation decides to not follow the foregoing IDPH recommendations and increase the risk that members or your congregation may experience illness or death from COVID-19 infection, along with the risk of possible litigation related to such illness or death, IDPH has described ways to reduce the amount of increased risk, including, but not limited to, social distancing practices, symptom screenings, refraining from communal singing and consuming food, and frequent sanitization. They also emphasize that risk grows as exposure time (length of the event) increases.

As a synod, we have updated the [Restoring MCS](#) to reflect additional guidance released by IDPH. **We still strongly urge congregations to limit on-site gatherings to 10 people during Phase 3.** However, if you talk with your lawyers and local health professionals and fully understand the risks your congregation takes when moving to a larger size for events, we firmly recommend that you follow all the protective measures noted in Restoring MCS and fully stated in IDPH's guidance along with any local, state, and federal requirements.

Siblings, this is a time for us to strongly show our love of neighbor. It's a time to live into our congregational purpose to "respond to human need, work for justice and peace, care for the sick and the suffering, and participate responsibly in society." (*C4.03.f.) It is a time for us to care for the health of all God's children. We pray for you, we thank you, and we are a church even outside of our buildings.

In God's peace,

A handwritten signature in black ink, appearing to read 'Yehiel Curry', with a large, stylized flourish at the end.

The Rev. Yehiel Curry
Bishop, Metropolitan Chicago Synod
Evangelical Lutheran Church in America

STEP-BY-STEP PROCESS

[Click here for an overview of these guidelines shared during the May 27, 2020 webinar.](#)

No two congregations are the same. Your context will directly determine how your congregation might best love your neighbor. We suggest planning out all the phases together and putting them in writing. A clear and comprehensive “restoration plan” may produce less anxiety and cause less conflict in the long-term when thoughtful initial discernment is followed by incremental modifications to fit the situation.

We recommend this step-by-step process to create a COVID-19 Restoration Plan:

1. Review the “Restore Illinois” overview on page 10.
2. Review each category in these guidelines (i.e. “protective measures” or “liturgical & sacramental modifications”).
 - a. Three interconnected parts help to build in specificity and depth of information while engaging the information for different types of learners. **All three parts are interrelated and share similar information in different manners.** You could use them to dig deeper by starting with Summary Guidelines for an overview, move to the Detailed Guidelines for more information, and get specifics in the Operational Question. Alternatively, you could jump in with the depth in the Operational Questions and use the Summary Guidelines as a reminder. Some may also use the Operational Questions below alone.
 - i. Summary of the guidelines—an overview/reminder of operations on page 11.

Phase 3 – Up to 10 for All Activities	
7. PASTORAL CARE	
	<ul style="list-style-type: none">• Directly contact "at risk" individuals• Provide telephonic/camera care as much as possible



- ii. Detailed guidelines– more complete guidelines linked on page 11.

Phase 3 – Up to 10 for All Activities	
7. PASTORAL CARE	
Directly contact "at risk" individuals and encourage them to stay home for their safety. Provide telephonic/camera care as much as possible.	



- iii. Operational questions–additional information, background, and specific questions to consider within your particular context begin on page 12 of this resource.

7. Pastoral care.

- a. Directly contact "at risk" individuals and encourage them to stay home for their safety and health. Provide telephonic/camera care (or as much as possible in Phase 3 and 4).
 - b. Other Considerations.
 - i. What precautions will you take if you need to make a visit at end-of-life or other situations?
3. Use the Contextual Questions on page 23 to explore your context to frame the conversation. **To mitigate risk of liability, we suggest that you seek to conform your policies to the relevant federal, state and local legal requirements.**
4. Discern how each category in these guidelines (i.e. “protective measures” or “liturgical & sacramental modifications”) will be enacted in each phase. More information and a blank worksheet to develop your plan is given on page 25.
5. After you create your restoration plan in writing, review the process to ensure that it can be fully implemented. A well-crafted plan is important, but an inability to enact it may open up liability concerns and mislead the congregation into a false sense of protection. Review the specifics of your plan at each Congregation Council meeting and when new guidance is given from the government. For additional information, review the base documents for this resource and other resources beginning on page 26.
- a. [“Restore Illinois”](#)
 - b. [“Considerations for Returning to In-person Worship”](#)

STEP 1: “RESTORE ILLINOIS” FRAMEWORK

On May 5, 2020, Illinois Governor JB Pritzker enacted “Restore Illinois: A Public Health Approach To Safely Reopen Our State.” The full document can be found [here](#). Below is a summary of some of the items in the Governor’s guidelines. Please note, these phases differ in number than those provided in the White House’s “Opening Up America Again” guidance.

Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Illinois Restored
<p>Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open.</p> <p>Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.</p>	<p>Non-essential retail stores reopen for curb-side pickup and delivery.</p> <p>Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating & fishing while practicing social distancing.</p>	<p>Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions.</p> <p>Gatherings of 10 people or fewer are allowed.</p> <p>Face coverings and social distancing are the norm.</p>	<p>Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health.</p> <p>Face coverings and social distancing are the norm.</p>	<p>The economy fully reopens with safety precautions continuing.</p> <p>Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures.</p>

This information is based on the current version of the Governor’s guidelines and may change given a change in the Governor’s guidelines or other applicable federal, state and local guidelines.

For additional information about “Restore Illinois” and its necessity see [these slides](#) from Dr. Deborah Burnet, Chief of General Internal Medicine at University of Chicago. **You can also hear Dr. Burnet speak and answer questions on the recording of the webinar [here](#).**

STEP 2: RESTORING MCS GUIDELINES

[Click here for an overview of these guidelines shared during the May 27, 2020 webinar.](#)

Three interconnected parts help to build in specificity and depth of information while engaging information for different types of learners. **All three parts are interrelated and share similar information in different manners.** You could use them to dig deeper by starting with Summary Guidelines for an overview, move to the Detailed Guidelines for more information, and get specifics in the Operational Question. Alternatively, you could jump in with the depth in the Operational Questions and use the Summary Guidelines as a reminder. Some may also use the Operational Questions below alone.

A. Summary of the Guidelines (chart)

- a. [Google Sheets version](#)
- b. [PDF version](#)

B. Detailed Guidelines (chart)

- a. [Google Sheets version](#)
- b. [PDF version](#)

C. Operational Questions To Enact Guidelines

- a. See pages 12-22

OPERATIONAL QUESTIONS TO ENACT GUIDELINES

1. **Protective measures.** (MCS's Safety Materials grant available to support these protective measures—[click here](#) for details)
 - a. Sanitize hands before entering the building **using touchless options when possible.**
 - i. Do you have sufficient hand sanitizer (composed of at least 70% alcohol)?
 - b. Those over age two wear a mask **over mouth and nose**, and provide masks for those without. A worship leader may remove their mask directly before speaking while following CDC distancing guidelines (6 feet or more).
 - i. As recommended by [CDC](#), face masks should be worn at all times in public areas (indoors and outdoors). Wearing a cloth face covering, however, does not replace the need to practice social distancing.
 - ii. If someone arrives and doesn't have a required mask, are there sufficient numbers available for them to have one?
 - iii. What additional personal protection will be provided or required?
 1. Are tissues widely available?
 2. Are trash cans accessible without touching a lid or other part?
 - c. **Establish** a process that includes **an in-person** symptom prescreen **for anyone onsite** (visitor, parent dropping off child inside, vendor, employee, etc.) with contact information obtained for contact tracing if needed. Secure electronic methods for gathering and storing information are encouraged. **For those present for longer than 5 hours, include a midpoint symptom screening.**
 - i. What method will you use to obtain and store this information securely and limit virus transmission? **Consider [this](#) information from the U.S. Equal Employment Opportunity Commission.**
 - ii. **Consider [this](#) "wellness screening" as recommended as part of the Restore Illinois guidance.** Review COVID-19 symptoms [here](#) and consider [this](#) guidance from the CDC for the symptom prescreen. An individual presenting with any symptom should remain home and consult their medical provider. If onsite with a symptom, the individual should be asked to return home in a discreet manner while maintaining confidentiality.
 - iii. **For additional information about in-person symptom screening for non-employees see ["Customer Behaviors"](#).**
 - iv. **Designate an area (room) separate from others for anyone who exhibits COVID-like symptoms to isolate from others while waiting to leave or be picked up. (See ["Physical Workspace" ii.2.](#))**

- v. “If practical, a one-time nasal swab for RT-PCR testing of all live performers should be obtained within forty-eight to seventy-two hours prior to the start of work on set or location.” (See [“Health Monitoring” ii.1.](#))
- d. Create distanced seating and/or install impermeable barriers, consider pre-assigned seats that follow CDC guidelines (6 feet), and reduce time spent physically together.
 - i. CDC information on Social Distancing can be found [here](#).
 - ii. How will you ensure physical distance coming to, during, and leaving worship or events?
 1. Will signs, ropes, tape, etc. be used to clearly indicate appropriate seating locations and movement through the space?
 2. Will individuals from the same home be able to sit near each other or should everyone sit individually?
 3. Who will enforce physical distancing policies, and how?
 4. How will individuals enter the building while maintaining physical distance?
 - iii. Generally, according to IDPH [here](#), “risk grows as exposure time increases.” How can you limit exposure time?
 1. Can you shorten the length of in-person meetings, events, and worship?
 2. Can you choose to hold in-person meetings only when necessary and, ideally, outside or in well-ventilated areas?
 - iv. Consider using an impermeable barrier with a height of 6-foot or greater from the floor between leaders and attendees if less than 6-foot spacing is possible. Use of barriers should not impede entry/ exit or impose a fire risk. Use of plexiglass is a best practice. (See [“Physical Workspace” i.6.](#) and [“Occupancy” i.4.ii.](#))
- e. Use restrooms as single occupancy for urgent needs to limit cross-contamination.
 - i. How can you limit touchpoints in the restroom?
 1. Can you use touch-free soap dispensers, paper towel dispensers, and lightswitches?
 - ii. Who will sanitize restrooms and high-traffic touchpoints (e.g., entry/exit door knobs, faucets, toilet seats, toilet flush, etc.) at least every 2 hours? (See [“Disinfecting/Cleaning Procedures”](#))
 - iii. How will someone know if the restroom is occupied with limited exposure to touched surfaces?
- f. Create contactless or low-touch operations (building movement, trash cans, baptismal water, office space, etc.) and increase ventilation.
 - i. What doors can be left open to limit touching handles?
 - ii. What soft/porous materials (for example rugs, chairs, and cushions) can be removed to limit challenging disinfection?

- iii. What frequent touchpoints can be removed?
 - 1. Has the font filled with baptismal water in the church entrance been emptied to avoid numerous fingers remembering their baptisms?
 - 2. Have toys in the worship space's children's area been removed?
 - 3. Have pamphlets, business cards, and flyers been removed?
 - 4. Are all trash cans available without a lid or flap?
 - 5. What lights should be on to allow safe movement?
- iv. What office modifications need to be made? (See ["Office Guidelines"](#))
 - 1. Avoid seating employees facing each other.
 - 2. Encourage employees to remove personal items from the desk to allow for easier cleaning (clean desk policy).
 - 3. Utilize disposable desk/keyboard covers for shared workspaces.
 - 4. Limit usage of telephone receivers to one receiver per person.
 - 5. Reduce the use of shared papers and encourage use of digital tools.
 - 6. Minimize the use of shared work materials/equipment (e.g. copiers, staplers, hole punch, etc.)
 - a. Who will sanitize high-traffic touchpoints (e.g. copier, stapler, telephones, etc.) at least every 2 hours? (See ["Disinfecting/Cleaning Procedures"](#))
 - 7. If practical, use tele- and video-conferencing while at a desk.
 - 8. Minimize the number of in-person meetings.
- v. [Generally, according to IDPH here, holding events outside, following appropriate protective measures, is safer than less-ventilated indoor locations.](#) What are ways to increase fresh-air ventilation during events?
 - 1. Can windows, doors, or fresh-air ventilation systems be used?
 - 2. Can events be held outside following appropriate safety measures?
- g. Consider: No communal singing. No wind instruments. No or very limited speaking in unison (i.e. Lord's Prayer, AA Serenity Prayer).
 - i. Singing, humming, wind instruments, and speaking in unison are some of the communal activities with the most risk. More details at [Resources for Choral Professionals During the Pandemic](#).
 - ii. While still having inherent risk, a single individual without hyperextending lung capacity may be able to sing following these guidelines:
 - 1. Singer uses a designated microphone (not shared with others unless disinfected).

2. Singer is placed a minimum of 10 feet of distance from others and with the maximum distance possible.
 3. Singer wears a face covering where possible.
 4. An impermeable barrier with a height of 6-foot or greater from the floor between singer and attendees is recommended. Use of barriers should not impede entry/ exit or impose a fire risk. Use of plexiglass is a best practice. (See [“Physical Workspace” i.6.](#) and [“Occupancy” i.4.ii.](#))
 5. Singer should be in an area that does not introduce airflow that could propel particles into the space (for example, near a blowing organ, fan, open window, or HVAC system). Ideally, this single individual could be in a separate room (that does not use a ventilation system connected to any other part of the building being occupied) using a designated microphone. The room should not be used for 24 hours or more and then should follow with a full disinfection.
 6. Additional guidelines for performers can be found in the [Restore Illinois Phase 4 Guidance for Theaters and Performing Arts.](#)
- h. Ponder ways to keep social distance during symptom prescreen, ingress, building/grounds movement, and egress that limits cross-exposure.
- i. Consider utilizing [“Industry Signage”](#) from Restore Illinois.
 - ii. Encourage office best practices (See [“Physical Workspace” ii.](#))
 - iii. What are the routes through your building from the outside to avoid chokepoints and accidental touch? **How will you ensure social distancing in elevators or lifts?** Can you designate certain doors as entry-only or exit-only? Consider utilizing staggered entry time and diverse points of entry into the building.
 - iv. Will you place arrows on the ground to direct pathways to move within the building? Will you use similar signs that stand out and are clearly visible from a distance to mark routes?
 - v. How will individuals waiting outside know what CDC distancing guidelines looks like?
 - vi. How will you safely expedite entry to ease frustration during inclement weather?
 - vii. Who will be tasked with check-in if using a symptom prescreen and ushering? Will there be a team leader? How will training take place? How many volunteers will you need (remember they count toward the capacity)?
 - viii. Are participants dismissed in an orderly fashion starting with those closest to exits to the furthest to minimize crossed paths? How will ushers follow CDC distancing guidelines (6 feet or more)?
 - ix. Who will be in charge of ushering? What walkways will be used to avoid crossed pathways?

- i. In Phase 3, a limit of 10 people during activities.
 - i. How will you determine who is present? Will it be essential leaders first with a clear process of who fills the roles? Will the ten people for a funeral look different from a wedding or quinceañera?
- j. In Phase 4, a limit of the lesser of 50 people or 50% of overall room capacity. Consider RSVPs to maintain capacity. Multiple groups may meet in the same facility if they are socially distanced and isolated at all times (including ingress, egress, bathrooms, hallways, etc.) from other groups.
 - i. How will you ensure capacity limits?
 1. Using social distancing guidelines, ensure that the capacity limit for your seating area is not less than the recommended 50 people. Consider [this resource](#) to help you determine your seated capacity in your worship space.
 2. Will you have extra seats that are not in RSVP capacity limits for new visitors (without advertising it)?
 3. Will you offer additional events with disinfections between them?
 4. Will you offer a “distributed” model where multiple gatherings are held in different locations all streaming a central event or engaging separately? If so, what are the logistics of that and how does that look given these operational questions?
 5. Who will create the predetermined seating arrangement for each event, and how will it be distributed prior to the event to ensure quick entry?
 6. What diversity of RSVP options will you have to ensure all can participate (on the phone, online, by mail)?

2. Cleaning practices.

- a. In Phase 1, evaluate the cleaning schedule. Use CDC guidelines. Consider full payment to cleaning contractors/staff.
 - i. Review CDC guidance found [here](#), and EPA-approved disinfectants [here](#).
 - ii. See Restore Illinois [“Disinfecting/cleaning procedures”](#) i.
- b. In Phase 2 and following, increase the cleaning schedule to fully disinfect areas after use (including high touch points at least every two hours during use) while following CDC guidelines. Provide cleaning supplies to staff to disinfect work spaces after use. Ensure that drinking water faucets have run continuously for 5 minutes at least three times per week to prevent waterborne illnesses.
 - i. How will you increase cleanings and disinfections to align with each activity in the building? Who will provide these cleanings?
 1. Who will sanitize common areas (e.g., restrooms, cafeterias) and surfaces in high-traffic areas (e.g., entry/exit doorknobs, stair railings, copiers,

microwaves) at least every 2 hours? (See [“Disinfecting/Cleaning Procedures”](#))

- ii. Do you have the appropriate resources and equipment (i.e. disinfectants and disposable gloves)?
- iii. Before resuming building activities after a period of non-use what needs to be assessed or completed?
 1. Ensure that drinking water faucets have run continuously for five minutes at least three times per week to prevent waterborne illnesses.
 2. Are certain rooms able to be closed to limit the scope of the more frequent cleanings in later phases?
 3. Are lighting, HVAC, and other systems working properly?
 4. Are pests under control?
 5. Is the hot water heater turned back to proper levels?
 6. Flush all water lines, including equipment water lines, ice machines, and connections according to [IDPH Guidance for Maintaining Water Systems During Reduced Use and Returning Water Systems to Regular Use after Extended Periods of Reduced Use](#)

3. Employment practices.

- a. Staff encouraged to work from home as much as possible with changes in operational levels offered.
 - i. What technology and resources are needed to complete work from home?
 - ii. What ways are you communicating concern and care for employees?
 - iii. Who are other leaders that might be available to assist with tasks unable to be performed?
 - iv. Consider [this](#) information from the U.S. Equal Employment Opportunity Commission as you determine employment related concerns including reasonable accommodations, hiring, layoffs, and return to work.
- b. Pastor/staff present in the building individually on staggered days/times for a limited time to complete essential tasks. Remind staff to stay home if sick and that no punitive measures will be taken for COVID-19 illness.
 - i. How will you coordinate the schedule of the building to provide for minimal contact?
 - ii. What ways do your employment policies and relationships with staff and contractors reflect your congregation’s purpose to “work for justice and peace” (*C4.03.f.)?

- iii. “All required disinfecting, cleaning, or sanitizing activities to be conducted by employees should be within their normal workday or during otherwise compensated time.” (see [“Disinfecting/Cleaning Procedures” i.4.](#))

4. Liturgical & Sacramental modifications.

- a. In Phase 1, worship livestreamed or recorded from leader’s homes.
- b. In Phase 2, worship may be livestreamed or recorded from church by a minimal number of leaders if desired (not to exceed ten).
- c. In Phases 3 & 4, worship may be offered in-person limited in size depending on demographics with continued livestreaming or recording. (Phase 3 with maximum capacity of 10, and Phase 4 with maximum capacity of 50.)
 - i. Could in-person services be moved to an outside space, a gym, or other large space for better ventilation?
 - ii. Is it possible to engage in “drive-up” worship where worshippers remain in their cars for the whole event? **Encourage:**
 - 1. **Worshippers who live together to travel together, without adding others into the car.**
 - 2. **Have worshippers remain in their vehicles at all times.**
 - 3. **Cars should be parked more than six feet apart or give explicit instructions to keep windows and doors closed.**
 - iii. Will you offer a smaller service dedicated to vulnerable peoples?
- d. If using a bulletin, consider pre-placing in assigned seats or projections.
 - i. Who will pre-place bulletins in assigned seats with sanitized hands and wearing a mask?
 - ii. Do you have means to project the worship aide to reduce the possibility of contamination?
 - iii. How will the bulletins be collected? Will individuals place them in an open trash/recycling can on their way out?
- e. Consider: Touch-free peace. No-contact offering. No bringing forward gifts/offering. No receiving line before/after worship. No children’s playspace/nursery. Remove hymnals, envelopes, cards, writing utensils, etc. No sharing microphones, music stands, etc.
 - i. Consider touch-free peace.
 - 1. How will you encourage parishioners to share the peace without touching—a bow, text, peace sign, wave, sign language, or will you skip it altogether?
 - ii. Consider no-contact offering. No bringing forward gifts/offering.
 - 1. Will there be a plate or vessel available for people to place their offering? If so, how will you ensure it’s not tampered with or stolen?

2. Will there only be electronic offerings to protect counters?
 3. Is your local bank branch open to receive your deposit?
 4. How will you adhere to financial best practices with two non-related counters while keeping physical distance?
- iii. Consider no receiving line before/after worship.
 - iv. Consider no children's playspace/nursery.
 - v. Consider removing hymnals, envelopes, cards, writing utensils, etc.
 - vi. Consider no sharing microphones, music stands, etc.
 1. How will you disinfect these items between use?
 - vii. Other considerations.
 1. Will you share albs, robes, or other liturgical clothing/vestments?
 - a. If so, is the time between each use long enough to ensure the virus is dead? **Consider a 72-hour timeframe as suggested by Restore Illinois for retail organizations (see ["Disinfecting and Cleaning Procedures" i.4.](#))**
- f. Limit movement during the liturgy to reduce occupying another's air space and potential contact.
 - i. How are worship leaders spaced to maintain CDC guidelines (6 feet of space) during service?
 - ii. Can the assisting minister functionally maintain CDC guidelines during service?
 - iii. Will processional volunteers (crucifer, acolyte, torchbearers, etc.) be able to assist and keep distance?
 - iv. Will you need more greeters, ushers, or other roles to facilitate liturgical changes?
 - g. If baptisms are offered, the pastor remains six feet from the baptized individual and the font uses fresh water for each individual and is drained and sanitized after each baptism.
 - h. If communion is offered, six foot distance is maintained at all times. Consider: touch-free presiding at the table, no common cup, those preparing communion washing hands prior, communion distribution to include visible hand cleaning, and communion in one kind may be encouraged.
 - i. Will you provide bread only, prepackaged communion elements, or individual cups that have been spaced out in the tray?
 - ii. How will communion servers display that they've diligently sanitized or washed their hands to calm fears?
 - iii. How will you maintain physical distancing during communion distribution?

- iv. To maintain physical distancing, will you place a prepackaged communion set (with a wafer and juice) on each seat and then guide individuals through taking communion during the service? Then, have each congregant dispose of the packaging on their exit?
- i. Consider: No communal singing. No wind instruments. Limited unison speaking.
 - i. Singing, humming, wind instruments, and speaking in unison are some of the communal activities with the most risk. More details at [Resources for Choral Professionals During the Pandemic](#).
 - ii. While still having inherent risk, a single individual without hyperextending lung capacity may be able to sing into a designated microphone (not shared with other unless disinfected), placed a minimum of 10 feet of distance from others and in an area that does not introduce airflow that could propel particles into the space (for example, near a blowing organ, fan, open window, or HVAC system). Ideally, this single individual could be in a separate room (that does not use a ventilation system connected to any other part of the building being occupied) using a designated microphone. The room should not be used for 24 hours or more and then should follow with a full disinfection. Again, this option is not without risk.
 - iii. How will you provide for musical engagement without communal singing?
 - 1. Will you utilize instruments other than wind instruments more frequently (drums, piano, organ, violin, cello, percussion, etc.)?
 - 2. Will worshipers be invited to participate by clapping, moving to rhythm, using (disinfected) percussion, etc.?
 - 3. Will individuals record from home and then layer voices or instruments electronically to be played on livestream or in worship?
- j. Other Considerations.
 - i. Will you provide livestreaming or recorded worship options as long as possible?
 - 1. If so, what adjustments need to be made for in-person worship?
 - 2. Do you have the resources and people necessary to continue streaming?
 - 3. Are you able to handle the additional workload required to livestream and provide in-person worship?
 - ii. Life transition rites (weddings, funerals, etc.).
 - 1. In Phase 1 & 2, is there an emergency need that would necessitate quick action or can it be postponed?
 - 2. How will you maintain physical distancing?
 - 3. How can you still honor these important life transitions without meeting in-person?

5. Response to a COVID+ diagnosis.

- a. Provide pastoral care electronically.
 - i. What technology and resources are needed for both the staff and parishioners to facilitate this?
- b. If an individual reports being COVID+ after an in-person event or is under medically-required self-isolation, consider: 1) protect confidentiality of individual, 2) send a note to all present at previous event notifying them of the situation and offering pastoral care, 3) those with close contact with a COVID+ person should quarantine for 14 days with changes in congregational operations as needed, and 4) schedule a deep cleaning of the building after 24 hours or as long as possible following the event.
 - i. "Close contact" is defined as "contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer unless wearing N95 mask during period of contact" per (see [page 3 footnote](#))
 - ii. Determine who is responsible for relating to the local health department for contact tracing information and what information, if any, will be shared.
 1. If multiple people report having any COVID-19 related symptoms or test positive for COVID-19, employers should notify their local health department within one day of being informed of the prevalence of COVID-19 symptoms or positive test results (see "[Health Monitoring](#)" i.4.)
 - iii. If there is media coverage as a result of an outbreak, who is responsible for talking to the media? What policies are in place to ensure clear, accurate communication from select individuals?
 - iv. See CDC guidance for cleaning post-COVID exposure [here](#).
 - v. See "[Health Monitoring](#)" i. 6. for details on post-exposure quarantine.
 - vi. Follow Restore Illinois guidance for individuals returning to work or events post-COVID+: "If employee does contract COVID-19, they should remain isolated at home for a minimum of 10 days after symptom onset and can be released after feverless and feeling well (without fever-reducing medication) for at least 72 hours OR has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart." (See "[Health Monitoring](#)" i. 3.)

6. Communal food and drink.

- a. Refrain from on-site activities except for emergency feedings. Emergency feedings hosted in prepackaged containers and distributed outside or at the door threshold with the smallest staffing possible. "Protective measures" of Phase 2 may be best implemented for feedings.
 - i. Water fountains, except for touchless water bottle refill stations, should be made unavailable. (See "[Physical Workspace](#)" i.3.)

- b. In Phase 4, avoid food consumption except communion and emergency feedings following Phase 4 "protective measures." Consider liquid-only fellowship time with pre-filled **disposable** cups placed out with sufficient distance between to avoid cross-contamination.
 - i. Individuals should wear face coverings over their nose and month at all times, except for while drinking at a table per ["Safety Guidelines for Food and Bar Establishment Patrons i.3."](#))
 - ii. Refilling of drinks is best done with a new beverage container. (see ["Social Distancing/Physical Workspace" i.14.](#))
 - iii. Gloves should be worn by those preparing drinks per pre-COVID food handling protocols (see ["Food Contact and Non-Food Contact Surface" i.7.](#))
 - iv. Ensure proper handwashing procedures are followed, noted in ["handwashing stations."](#)
 - v. Use single packet condiments (no shared condiments permitted) per ["Social Distancing/Physical Workspace" i.11.](#)
 - vi. If you are considering serving food, it's recommended that a [Food Service Sanitation Manager](#) with clear knowledge of COVID-19 precautions oversee and develop food service protocol after reviewing the ["Restaurant & Bar Establishment Safety Guidelines."](#) Most congregations will not find serving food easily enacted.

7. Pastoral care.

- a. Directly contact "at risk" individuals and encourage them to stay home for their safety and health. Provide telephonic/camera care (or as much as possible in Phase 3 and 4).
- b. Other Considerations.
 - i. What precautions will you take if you need to make a visit at end-of-life or other situations?

8. Small groups, meetings, faith formation, and child care centers.

- a. In Phases 1-3, all meetings, classes, and small groups to be held electronically or are postponed.
- b. In Phases 1 & 2, childcare for essential workers may be offered following strict IDPH and CDC protocols.
 - i. Review additional guidance from CDC for [school settings](#).
 - ii. Review additional guidance from IDPH for [school settings](#).
- c. In Phase 3, limited childcare can be offered following strict IDPH and CDC protocols.
 - i. Review additional guidance from Restore Illinois ["Day Camps Guidelines."](#)
 - ii. Review additional guidance from CDC for [school settings](#).
 - iii. Review additional guidance from IDPH for [school settings](#).

- d. In Phase 4, select in-person meetings may resume with a dual electronic option offered. In-person offerings for child care centers and faith formation to follow CDC, DCFS, and IDPH guidelines.
 - i. Review additional guidance from CDC for [school settings](#).
 - ii. Review additional guidance from IDPH for [school settings](#).
 - iii. Review additional [guidance from DCFS](#).
 - iv. For V.B.S., Sunday School, and other children's programs, consider using "[Day Camps Guidelines](#)," including a) operating at maximum of 50% of room capacity with a static group with a maximum of 10 children and 2 adults, b) keeping each group from interacting with the other and at a distance of 30 feet apart, c) no visitors into the group, and d) following other "Protective Measures" for phase 4 as detailed above. Additional guidance is offered by DCFS as noted above.
 - v. Minimize the number of in-person meetings and events to those absolutely necessary. (See "[Staffing and Attendance](#)" ii.3.)
 - vi. When small group gatherings resume what are ways you will communicate and remind individuals regarding the new policies?
- e. In Phase 5, in-person meetings may resume with encouragement to evaluate offering a dual electronic option.

9. Space use and renters.

- a. During Phase 3, select groups may resume. Consider a designated space for their sole use to livestream along with phase 3 "protective measures" and "response to COVID+ diagnosis." Think about having only one group in the building at a time and at least one hour between groups to decrease group cross-exposure. Revise contracts/agreements as needed.
 - i. What spaces are you able to give for sole occupancy during Phase 3?
 - ii. How do you determine which groups get access to space and which ones do not?
 - iii. What impacts does the sole use of space to a specific group have on your particular insurance policy? Be in contact with your insurance company.
 - iv. What requirements, if any, regarding contact tracing, symptom screening, mask wearing, and the other protective measures will be in place?
 - v. Who will be the point person to manage COVID+ notifications and how will that be shared?
- b. During Phase 4, space offered for most groups. Consider limitations on food/drink along with phase 4 "protective measures" and "response to COVID+ diagnosis." Think about having only one group in the building at a time and at least one hour between groups to decrease group cross-exposure. Revise contracts/agreements as needed.

- i. Will you provide disinfectant for groups to use?
- ii. Do you have enough disinfectant for groups to use regularly?
- iii. If multiple groups used to use the building, how do you determine which group gets the timeslot they prefer?
- iv. What impacts does this type of space use have on your particular insurance policy? Be in contact with your insurance company and lawyer.
- v. What requirements, if any, regarding contact tracing, symptom screening, mask wearing, and the other protective measures will be in place?
- vi. Who will be the point person to manage COVID+ notifications and how will that be shared?

10. Communication practices.

- a. In Phase 1, communicate current phase operations. Encourage current Illinois Department of Public Health guidelines. Explain current protective measures.
- b. In later phases, communicate current phase operations. Encourage current Illinois Department of Public Health guidelines. Explain current cleaning practices and protective measures.
 - i. Inside the building, on your campus, in electronic communications, and at the time of taking an RSVP, communicate frequently and visibly: physical distancing, face covering requirements, cleaning protocols, and any reduced capacity limits, along with other policies. Consider utilizing [“Industry Signage”](#) from Restore Illinois and [these](#) CDC resources.
 - ii. Designate a leader or teams to check in on members in ways that are appropriate and follow CDC guidelines. Give extra attention to those who live alone, have suffered loss and grief, are less comfortable with technology, or struggle with mental health concerns.
 - iii. How will you communicate your safety plan and best practices to the congregation clearly and frequently? Identify and address potential language and cultural barriers and barriers associated with differing abilities so all can access your communications.
 - iv. How will you provide training to both staff and volunteers on your restoration plan? See [“additional guidance for in-person activities”](#) [here](#).
 - v. What are all the communication avenues that can be utilized (social media, website, phone calls, newsletters, mail, etc.)?

STEP 3: CONTEXTUAL QUESTIONS TO ENACT GUIDELINES

Restoring MCS specifies guidelines for congregational life in our synod. Some congregations may choose to be more protective with their congregation's health, and their prayerful response is equally faithful and loving in this time of pandemic. In your discernment, we encourage you to err on the side of love for your neighbor as you both embody and model love in the time of pandemic. To love your neighbor necessitates action to protect your community, staff, pastors, deacons, members, and visitors of all ages, physical/mental abilities, cultural/ethnic backgrounds, along with all of those who make up the diversity of the body of Christ. In this time, grace, patience, and flexibility will need to be given and received by all involved.

1. Root your response in your purpose.

- a. Utilize your congregation's purpose as noted in your constitution, including:
 - i. "Provide services of worship at which the Word of God is preached and the sacraments are administered." (*C4.03.a.)
 - ii. "Provide pastoral care and assist all members to participate in this ministry." (*C4.03.b.)
 - iii. "Respond to human need, work for justice and peace, care for the sick and the suffering, and participate responsibly in society." (*C4.03.f.)
- b. Build your response out of your mission, vision, values, guiding principles, and operational policies.

2. Review federal, local, and state guidelines.

- a. [Center for Disease Control \(CDC\)](#)
- b. [Illinois Department of Public Health](#)
- c. [Restore Illinois: A Public Health Approach to Safely Reopen Our State](#)
- d. [City of Chicago's "Protecting Chicago" Plan](#)

3. Consider the liability.

- a. Contact your insurance carrier and your congregational attorney to learn about the congregation's liability during this restoration process, including employment and space use/rental issues.
- b. To mitigate risk of liability, we suggest that you seek to conform your policies to the relevant federal, state and local legal requirements.
- c. Assess the risks associated with the decisions your congregation makes.

4. Think about your congregation's demographics.

- a. Is your congregation primarily composed of “vulnerable individuals” (as determined by the CDC along with federal, local, and state government)? If so, we strongly recommend that you consider in-person activities only in Restore Illinois Phase 5 or after a period of time and assessment of the local health context in Restore Illinois Phase 4.
 - i. At the time of publishing, the definition of vulnerable individuals as defined by the White House:
 1. “Elderly individuals.
 2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.”
 - ii. The CDC defines “higher risk” populations [here](#).
- b. What is the average worship attendance (AWA)?
- c. How comfortable are the staff, members, and community members in reopening? If a staff member, pastor, or deacon is over the age of 65 or has underlying health conditions, we strongly recommend that you consider alternative in-person leadership in Restore Illinois Phase 3 and 4, or that in-person activities only resume in Restore Illinois Phase 5 or after a period of time and assessment of the local health context in Restore Illinois Phase 4.
- d. What would make people more likely to return based on their every-day routines and exposures to new practices at places of employment, stores, etc.?

STEP 4: WRITE YOUR PLAN

1. Discern how each category in these guidelines (i.e. “protective measures” or “liturgical & sacramental modifications”) will be enacted in each phase. We recommend that you appoint a small group (no more than three people) to take a first pass at reviewing this information and formulating a plan for each of the ten major categories. This is difficult, frame-bending work and it will take time. It requires specific people who know the full operations of the congregation—in some contexts this might be the pastor, congregation president or vice-president, or a deacon. You can use the congregational worksheet below to guide you.
 - [Congregation Worksheet– Google Sheets version](#)
 - [Congregation Worksheet– Excel version](#)
2. After you create your restoration plan in writing, review the process to ensure that it can be fully implemented. A well-crafted plan is important, but an inability to enact it may open up liability concerns and mislead the congregation into a false sense of protection.
3. Review the specifics of your plan at each Congregation Council meeting and when new guidance is given from the government.
4. For additional support, please contact the [Associate to the Bishop](#) for your conference.

ADDITIONAL RESOURCES AND REFERENCES

1. [Considerations for Returning to In-person Worship](#) from ELCA Churchwide organization
2. [Minneapolis Synod's Conversation with Dr. Michael Osterholm on the pandemic and reopening in-person worship](#)
3. [ELCA Public Health](#)
4. [Presbyterian Church USA "Returning to Public Worship"](#)
5. Congregational singing:
 - a. [The National Association of Teachers of Singing.](#)
 - b. [Resources for Choral Professionals During the Pandemic.](#)
6. [Church Mutual Insurance](#)
 - a. [Safely returning to worship checklist](#)
7. Face Coverings
 - a. [FAQ for Businesses Concerning Use of Face-Coverings During COVID-19](#)
8. Cleaning
 - a. [List N: Disinfectants for Use Against SARS-CoV-2 | US EPA](#)
 - b. [Cleaning and Disinfecting Your Facility](#)
9. [Centers for Disease Control and Prevention](#)
 - a. [Community and Faith-Based Organizations | COVID-19](#)
 - b. [Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governor](#)
 - c. [Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
10. [Illinois Department of Public Health](#)
 - a. [Faith-Based Facilities & Houses of Worship | IDPH](#)
 - b. [Restore Illinois: A Public Health Approach to Safely Reopen Our State](#)
 - c. [Places of Worship Guidance | IDPH](#)

11. [U.S. Department of Health and Human Services](#)
12. [World Health Organization](#)
13. [City of Chicago's "Protecting Chicago" Plan](#)
14. [National Coronavirus Response: A Road Map to Reopening](#) from American Enterprise Institute
15. [Guidelines for Opening Up America Again](#) from the White House
16. [Returning to Worship](#): The Wisconsin Council of Churches has offered helpful guidance that has informed this document. Additional information from them is available [here](#).
17. This list below comes from the Wisconsin Council of Churches.
 - a. [Why Getting the US Back to Normal in the Next Couple Months is a Fantasy](#). *PBS NewsHour*, April 20, 2020.
 - b. [The Coronavirus in America: The Year Ahead](#). *New York Times*, April 18, 2020.
 - c. [COVID-19: Now I understand King's truth of the 'inescapable web of mutuality'](#), Zachary Helton, *Baptist News Global*, April 21, 2020.
 - d. [Church in these "VUCA" Times](#). Jake Morrill.
 - e. [24 Questions Your Church Should Ask Before People Return](#). Ken Braddy, Jr.
 - f. [The Four Spaces of Belonging](#).
 - g. [Leaders, It's Time to Ask Critical Questions About the Post-COVID19 Church](#). John Thornburg, *United Methodist Insight*, April 14, 2020.
 - h. [Distributed Church](#). Fresh Expressions.
 - i. [How to Seize this Moment for Your Church](#). Ed Stetzer.
 - j. [The Employer's Guide to COVID-19](#). Neckerman Insurance Services.
 - k. [Reopening a Business After the Coronavirus Shutdown](#). Neckerman Insurance Services.
 - l. [Cleaning and Disinfecting Your Facility](#).
 - m. [Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus](#). OSHA