

Christian Medical and Dental Associations
Guideline for Church Reopening During the SARS-CoV-2/COVID-19 Pandemic
July 2020

Part of the mission of CMDA is to glorify God by caring for all people and advancing Biblical principles of healthcare within the Church and throughout the world. With that in mind, CMDA has enlisted several expert members to provide guidance to church leaders as they wrestle with the problem of re-opening their services within the ongoing COVID-19 pandemic.

Statement of the Problem

Religious involvement correlates with the following health benefits through various pathways:

1. Decreased overall mortality
2. Improved outcomes with chronic conditions such as diabetes
3. Increased ability to cope with stress
4. Decreased depression, suicide, and anxiety
5. Some evidence of decreased blood pressure
6. This has been shown to be especially true for vulnerable sub-groups in the African American community

However, attendance at religious services has been labeled “high risk” for SARS-CoV-2/COVID-19 exposure due to “enclosed space, prolonged close contact, potential clustering of people, high-touch surfaces, singing, and projection of voice”. Thus, many congregations in the United States have gone through a period of not gathering in person because of state restrictions. As the pandemic continues, churches have been placed in the unfortunate position of having to weigh the risks of reopening with the benefits of gathering in person amid conflicting interstate and intrastate guidelines.

Thus, the purpose of these guidelines is to provide evidence-based recommendations for Christian communities who wish to reopen safely. Though evidence-based, these guidelines are not intended to replace government ordinances or health regulations and should be considered in light of local guidance which accounts for the community prevalence of SARS-CoV-2/COVID-19 and available resources.

Summary of Recommendations*:

Critical Question 1: How many people can safely gather in a given area for worship services?

Recommendation: *The number of people that could gather safely for worship should be determined by the type of space (enclosed or open-air), size of meeting area, and safety measures enacted. Such gatherings should avoid having a large number of participants,*

* For the evidence and strength of each recommendation, please see the attached addendum which includes a description of the literature search, assessment of the data, and further discussion.

unmasked, in closer proximity than 6 feet between households for a prolonged period of time in an enclosed space without hand sanitizer or hygiene measures.

Critical Question 2: Is it safe to practice the sacrament of communion?

Recommendation: *Communion can be safely done using single-serving, pre-packaged communion.*

Critical Question 3: Is it safe to practice the sacrament of baptism?

Recommendation: *Baptism may be safely done with clean water. For serial baptisms in the same baptistry, the baptismal should be heated above 23°C and treated with chlorine to decrease the risk of transmission of SARS-CoV-2/COVID-19. We recommend that the person performing the baptism wear a mask, practice hand hygiene prior to the baptism, and defer to someone else if he/she has any symptoms compatible with SARS-CoV-2/COVID-19 infection.*

Critical Question 4: Is it safe to have a choir performance/practice?

Recommendation: *Choir practices or performances that have a large number of participants, unmasked, in close proximity to one another for a prolonged period of time in an enclosed space with shared food, commonly touched items, and non-socially distanced interactions before and after will increase the risk of transmitting SARS-CoV-2/COVID-19 infection if one of the participants is infected. Therefore, choir rehearsals and performances should avoid these factors to decrease the risk of spreading SARS-CoV-2/COVID-19 infection.*

Critical Question 5: When can congregational singing be done safely?

Recommendation: *Alternatives to congregational singing likely have the least risk for SARS-CoV-2/COVID-19 transmission. With the uncertainty regarding congregational singing, we recommend thoughtful consideration of alternatives. If congregational singing must be done due to specific faith convictions or practices, we recommend the following to decrease risk of SARS-CoV-2/COVID-19 transmission:*

- (1) Singing outdoors rather than in an enclosed space when possible,*
- (2) Maintaining a minimum distance of 6 feet between congregants, **and***
- (3) Wearing masks while singing, **and***
- (4) Singing in a quiet, subdued voice.*

Critical Question 6: Is it safe to have wind, percussion, and/or string instrumental accompaniment in worship?

Recommendation: *The use of instrumental accompaniment in worship does not appear to increase the risk of spreading SARS-CoV-2/COVID-19 infection when appropriate distancing and hygiene measures can be followed.*

Critical Question 7: What general measures should be considered for all worship gatherings?

Recommendation: *Social distance (minimum of 6 feet between households) at all times including during entry and exit, wearing of masks, availability of hand sanitizer, and frequent hand washing should be done. Consideration should be given to vulnerable populations in the congregation as defined by the CDC.*

Guideline Committee

Timothy Jang, MD, Professor of Clinical Emergency Medicine, David Geffen School of Medicine at UCLA, Associate Editor, *Academic Emergency Medicine*

Kristen Ojo, MHS CPH, Co-leader, Side by Side Twin Cities Chapter, A Ministry of CMDA for Medical Wives

Ifelayo Ojo, MBBS, MPH, Assistant Professor of Pediatrics, University of Minnesota Medical School, Pediatrician, Hennepin Healthcare

Amenah A. Agunwamba, ScD, MPH, Assistant Professor of Health Services Research, Mayo Clinic, Department of Health Sciences Research

Jeffrey Barrows, DO, MA, Senior VP Bioethics and Public Policy, Christian Medical and Dental Associations

Secondary Reviewers

David Kim, MD, MBA, Chief Executive Officer, Beacon Christian Community Health Center, Staten Island, NY

Janet Kim, MD, MPH, FAAP, MA, Chief Medical Officer, Beacon Christian Community Health Center, Staten Island, NY