



## Preparing Your Church For Coronavirus

“NOW WASH YOUR HANDS”



How to Prepare Your Church for the Coronavirus from Lyman Stone, a missionary in Hong Kong.

I am the Chief Information Officer of a population consulting firm called Demographic Intelligence, giving advice to over 500 countries and government entities about future population trends. I do routinely work in detail with the medical and demographic literature around infectious disease, mortality risks, and especially fertility. You can find my work published in the New York Times, Washington Post, Wall Street Journal, Boston Globe, South China Morning Post, The Federalist, First Things, American Interest, Christianity Today, Economics21, and other publications.

But perhaps more importantly when it comes to churches, I serve as a missionary in the Lutheran Church-Hong Kong Synod. Hong Kong "has been dealing with COVID for some time now, and has a long history of managing infectious diseases, including SARS, the massive 1957/1968 "Asian flu" and the "Hong Kong flu" pandemics.

### ***The Long Version***

#### **What is this document and why am I reading it?**

COVID is an infectious disease. Academic research thus far suggests the typical person infected by COVID will infect 1-3 other people, which is similar to influenza or Ebola in terms of the infection potential.

I mentioned Ebola and influenza, so you may wonder how they compare in terms of lethality. Normal influenza kills about 0.05% to

0.2% of infected people. Thus, a bad flu season is probably about half as lethal as a good COVID outbreak. A bad COVID outbreak would be much worse than a flu outbreak. The only flu outbreak ever recorded to have a death rate similar to COVID is the 1918-1920 influenza pandemic. It killed 2% of the entire population of the planet. That's bad.

On the other hand, at the extreme upper end, COVID might kill 15% of infected people in a very poorly-managed, worst-case scenario. But Ebola kills 25% of victims in mild outbreaks. For bad outbreaks, Ebola kills as many as 95% of its victims. So COVID is much worse than the flu, but not nearly as bad as Ebola.

COVID is worse for some people than others. Research on COVID's cousins, SARS and MERS, suggests they cause higher rates of miscarriage for pregnant women: COVID might have the same effect, especially in the first trimester of pregnancy. People with respiratory conditions like asthma have higher death rates, and most likely so do people who live in areas with high air pollution. If you have some other sickness at the same time, that of course makes COVID worse. But even "mild" conditions like high blood pressure (and especially hypertension) dramatically increase death rates.

Thus, anyone telling you COVID is "just a flu" is misinformed. It is a significant disease which, if it infects a large share of the population, could kill a lot of people, especially older church members or those with other health conditions. It could also cause miscarriages in pregnant women. The only good news is that children appear to be highly resistant to COVID, with negligible death rates for the under-10 population (however, children can still get sick, have symptoms like a fever and a cough, and spread the disease).

Spiritual care is vital, especially in an epidemic, when people will be afraid and confused. However, it is your moral duty to protect your community by taking reasonable precautions so your church does not spread disease. Moreover, this is part of your Christian witness. Do not abandon your post, but don't be stupid. This may feel like too big of a problem for churches to tackle. However, the way you and your church respond is important for the safety of your congregation, the spiritual health of their faith, and your Christian witness within the community.

It is also important that we do not allow this pandemic to drive us apart thus it is imperative that we do not, "forsake the assembling together of the saints". We must remind ourselves of Christ's words

that states, “Whatever you did for the least of these, you do for me” and “I was sick and you took care of me, hungry and you fed me”. With this in mind, we still have the responsibility to attend to the sick, visit the isolated/quarantined, comfort those who mourn, continue preaching/teaching the Word in all seasons, administer the ‘Holy Communion’, nurture new believers, strengthening one another through Scripture reading, singing, worship and prayer. If we refrain from doing this, it may create greater harm spiritually and physically, than that of the epidemic.

Thus, Christians have two crucial duties: First, we must not allow the virus or fear surrounding the virus, as an excuse to abandon our God-given duties. But we should not be foolish. We have a moral obligation to protect others by staying informed and adhering to correct procedures, thus limiting the spread of disease. Christians should not abandon their posts, however, they should be examples of good disease management.

As soon as there have been any confirmed “local transmission” cases within your metro area or within one adjacent county of any county in which any of your congregants live, adopt a strenuous disease management procedure. Do not wait for transmission nearby. Do not wait for a sick church member. As soon as there is any transmission in your region, take precautions.

Cancelling church should be a last resort. The physical means of grace through communion and baptism, and the great comfort of person-to-person community at church, are vitally important. As long as a non-infected congregation and leader exist with access to a space where infection risk can be managed, church members should take every possible measure to maintain regular assembly together. Do not neglect the fellowship of believers. The rest of this document assumes that your church intends to remain open as long as possible during the epidemic.

Cancel space-sharing activities. If social groups or clubs meet in your facility, cancel them immediately. If you do not cancel these activities, then force them to adopt the identical disease management procedures your church adopts.

Seal entrances from the outside. Fire safety rules mean you must maintain the possibility of exit; but you should prevent people from using side doors for entrance. Place some kind of sign on the door exterior reminding congregants not to use it. Limit entry into the church to one controllable point.

Run humidifiers, air purifiers, and air conditioning. Better air quality and higher humidity can reduce the severity of symptoms like coughing, which reduces spread, and can also reduce how long disease particles hang in the air. Very dry air causes water droplets to aerosolize quickly, making infection risks worse.

Maximize sunlight. There is some research that suggests sunlight and UV radiation can help kill germs. Open the blinds and get light in as many rooms as possible. Portable UV lamps can be an easy way to make disinfection easier as well.

Sanitize all surfaces frequently. Every surface touched by any person should be disinfected every day.

Seal off low-usage parts of the building. Keeping your space clear of infection is easier if you have less space to clean. So consider just putting up tape or other barriers to limit access to unnecessary parts of the building.

Purchase significant quantities of gloves, masks, disinfectant wipes, and hand sanitizer for your congregation, enough to keep every attendee cleaned and masked, and every pew and hymnal and doorknob wiped down, for at least 6 weekend service schedules.

Before anyone arrives, wipe down all surfaces like chairs, pews, hymnals, and door knobs with disinfectant wipes. As much as possible, prop open any doors you are allowing people to use in order to limit the need for touching. Scrupulously disinfect bathrooms.

Anyone with a fever should be sent home to await a house call by the pastor. Symptomatic individuals and **THEIR HOUSEHOLD MEMBERS** should be allowed into the building. Congregants should be notified of this policy well in advance, and should be encouraged to stay home if they are at all sick.

Your door managers should compel anyone allowed into the building to thoroughly wash their hands using an alcohol-based hand sanitizer. Do not make ANY compromises on hand-washing.

Surgical masks reduce the spread of disease particles from coughs, and they also help remind congregants to keep a safe distance from one another and not to touch their own faces too much: eyes fluids, saliva, and mucus are the major disease-carriers for COVID, so reducing facial touching can save lives. Thus, reusable masks are

acceptable provided that congregants boil their masks between uses, or use a strong disinfectant detergent. The main purpose of masks is not to filter the air you breathe, but to reduce how much you spread.

Your door managers should keep detailed attendance records of every individual who enters through the designated entrance point. In the event of an outbreak, officials from the Centres for Disease Control will need to trace the spread of the disease. Your church's records will make this much easier and thus can accelerate efforts to contain the disease. This will save lives.

Again, the point of maintaining strict hygiene is to make it possible for people to come to church for a refuge. While congregants might wisely choose to avoid lots of handshakes and hugs, it is absolutely inappropriate to say or do anything which directly discourages or shames congregants for showing affection and care for one another.

Two additional door managers should be posted at the door to the church sanctuary itself to ensure all congregants re-apply hand sanitizer. Absolutely do not allow any greeters or welcoming staff to shake hands with large numbers of people. It's fine for individual congregants to have physical contact, but having one or a few individuals contact large numbers of people is very unwise.

Households should be encouraged to leave at least 2 to 3 feet between their personal belongings in a pew, or at least 2 chairs. If chairs are mobile, they can be spread out with more space between each chair. Note that this should be 2 to 3 feet between personal belongings, not between people. This can help lower the risk of incidental infection due to touch.

If this results in insufficient seating capacity, then services should be split up. More services can be offered, with fewer people at each service. At least two hours should be allowed between each service so that all surfaces can be re-sanitized.

Reduce the number of people who approach the altar, table, or rail at a single time. Ensure that they can maintain at least 18 inches of distance between each household taking communion. Even if it slows down the services, allow plenty of space.

Do not call individuals forward for communion until it is actually time to go and receive. Do not have lots of people standing around in lines. This is an infection risk. Do not pass a communion plate down

the pew or row. By the time it gets to the last person that plate is a massive infection risk.

Use wine. For any given method of communion, the alcohol in wine is considerably more sanitary.

The lowest-risk strategy for communion is for small groups to approach a designated place to receive communion, and there take the bread in individual pieces and the wine in individual cups. Even the bread should not be heaped high; a small number of pieces of bread should be available for the congregant to take. Or, the pastor could place an individual piece of bread into communicants' hands, ideally without direct hand-to-hand touch.

Passing offering plates spreads infection. Consider replacing offering plates with a model whereby congregants come forward and place their offering in a receptacle of some kind. Naturally, transitioning to online giving would reduce risk even more, but many people value the experience of giving in a community.

Offerings of cash should be discouraged, as physical currency carries far more germs than checks do. Whoever counts the money will be at much lower risk if congregants avoid cash gifts for a few weeks.

Switching to power-point or disposable printed bulletins may help reduce risks. However, wiping leather hymnal covers with disinfectant wipes is also effective, albeit more costly and time consuming.

"Children's sermons" involve a lot of kids, who tend to produce mucus and saliva, getting up and milling about during the service. Providing a children's lesson without moving the kids may be preferable.

Sunday school for kids can be continued, but kids should have their hands sanitized at the beginning and the end of Sunday school, and activities should be planned which don't require too much excessive touching or many shared craft supplies.

You can help the public health authorities in a very useful way: during the service, have someone take a high-resolution photo of the entire congregation. This can help establish who sat close to whom, which can be helpful in tracing an outbreak.

If you have a fellowship time with any food or drink you must take extra precautions. Shared meals are a huge infection risk. To protect your church's fellowship time, extra measures should be put in place.

Do not provide any open food containers with self-service. Any open dishes should be put into individual containers in a clean kitchen, with those individual containers given to congregants.

Do not provide an open table with shared food products (e.g. Bun and cheese or sandwiches) which everyone touches. Individual packets of condiments are preferable. The safest way to provide food is to supply individually-wrapped snacks.

Do not pre-pour lots of cups of beverages for people to take, or even set out empty cups: a single cough or infected breath on such cups could infect dozens of people.

If you want to have beverages, then have a designated person with gloves and a mask take individual clean cups from a clean location, and pour beverages into them at the request of individual congregants. Alternatively, have one individual take requests for canned or bottled beverages or serve congregants out of a clean container.

If you are a pastor performing house calls, ensure vigorous hand washing. Avoid excessive physical contact. Keep your hands away from any objects in visiting homes as much as is possible.

If possible, do not be too hasty to accept food or snacks. It is better to eat when you get home. Wear a mask if possible, but mostly wash your hands.

**To summarize, what precautions should my church take?**

- Buy large supplies of hand sanitizer and disinfectant wipes. Masks too if you feel like it, but masks are not as essential as disinfectant materials.
- Establish a single, controlled point of entry to your church which you can use to force congregants to wash their hands and check for disease symptoms.
- Strongly discourage people with any sickness in their household from coming to church; the Pastors, Ministers or deacons can make a house call later.

- Eliminate non-essential activities at your church like social gatherings and peripheral activities.
- Communion is your highest-infection-risk element of the service. Avoid passing a communion plate or a common cup. The safest way to take communion is in individual cups and pieces of bread.
- Limit personal contact like hand shaking, embracing, greeting each other with a 'holy kiss', sharing Bibles, passing/sharing information via paper/hard copy, restructuring the way that tithes and offering are collected, by encouraging the use of internet banking.
- Put more space between chairs or encourage bigger seating gaps in pews.
- However, informal interpersonal contact at church and church fellowship time does not need to be cancelled, provided a few basic precautions are taken, like limiting food to individually-packaged snacks.
- It is especially important for church workers to wash their hands fanatically, wear masks, and maintain good personal hygiene.

This is not an extensive list. These policies and procedures are being updated by health professionals/governing bodies on a daily basis, please keep informed and also inform others.

Keep praying, declaring Psalms 91 over yourself, home, children, community and Church regularly.

Thank you.

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