

# When Your Church Reopens, Here's How to Meet Safely

A global health expert suggests a phased plan for congregations gathering again amid this pandemic.

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Over the past four months, the spread of a new coronavirus has exploded across the globe, leaving packed ERs, ICU patients on ventilators, and families grieving over the loss of their loved ones. To limit the spread of this virus, most governments implemented strict stay-at-home orders. This very blunt instrument was necessary because many countries were simply unprepared for the rapid spread of this virus. If nothing was done, the rising number of infections would have overwhelmed health care systems, and deaths would have quickly escalated.

During this period, churches across the US and around the world have closed their doors to in-person worship and ministries. As with many preventive actions, we may never know how this has limited the spread of COVID-19. But as a global health professional who has worked for 25 years to control diseases around the world, I am certain that [this has prevented many infections and deaths](#) that would have occurred among congregants and their families and friends. After six or more weeks of stay-at-home orders in the US, unemployment claims are piling up, people are getting antsy in their homes, and loud voices are increasingly calling for governments to relax their restrictions.

Public health experts warn that the US lacks the testing, contact tracing, and quarantining capabilities needed to bring and keep the pandemic under control, yet some states are already loosening their restrictions and allowing “nonessential” businesses to reopen.

Our churches are now facing a set of difficult decisions: when to resume in-person ministries and how to carry out these ministries safely.

I propose that the way forward is to take a step-by-step approach that helps the global church live out its missional calling, meet the needs of its congregants, and protect the health of those in the church and in the community.

### **Our guideposts for decision-making**

To discern God's call for the churches I am advising in my city of Seattle, I have relied on two guideposts: biblical truths and scientific knowledge, both of which have been given by God.

The Great Commandment states, "You shall love the Lord your God ... and love your neighbor as yourself" (Matt. 22:37–39, ESV). During this pandemic, love for ourselves is expressed in the ways we protect ourselves from getting infected. In the same way, love for our neighbor is expressed in the ways we protect them from getting infected.

Even as we focus on preventing COVID-19 infections, however, we should not neglect spiritual, emotional, and social needs—in ourselves and others. During this period of social distancing, it is perhaps even more important that churches meet these needs.

As Christ's disciples, these needs are met as we live out our calling to worship, pray, encourage, witness, disciple, and serve. However, we now *must* do these in a way that minimizes the risk of COVID-19 transmission. Therefore, we need to use scientific knowledge about this virus to prevent its spread in our churches.

### **Recent scientific knowledge about COVID-19**

With the best minds in the world working on COVID-19 right now, there is a rapidly expanding body of scientific knowledge about this virus. We are also accumulating lessons from many countries on what is and is not working to control the spread of COVID-19. Some of these recent insights are particularly relevant to churches as they consider how to resume in-person ministries:

#### **First, we have a better understanding about how the virus spreads.**

Contrary to our initial assumptions, we now know that COVID-19 can be transmitted before a person develops symptoms. This explains why the virus spreads so easily and stealthily, and it greatly complicates efforts to contain its spread.

We also know that not every infected person will infect another person. Other factors are needed to facilitate transmission. They include:

- Infectiousness of a COVID-19 patient
- Actions that increase the release of respiratory droplets and aerosols into the surrounding air
- Proximity to an infected person (within six feet is considered high risk)
- Enclosed environment with limited ventilation to the outside
- Amount of time spent with an infected person
- Type of social network, e.g. inter-generational mixing

The more these factors are present, the higher is the risk of transmission. But the more we can mitigate these factors, the lower the risk of transmission. (see table below).

There is growing evidence that younger people and children are less susceptible to COVID-19. Children are also less likely to display symptoms when infected with the coronavirus. However, the quantity of viruses they harbor and their ability to spread to others may not be different. Because older people are more susceptible to getting COVID-19, the implication is that intergenerational contact should be minimized to reduce COVID-19 transmission.

### **Second, we know much more about harmful effects of COVID-19.**

Initially, most of the attention about the danger of COVID-19 focused on the elderly because they have a much higher case-fatality rate. Then we learned that younger adults with common chronic conditions like hypertension and diabetes also have an increased risk of serious complications. In fact, nearly 60 percent of COVID-19 hospital admissions in the US are for those [less than 65 years old](#).

A recent [study](#) reported that 45 percent of American adults have factors that place them at risk for serious COVID-19 complications. Because those attending churches are on average older than the general population, an even higher proportion of church congregants are at risk for serious COVID-19 complications.

### **Third, we have a better understanding of what control measures work.**

Testing, contact tracing, and quarantining of cases and contacts can mitigate the COVID-19 epidemic without a major lockdown. However, such actions must be taken very rapidly and effectively. South Korea and Taiwan have done this successfully. Within two or three days from symptom onset, COVID-19 patients are tested and most of their contacts are effectively quarantined. This has worked because South Korea and Taiwan have some of the highest testing rates in the world and a well-trained cadre of contact tracers to quickly locate contacts and implement quarantine. They also use some electronic tracking, which may not be acceptable in other countries.

There is good evidence that using a face mask substantially reduces the release of respiratory droplets and aerosols into the surrounding air, even when a person coughs or shouts. The primary benefit from using a face mask is to reduce the spread of COVID-19 from the source of infection—an infected person. Homemade masks are less effective than surgical masks but still helpful. In addition, wearing a face mask prevents an infected person from rubbing her nose

and then depositing viruses on surfaces that she touches. Face mask users also get limited protection from COVID-19 infection.

**Fourth, experts agree that COVID-19 will be in the US for the foreseeable future, with fluctuating levels of infection in the community.**

Several states have started to lift stay-at-home orders, even though their COVID-19 case counts remain high or have just started to decline. This will lead to an increase in transmission and new cases. This increase can be mitigated by extensive testing, effective contact tracing, and quarantining of contacts. But no state yet has the testing capacity and the trained personnel to carry out effective tracing and quarantining.

Then there is the challenge of COVID-19 spreading from one state to another. As long as one part of the country has a poorly controlled epidemic, states that have significantly reduced their cases will remain vulnerable to COVID-19 spread from those areas. The same can be said of spread from one country to another. A prime example of this is Singapore, which controlled the first wave of infection from China only to experience a second wave of infection from Europe.

**Making a science-based plan**

The church is a high-risk setting for COVID-19 transmission. Church activities contain multiple factors that facilitate airborne COVID-19 spread (see table below). In addition, our congregants are at greater risk for serious complications from COVID-19. Therefore, churches should carefully consider when and how to resume in-person ministries and have a clear plan to do so. This plan should achieve the following:

- Mitigate the risk of airborne COVID-19 transmission during church activities.
- Be able to dial up and dial down church activities as COVID-19 infection in the community waxes and wanes.
- Be able to rapidly identify contacts with an infected person and help trace them if necessary.
- Resume in-person church activities only when there is clear evidence of a declining and low level of infection in the community.

[EXPAND GRAPH](#)

**A step-by-step approach to resume in-person ministries**

I have developed a four-step plan with modified activities that churches can use. This plan can be dialed up or dialed down depending on the level of infection in the community.

During this pandemic, the plan aims to help churches:

- Live out their missional calling
- Meet social, emotional, and spiritual needs
- Provide protection against COVID-19
- Support the broader effort to contain COVID-19

When adapting this plan to your church, it is very important to adhere to local government guidelines. Therefore, the number of people allowed to gather in your plan may differ from this plan due to local restrictions. The table only includes some of the more common church activities. When making decisions on how other activities can be implemented safely, consider the factors in the first table and where modified activities should be placed in the second table.

### [EXPAND GRAPH](#)

#### **Living out our missional calling through small group gatherings**

As stay-at-home restrictions are loosened, gathering in small numbers will frequently be allowed first. Therefore, small group gatherings should be the first activity to be implemented. We should be excited about this because small group gatherings are a wonderful way to live out God's call for us. In small groups, we can build deeper relationships with each other, grow in God's Word, foster a safer environment for mutual accountability, and encourage one another to love and good works. These groups can reach out to many who would not want to enter a church building but would accept an invitation to a home. They can also help prepare for the start of in-person worship services by gathering each week for worship and then joining with other small groups to attend in-person worship when it resumes.

Like the persecuted Christians in Acts 8, who were scattered beyond Jerusalem, our ministries have been scattered from the confines of our church buildings. By building strong small groups in our communities and organizing around them for return, we are building a solid and flexible foundation for eventual church ministry all together.

The risk for COVID-19 transmission in these groups is low. The risk can be further reduced by keeping group members constant and within the same age group. When infection in the community is still high, use of face masks provides an added layer of protection. Because members know each other, they can quickly inform each other if a person develops COVID-19 symptoms. This will facilitate rapid self-quarantine by other group members.

#### **Meeting social, emotional, and spiritual needs**

We all need human contact, but sometimes contacts feel superficial. This pandemic offers a chance to build deeper relationships. To reduce the risk of infection, we should reduce the number of people we are in contact with. But meeting with the *same* people all the time and meeting only with people in our age group also reduce the risk of getting infected. Gathering with the same group of people who are at the same life stage can also better meet our social, emotional, and spiritual needs.

Imagine the strategy as creating small bubbles of safety across the church. The more congregants stay within their bubble, the safer everyone in the congregation will be while infection in the community remains.

### **Providing protection against COVID-19**

When in-person ministries in the church resume, it is essential to observe a physical distance of at least six feet. Although physical distancing is usually observed at the individual level, it can be observed at the level of a social unit. For instance, those who live together as one social unit do not need to be physically separated at church. As a unit they can be physically separated from other social units.

Use of face masks can be very helpful. Because anyone who walks into a church could be an asymptomatic spreader, putting a face mask on everyone entering the church can reduce the spread of the virus. To increase the proportion of face mask users, ask everyone to use them. This takes away the stigma and employs peer pressure to encourage use.

Because face masks, especially homemade ones, will not prevent all transmission, they should not replace other approaches to mitigate the spread of COVID-19. Physical distancing is usually not practical for small group gatherings in a home, so using face masks there is important while there is still a high level of infection in the community.

### **Supporting the broader effort to contain COVID-19**

Because COVID-19 will be with us for the foreseeable future, transmission of this virus could occur during the resumption of in-person church activities. Therefore, for the safety of the whole congregation as well as their friends and neighbors, churches should be prepared to assist public health departments to identify and find the contacts of people who discover they are infected.

The first task is to rapidly identify all the contacts to a COVID-19 patient who attended the church. Then, if requested, churches should be prepared to quickly notify these contacts so they can self-quarantine and be evaluated for COVID-19. In this way, even if these contacts were infected, any transmission onward can be minimized.

Remember, speed is of the essence when it comes to contact identification and tracing. Therefore, your church should set up a system to collect information for all participants. The following are some suggestions for doing this:

- Keep a log of where every person sits. Assign seat and row number (or table number) to your sanctuary and meeting rooms.
- Register everyone entering a meeting. Record name, contact information, and where they are sitting. For each household, only one person needs to register but should list the number of people in group.
- Maintain the record for at least three weeks.
- Have a designated person in the church responsible for maintaining the meeting registration, liaising with public health department, and helping to identify and notify contacts if necessary.

### **When to move into different phases**

Perhaps the most difficult aspect of using this step-by-step approach is deciding when to move from one step to another—whether to dial up or dial down a church’s activities.

There are many factors to consider. One of the most important factors to consider is the needs of church members. When a real need exists that is best met or can only be met face-to-face, we should find a way to resume in-person ministries more quickly.

Church should closely monitor the level of infection in its community. If it is going up or is still high, it is not the right time to resume in-person ministries. But if the level of infection is going down *and* is low, then it is safe to move into step 1 of my plan. Specifically, a consistent downward trend in COVID-19 cases and deaths for at least three weeks is one metric to use before considering step 1 of this plan.

But a downward trend is not enough, we also must have a low level of infection. This is where it gets tricky because, without extensive testing, we don’t know the true number of infections in our communities. Until testing gets ramped up, we can only make a guess based on the number of cases and deaths reported. But this is not ideal.

For now, with a downward trend and a low number of reported deaths and cases, we can consider other factors that may move us into step 1 earlier or later. Engaging our church leadership and the general congregation throughout this process is important. Having a clear plan will help our congregants understand why and how we are making these decisions.

As an example, for a population like King County, Washington, where I live (2.2 million people), and with a consistent decline in reported deaths and cases as the foundation, one set of criteria might look like this (using rolling averages over three days):

- Step 1: Consistently <5 deaths per day for 3 consecutive weeks
- Step 2: Consistently <1 death per day for 3 consecutive weeks
- Step 3: Consistently <5 cases per day for 3 consecutive weeks
- Step 4: Consistently <1 case per day for 3 consecutive weeks

As testing increases and we learn more about COVID-19, churches can develop more precise guidance on when to move from one step to another. Because the COVID-19 pandemic will wax and wane, an increase in the reported number of cases and deaths can be used to move back a step if necessary.

### **Living our calling**

This pandemic has dramatically changed our lives and has turned our world upside down. We are just a couple of months into this pandemic, but the pain and anxieties around us are so real. To serve those in our community, the desire to open our church doors as soon as possible to serve those in our community is understandable.

Our churches can use biblical truths and the available scientific knowledge to guide decisions on when to resume in-person ministries and how to do it safely. As knowledge accumulates, we will be able to make better decisions and the plan that I have proposed can be improved.

Churches in other parts of the world face the same challenges as government-mandated lockdowns eases. The step-by-step plan as described is not hard or expensive to implement and can help ensure a safe environment for congregants around the world.

In closing, I want to remind us of one certainty. The COVID-19 pandemic in its present form will pass. One day we will look back on this time and see clearly that God was with us and was working in our midst for good. Knowing this, we can turn to him today and ask him to give us the discernment, compassion, and faith to make the right decisions for our churches at this time.

My prayer is that this article will help your church live out its missional calling, meet the needs of your congregants, and protect the health of those in your church and community at this critical time.

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