



COVID-19 Preparedness Plan

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Introduction

The virus that causes COVID-19 (SARS-COV 2) is a highly infectious pathogen that has caused a worldwide pandemic. People infected with the virus are typically contagious for several days before showing symptoms of the disease, and some infected people never show symptoms. The virus can be easily and unintentionally

spread by these pre-symptomatic and asymptomatic people. The majority of individuals infected with the virus show only mild symptoms, but the CDC notes that the risk of severe and life-threatening infection increases steadily with age and is higher for those with underlying health conditions. Those in the most vulnerable group, at the highest risk of death, are the elderly who have one or more underlying health conditions.

The Minnesota Annual Conference of the United Methodist Church has noted that “We have come to understand, like never before, that the church is not a building. It is the expression of God’s love made visible through the actions of devoted followers of Jesus.” The Conference noted Three Simple Rules that underpin the Conference’s guidelines for church reopening:

1. **We are a people that do no harm.** We practice physical distancing to minimize harm to others, especially the vulnerable.
2. **We are a people that do all the good we can.** We care for the spiritual and physical needs of our neighbors, providing food, emotional support, and supporting our health care system.
3. **We are a people that stay in love with God.** When we love God through prayer, praise, and worship, we grow in love of our neighbor. Love of God and love of neighbor are inseparable.

This COVID Preparedness Plan for Centennial United Methodist Church is based on the spiritual principles set forth by the Minnesota Annual Conference of the UMC (MAC), and the specific technical requirements and recommendations set forth by the Minnesota Department of Health (MDH) that are based on scientific research and the guidelines from the National Centers for Disease Control (CDC). These Department of Health guidelines, issued August 12, 2020, are in the document: “Industry Guidance for Safely Reopening: Faith-Based Communities, Places of Worship, Weddings, and Funerals.” References in this Plan refer to this document and are denoted (MDH, a, b) where “a” is the page number and “b” is the item number on that page.

Centennial United Methodist Church (CUMC) is committed to providing a safe and healthy environment for all members, staff, other congregants, and the many ministry and outside groups that use our church spaces. This Plan details the specific policies and actions to ensure that safe and healthy environment. But the Plan can be successful only with the full cooperation of CUMC members, guests, visitors, staff, and leadership.

General Principles

The following general principles apply to reopening the CUMC buildings:

1. As the church reopens, worship and church committee and small group meetings should continue to be on-line, so that those who are in the most vulnerable groups are not excluded from the life of the church. (MDH, p. 13, #3)
2. The reopening will be done cautiously, in small steps, always within the guidelines of the Minnesota Department of Health and the Minnesota Annual Conference.
3. Following the Minnesota Annual Conference Simple Rule 1 (do no harm), and MDH guidelines, all congregants who are over 60 or who have underlying health conditions that put them at higher risk from COVID-19 are encouraged to stay home and take advantage of the on-line worship and small group activities. (MDH, p. 13, #2)
4. The general policies on how much, and when, to reopen will be made by the Trustees, consistent with the principles in this Plan and any general advice from the Church Council. The interpretation of the

Trustee policies will be made by the Senior Pastor, the St. Anthony Park (SAP) Pastor, or the Director of Operations.

Timing of Reopening

The primary focus of this plan is on the safety of our congregation, guests, and visitors. The coronavirus is a changing, fluid virus and the nature of the pandemic also changes rapidly. For these reasons we have not put dates on any phase of the reopening. Several factors will be used in making decisions about reopening our facilities. Not all factors listed may be used and there may be other factors taken into consideration as conditions change. There are no absolutes in dealing with the pandemic where we say this particular timing is what we should do for sure. All we can do is ask for God's guiding hand to help us make sound decisions about the safety and well-being of all concerned. Factors we will consider in timing the phases of the reopening:

1. The availability of cleaning supplies, personal protective equipment, and volunteers to assist in cleaning;
2. The availability of hospital and ICU capacity in our community;
3. The degree to which people are practicing social distancing;
4. The degree to which testing is widely used and available;
5. Resumption of public gatherings such as sporting events, concerts and theatres;
6. The number of Covid-19 cases in our community;
7. The recent trend in the number of Covid-19 cases in the community and state;
8. The extent to which a local restaurant indoor seating areas are open;
9. The extent to which local schools are open face-to-face, using only virtual learning, or a mix of both;
10. The number and trend in active Covid-19 cases in the congregation.

Interpretation, Monitoring, and Revision

This Plan is effective the date of Trustees adoption. The Plan will terminate when the Minnesota Department of Health indicates that its COVID-19 policies and guidelines are no longer in effect.

The policies in this Plan must be implemented and applied to specific cases, monitored for effectiveness, and revised as conditions change.

Interpretation: This Plan contains the reopening policies and procedures to provide the safest possible environment for the congregation, staff, volunteers, and guests. Many of the policies and procedures will require specific, detailed implementation steps that are not, and cannot be, specified in this Plan. For example, staff must develop specific language for a health screening form, but as scientists learn more about the virus the list of symptoms changes, so staff must have the flexibility to make changes in signage and forms. As another example, a detailed cleaning and disinfection schedule must be developed and implemented, following MDH and CDC guidelines. But the details of those cleaning and disinfection procedures should not be specified in this Plan because they will undoubtedly need to be changed with experience. In addition, from time to time the detailed technical aspects of the MDH recommendations may change, and the Senior Pastor, SAP Pastor or Director of Operations need the flexibility to interpret these changes and apply them to specific cases.

In implementing this Plan, the policies and procedures will be interpreted and applied to specific cases by the Senior Pastor, the SAP Pastor, or the Director of Operations.

Monitoring. The Plan Administrator is the Director of Operations, who is responsible for establishing a method to monitor the implementation of this Plan and advising the Trustees on any needed changes. (MDH, p.1)

Revision: This Plan may need to be modified as we develop experience with some of these policies and procedures. Revisions might also be required as scientists and health professionals learn more about COVID-19 and safety precautions, and the Minnesota Annual Conference and MDH change requirements and recommendations. The Trustees are responsible for plan revisions.

This Plan is divided into five parts:

1. Screening and Illness Policies
2. Policies and Practices for Individuals to Reduce Transmission
3. Policies for Worship and Ceremonies
4. Building Ventilation, Cleaning, and Disinfection
5. Communication and Training

For purposes of brevity, users of church facilities will be denoted as staff, volunteers, and “participants.” Participants include church members, others attending church worship services, people participating in church small group activities, members of ministry groups, outside groups that use church facilities, and any others who use the church buildings. Contractors are considered staff and must follow all provisions for staff in this Plan (MDH, pp. 1-2). Contractors are those who are in the church buildings as a condition of their employment, for example construction workers; plumbers, electricians and other tradespeople; people servicing heating or cooling equipment; delivery personnel; office equipment service technicians, and others (MDH, pp. 1-2).

PART I Screening and Illness Policies

The policies and procedures in this section address: (1) assessing the health status of all people prior to entering the church facility, with some special provisions that apply only to staff and volunteers; (2) dealing with people who first become ill while in a church building.

Assessing Health Status: Screening

Anyone who knows that s/he has been exposed to COVID-19, or has one or more of the symptoms, cannot enter any church building or participate in activities on the church grounds until s/he meets the CDC guidelines for being around others after having symptoms or being exposed. (MDH, p.2, #2) For those with symptoms, this is 10 days after symptoms first appeared **and** 24 hours with no fever without the use of fever-reducing medicines, **and** symptoms are improving (except the sense of taste/smell which can last for weeks or months). Those with no symptoms who tested positive, cannot be around others for at least 10 days. Those who have been exposed should stay home for at least 14 days after the date of exposure. Those who have had the virus

within the last 3 months and have recovered do not need to stay home after being exposed. These CDC guidelines can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>. All others will complete the health screening process. (MDH, p. 2, #1 and #2; p. 9, #1; p. 10, #1 and #2)

Before entering any of the church buildings, a person will complete a health screening protocol based on MDH and CDC lists of COVID-19 symptoms. Anyone who has been exposed to COVID-19 or shows any of the COVID-19 symptoms will be directed to stay home or return home. (MDH, p. 9, #1; p. 10, #2) The screening must be completed before each visit because exposure or symptoms may have changed in the intervening time.

Staff: Staff will complete the health screening checklist electronically, on-line, at home prior to coming to a church building or grounds. (MDH, p. 2, #1)

Volunteers: Volunteers will complete the health screening electronically, on-line, at home prior to entering a church building or grounds. (MDH, p. 2, #1)

1. Some volunteers work on activities that are part of the responsibility of a staff person, for example worship, finance, or administrative matters. The relevant staff person will train these volunteers on how to use the health screening survey and ensure that the volunteers complete it.
2. Some volunteers work on activities that are the responsibility of a church committee or team. The chair of these committees or teams will train the volunteers on how to use the health survey and will ensure that they complete it.

Participants: Participants must also complete a health screening survey, for example before worship, a wedding, a funeral, a small group meeting, or any other event. (MDH, p. 10, #2) The goal is to ensure that anyone who has been exposed to COVID-19, or has any of the symptoms, does not enter a church building where others might become infected.

Several feasible options for the participant health screening survey were explored and are described below. Ideally, the survey process should be as easy as possible for the participants, not create congestion where the virus might spread more easily, be adaptable to very cold or wet weather, require as little volunteer labor as possible, and produce a list of participants at an event in case contact tracing is later required.

No single option is perfect. Each option has advantages and disadvantages. Sometimes the disadvantages of one option can be reduced by pairing it with a different option. For example, filling out a paper health screening form indoors brings risk of congestion and increased virus transmission possibility. But if people receive a screening form via email before the event and are asked to fill it out and bring it to the church building, then fewer people will need to fill out a paper form indoors which will reduce congestion and therefore reduce the risk. It is very likely that experience will help us to identify the best option. The best option might vary by campus as well.

The options will be discussed individually. Some options were considered but are not included here. For example, an electronic screening survey for participants would have several advantages but is not feasible at this time because of cost, the lack of technical expertise for installing and managing a system, the difficulty of adapting a system to the different types of functions at the church buildings, and other reasons. As another

example, a simple system with only door signs and a sign-in sheet was considered but not adopted because having people answer direct questions orally or in writing is more likely to cause people to think carefully about whether they have been exposed or have symptoms. The options are listed below in no particular order.

Option 1: "Stop Signs." Purchase or construct a set of "Stop Signs" with questions on exposure and symptoms. Signs would be stationed along the main entry pathways into the church buildings. As participants arrive, a volunteer stationed at the sign would ask them to stop, read the exposure and symptom questions, and verify that they have not been exposed or had any symptoms in the past few days. The volunteer would also ask if the individual, or every member of the group, has a mask. If not, the volunteer would provide a mask. A modification of this option would be to have another volunteer record the names of those arriving, for contact tracing later if required.

Option 2: Health survey sent via email. Every week, all members of the congregation would receive an email with a health screening survey attached. If they plan to attend a worship service, they would be asked to print the form, fill it out, and bring it to church. For weddings, the family would be asked to help by sending the survey via email to those who will be attending. To meet MDH guidelines this option must be paired with Option 3 or 4.

Option 3: Paper survey on arrival, outside. A volunteer stationed along the pathways to entry to the church buildings would hand each arriving participant or family a paper survey and the participant would fill it out before entering the building. A variation is that volunteers could be stationed at the main entry points to parking lots and as each car enters the lot the driver would be handed a paper survey and a no-return golf pencil to use to fill it out. Another volunteer could be stationed at the main entry areas for people who walk to church.

Option 4: Paper survey on arrival, inside. As participants arrive, individuals and family groups would be directed to an indoor area to line up, socially distanced. At the front of the line, volunteers stationed behind plastic barriers would hand each individual or group a paper survey, which participants would complete at a set of nearby tables. Participants would deposit the completed survey in a box and be escorted into the sanctuary by other volunteers.

Option 5: Survey attached to reservation confirmation. Individuals or family groups would make a reservation to attend a worship service, ceremony, or event using email, Sign-Up Genius, or other program. A copy of the screening survey would be attached to the reservation confirmation and people would be asked to print it out, complete it, and bring it to the church. To meet MDH guidelines, this option must be paired with Option 3 or 4.

As noted, some of the options will not work unless paired with another option. For example, Options 2 and 5 would send an electronic version of the health screening survey and ask participants to print it, fill it out, and bring it to the church. But undoubtedly some people will forget to complete the form or may not have the required technology. Therefore, either Option 3 or 4 must be paired with Options 2 or 5 to ensure that all participants are screened for exposure or symptoms as MDH requires (MDH, p. 9, #1; p. 10, #1 and #2).

Some of the options can work for a worship service, wedding, or funeral, but are not practical for a small group meeting or other low-attendance event. For example, the “Stop Signs” might be a good way to reach all participants attending worship, a wedding, or a funeral. But it is not practical to try to use the system, staffed by several volunteers, for the many small group events that might occur at many different times during the week or in the evenings.

Some of the options might work well at one campus but not at the other. Some options might be hard to implement in the winter but would work well in spring, summer, or fall. Some options might seem good in theory but in practice might prove quite difficult to implement. An option might work well in the beginning but be difficult to maintain in the long run. Over time, experience will help us identify the options that are most practical to implement and easiest for participants.

There is no perfect option. Any of the options above are feasible, if combined in an appropriate manner. The best choice will depend on the type of event or function, the availability of volunteers, the weather, and many other factors. The choice of options, or combinations of options, will be made by the Senior Pastor, the SAP Pastor, or the Director of Operations. They may consult with Trustees or other church groups for review or approval of plans, as they deem appropriate.

Any of the options, if combined appropriately, can be used for worship services, funerals, weddings, other large-scale events, small group meetings, and other activities. For worship services the options can be combined in many ways.

For a funeral it is likely, but not mandatory, that participants will need to fill out the health screening survey on arrival (Options 4 or 5). The funeral coordinators can help the family understand the need to limit attendance, but at the funeral itself the General procedures in Part 4 of this Plan will be used to ensure that the occupancy does not exceed the capacity to seat people with appropriate social distancing.

For weddings it is quite possible, but not mandatory, that the reservations system will be followed. The family can be informed of the capacity limits, mail wedding invitations as usual, request a response for a reservation, and can send the health screening survey with a confirmation of the reservation. Thus, health screening survey Options 2 and 5 would be used, but either Option 3 or 4 would also be necessary for those who forget to bring a completed paper copy of the screening survey to the wedding. Occupancy limits would be managed in the same way as for the reservation system for worship.

Becoming ill in a church building or after leaving

1. Any staff member, volunteer or participant who becomes ill in a church building should immediately leave, isolate at home, and notify the supervisor (if staff or volunteer) or the person who is leading the activity (if participant). If the ill person is a participant, all other household members must also leave immediately. (MDH, p. 10, #3) The ill person should provide the names of any face-to-face contacts while at the church. (MDH, p. 2, #3 and p. 10, #3)

2. Staff and volunteers will be trained on what to do if a participant in a worship service or other church activity event appears to have COVID-19 symptoms. The staff or volunteer will assist the person in leaving, if necessary. If a participant becomes ill during a church gathering, the ill person will be immediately isolated in a closed room until s/he can be safely taken home. (MDH, p. 10, #3))
3. People will be encouraged to call the church office if they become ill within a few days of attending a function in a church building. This will enable the MDH or church staff to more quickly and easily contact staff, volunteers and participants who may have been exposed. (MDH, p. 4, #4).

Special provisions for staff

1. Staff members who are in a vulnerable group for severe COVID-19 infections should self-identify and work from home as much as possible. (MDH, p.3, #6)
2. The office will be open only to essential staff. Staff who are able to complete their functions by working from home should do so. (MDH, p. 3, #1)
3. All staff will wear a mask when in an indoor area unless they are alone in an enclosed office. (MDH, p.5, #5 and MN Executive Order 20-81)
4. All aspects of the statewide mask order will be followed, including non-discrimination (MDH, p.6, #7)
5. All staff will wash their hands regularly, including when entering the buildings, after eating or drinking, after using the restroom, and after using equipment also used by others. (MDH, p. 4, #1)
6. Phones, pens, computer equipment, desks, cubicles, workstations, or other personal work tools and equipment will not be shared among staff or volunteers. If used by more than one person, they will be cleaned and sanitized between users, using only agents approved for use by CDC.
7. Restroom use is limited to one person at a time. (MDH, p.4, #4)
8. Staff will maintain at least 6 feet physical distance from one another at all times. Because of the low number of staff and the fact that many can work from home most or all of the time, no special provisions are necessary at this time. But as the church buildings reopen it is possible that entrances and exits from staff areas will be marked one-way, or reception areas will be marked and possibly rearranged to ensure social distancing. (MDH, p. 3, #3)
9. Social distancing will be maintained in any gathering of staff, and meetings will be held on-line as much as possible. (MDH, p.3, #2 and #3).
10. Personal protective equipment will be provided to staff, as appropriate for their work. (MDH, p.6, #6)
11. In order to maintain a safe environment for staff, contactless delivery will be used as much as possible. (MDH, p.8, #2) Whenever possible, everything will be done electronically to avoid close contact between staff and delivery personnel (MDH, p.8, #3) Other deliveries will be scheduled in advance with the church office. Delivery personnel will contact the church office upon arrival to be granted access to the building. Church staff will open the doors, allow the items to be placed in the main vestibule. Church staff and volunteers will wear a mask and maintain social distancing at all times during the delivery. (MDH, p.8, #1 and #4) Church staff should carry their own pens to sign for the delivery. (MDH, p.8, #5)
12. Any staff member who learns that s/he has been exposed to the virus in the workplace should notify the Director of Operations, who will inform other staff of the exposure to the virus while maintaining the

privacy of the infected individual. All exposed staff will quarantine for 14 days and work from home, except those who have had COVID-19 within the past 3 months. (MDH, p.2, #4)

13. If any staff member becomes infected with COVID-19, the Director of Operations will communicate with that individual to identify possible close contacts with other staff. The Director of Operations will inform other staff that they have been exposed and should quarantine for 14 days unless they have had COVID-19 in the last 3 months. (see above). (MDH, p.2, #4)
14. CUMC has leave policies that promote staff staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. These policies are clearly communicated to staff. (MDH, p. 3, #7)
15. Staff who have been infected with the virus can return to work when they satisfy the CDC and MDH guidelines. (MDH, p.3, #5). <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>.)
16. Accommodations for staff with underlying medical conditions or who have household members with underlying health conditions have been implemented. (MDH, p. 3, #6)
17. CUMC will follow federal laws (HIPPA) that protect the privacy of individual's health status and health information. (MDH, p. 2, #4)

Part 2

Policies and Practices for Individuals to Reduce Transmission

The goal of this Plan is to provide the safest possible environment for our congregation, staff, volunteers, guests, and visitors. This goal can only be achieved if each person does his/her part to prevent the spread of the virus. Everyone is important, because one person can have the virus but have no symptoms for 3-4 days, or maybe never. But that one person can infect many others before the symptoms appear. Therefore, we must all do our part to help keep everyone safe.

CUMC's first two lines of defense to keep staff, volunteers, and participants safe from COVID-19 illness are:

1. Prevent people from entering church buildings who are ill and showing symptoms, or who have been exposed to others who are ill. (MDH, p.9, #1). This will be done by:
 - a. education on the importance of staying home to protect others; and
 - b. health screening surveys before entering.
2. Reduce the probability that an asymptomatic person, or a pre-symptomatic person, will infect others by requiring that all people wear a mask while inside the church buildings. (MDH, p.10, #5)

Masks

The most important single individual action to keep other people safe is to wear a mask while in the church buildings. Therefore, face masks that cover the nose and mouth are required for all people entering the church buildings. Shields are not a substitute for a face mask. (MDH, p.10, #5)

This mask requirement applies to all staff, volunteers, participants, and any other persons entering a church building. (MDH, p. 10, #5) Staff are not required to wear a mask if they are alone in an enclosed office (MN Executive Order 20-81).

This mask requirement also applies on all church grounds whenever it is possible that social distancing might be difficult, even if only for a very few moments. (MDH, p.10, #5)

A face mask is not a substitute for maintaining a physical distance of 6 feet from other people not in the same household. (MDH, p. 10, #5)

The mask requirement does not apply to participants from the same household in a vehicle at a drive-up service or ceremony when in the vehicle with the windows up.

Face masks will be provided for those who forget to bring their masks from home. (MDH, p12, #2)

Children under 2 years of age should not wear a face mask. Children between 2 and 5 are encouraged, but not required, to wear a face mask if they can do so in compliance with CDC mask guidelines - not frequently touching or removing the mask. (<https://www.health.state.mn.us/diseases/coronavirus/facecover.html>)

The only other exception to the mask requirement the worship leaders or band, if separated from participants by at least 25 feet. Those with underlying health conditions that prevent them from wearing a mask will be able to participate in worship and ceremonies on-line. (MDH, p. 11, #10 and p. 13, #4)

Centennial encourages people to wear effective masks because not all masks are equal. Research has shown that medical-grade masks are most effective but are in very limited supply. Cloth masks with several layers of fine-weave material are highly effective if worn over nose and mouth and washed frequently in hot water and soap. Masks with valves are very ineffective because the valve facilitates expulsion of unfiltered virus droplets. Likewise, bandanas and neck fleeces (neck gaiters) are very ineffective and maybe even worse than no mask at all. (CDC, Emerging Infectious Diseases, Vol. 26, No. 10, Oct. 2020 (early release) and E.P. Fisher et al, in Science Advances, 02 Sept 2020, Vol 6, No. 36)

Other practices that require individual action can also help reduce the probability of spreading the virus. The practices include hand washing, respiratory etiquette, and social distancing. These will be covered in the next three sections.

Hand Washing and Other Hygiene Practices

1. All people using the church buildings must wash or sanitize their hands prior to or immediately upon entering the facility. (MDH, p.4, #1 and p. 10, #4)
2. Staff and participants who are in a church building for an extended period of time must wash their hands frequently for at least 20 seconds with soap and water. (MDH, p.4, #1)
3. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and other locations in the church buildings. They can be used for hand hygiene in place of soap and water, as long

as hands are not visibly dirty and it is not possible to use a bathroom to wash with soap and water. (MDH, p. 5, #2)

4. To help with hand hygiene, paper towels will be placed by each bathroom door to ensure that people can use a paper towel to open the door rather than touching the door handle with their hands. Trash receptacles will be placed to enable disposal of these paper towels. These trash receptacles should not interfere with Life Safety requirements (e.g. egress, evacuation, emergency equipment) or any reasonable accommodations provided under the Americans with Disabilities Act. (MDH, p. 6, #8)
5. Restroom supplies will be regularly monitored and stocked. (MDH, p. 5, #3)
6. Drinking fountain use will be discontinued until such time that its use is deemed safe. (MDH, p.6, #9)
7. No refreshments will be provided at any gathering in the church buildings or on church grounds. This includes snacks at small group meetings, before-or-after church coffee, dinners, and any food for outside groups, except the preschool at the St. Anthony Park campus which has its own COVID-19 reopening plan. Individuals can bring their own food or drink but cannot share it with others outside their own family. (MDH, p. 6, #1)

Respiratory Etiquette (cover your cough or sneeze)

1. Signs will be posted graphically instructing staff and participants to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face. (MDH, p.4, #1)
2. Tissues or towels will be provided at various locations in the church buildings. (MDH, p.5, #4)
3. After covering their cough or sneeze, individuals should dispose of tissues in trash receptacles and wash or sanitize their hands immediately afterward.

Social Distancing

One important way to reduce the spread of the virus is to maintain an appropriate distance between individuals, between family groups, and between individuals and family groups. The following procedures apply to all activities:

1. All staff, volunteers, and participants, at all times, will maintain a distance of at least six (6) feet to other people or family groups. (MDH, p. 3, #3 and p. 10, #2)
2. Entrances and exits, restrooms and other areas of congestion will be marked to provide for social distancing of at least six (6) feet. (MDH, p. 10, #2 and p. 12, #3)
3. Additional social distancing rules and procedures apply to worship and ceremonies such as weddings and funerals. These are detailed in the next part of this Plan.

Part 3

Policies for Worship, Ceremonies and Other Gatherings

The policies and procedures in this section apply to worship services and ceremonies such as weddings, funerals, and others, as well as any large event (more than 20 people) that uses church buildings or grounds. These

policies may change with changes in the conditions listed in the Timing of Reopening section at the beginning of this Plan.

The policies are divided into three parts: (1) occupancy capacity and arrival at the church buildings; (2) indoor policies at the church buildings; (3) outdoor policies at the two church buildings.

Important: Individuals who are in high risk categories, including: (1) those of any age who have underlying health conditions, such as obesity, heart disease and others identified by CDC; and (2) those over about 60 years of age are strongly encouraged to participate in worship and ceremonies from home using on-line formats. (MDH, p. 10, #3 and p. 13, #2)

Occupancy, Capacity, and Arrival

Maximum occupancy for worship, ceremonies, and other gatherings will be set by the Trustees, on advice from the Church Council, and will be based on consideration of the guidelines for capacity set by the MDH, and the factors listed under the “Timing of reopening” section in the introduction to this Plan. The occupancy maximum will be the lowest of three capacity numbers:

1. the capacity maximum allowed by the MDH (MDH, p. 16, #2) ; or
2. the capacity maximum recommended by the Minnesota Annual Conference; or
3. the maximum number of individuals who can be accommodated in each sanctuary (or other rooms) with appropriate social distancing (MDH, p. 10, #2 and p. 12, #2) . This maximum will be determined by the Senior Pastor, the SAP Pastor, or the Director of Operations.

A church building maximum occupancy may also change with details of the event. Some traditional procedures of an event, for example a worship service, wedding, or funeral, may not be able to be followed, or may be followed only with reduced attendance, because of the need for social distancing, avoiding congestion, and other precautions needed to keep everyone safe. For example, if a bride wishes to walk down the aisle at a wedding, then guests cannot be seated in pews or chairs adjacent to the aisle (to keep the minimum social distance), so attendance at the wedding would need to be reduced. (MDH, p. 11, #8) The decisions on maximum occupancy will be made on a case-by-case basis by the Senior Pastor, the SAP Pastor, or the Director of Operations.

Maximum capacity may also vary with the nature of the event and the number of volunteers available for organizing. For example, if there are enough volunteers, in some cases it might be possible to open up “surge space” in other rooms or areas to accommodate some of the late arrivers after capacity is reached in the main venue. Importantly, because worship, ceremonies and other events will be available on-line, those who cannot enter the buildings after capacity is reached can still participate in the worship, ceremony, or event.

Monitoring capacity and arrival policies will vary slightly, depending on whether reservations are required to attend a worship service, wedding, funeral, or other large event. General policies are described first, followed by the special policies if a reservation is required.

General procedures: The following procedures apply in all cases, except if attendance is restricted to those with a reservation, meaning that only those with a reservation may attend.

1. As participants arrive for the service, they will pass a volunteer who will ask the participants to stop and review signage that asks if they, or anyone in their household, has been exposed to COVID-19 or if they have had any of the symptoms in the past 4 days. If the participant answers YES to any of the questions, the participant (and others in the group) will be asked to return home. (MDH, p.10, #2 and #3)
2. A second volunteer will instruct the family group to enter the church via a specific door. As many doors as possible will be used for entry (and exit) to minimize problems with congestion. The volunteer will assign the family group an entry door, in rotating order. (MDH, p. 12, #3)
3. Entrances will be marked outside to ensure proper social distancing if a line forms to enter (MDH, p. 10, #2)
4. The protocols on social distancing, masks, and other requirements will be posted at each entrance. (MDH, p. 9, #6 and p. 11, #5)
5. Individual family groups will be asked to move immediately to the hand sanitizing station, and then immediately to the sanctuary, and must be seated at least 6 feet apart in every direction. Sections of pews or chairs will be marked to ensure proper distancing. (MDH, p. 10, #2)
6. Individual family groups must maintain the 6-foot distance from others during entry, the service or ceremony itself, exit, and any interactions before, during or after the service. (MDH, p. 10, #2) If individuals or groups do not maintain social distancing, the pastor or leader of the event will apologize and politely but firmly ask that people move to ensure proper social distancing so that the worship service, ceremony, or other event can continue.
7. As family groups enter the building, a volunteer(s) will count the number of people who have entered and will inform the volunteers at the entry doors to turn away participants after the capacity limit is reached. (MDH, p. 11, #14) If people continue to enter after capacity is reached, the pastor or leader of the event will apologize and politely but firmly inform them that they are not allowed to enter because it is mandatory for the church to maintain social distancing. Those who cannot enter because of capacity limits may still participate because on-line since worship services and many other functions will be accessible on-line. In some cases, surge space may be available in other rooms.
8. After the service or ceremony, volunteers will dismiss family groups gradually, from closest to furthest from the exit, to avoid congestion in leaving the buildings. (MDH, p.11, #14)
9. Restroom entry areas will be marked to ensure proper social distancing. Only one person (or multiple members of the same family) will be allowed in the bathroom at any one time. (MDH, p. 4, #4 and p. 10, #2)

Reservation-only procedures: If participants must make a reservation to attend a worship service, wedding, funeral, or other large event, **and** if all available capacity is assigned by reservation, then:

1. Capacity will be monitored as individuals and family groups make reservations and no reservations will be accepted after capacity is reached.

2. As participants arrive, a volunteer will greet them and check to be sure they have a reservation. Those arriving without a reservation may: (a) wait to see if individuals or family groups with reservations do not arrive; or (b) return home.
3. All other procedures are identical to the general procedures, except there is no need to maintain a count as people arrive (general procedure #7).

Small group activities

Participants in any small group activities at the church (church related and community related) must follow the same protection guidelines as participants in worship some of which are listed below, along with other items listed which are related to small group activities:

- a. The group must reserve the use of the space in advance by contacting Julie Elholm at the church office. Reservations will be on a first come first served basis.
- b. Group size will not exceed the stated social distancing capacity of the room, or 15 people, whichever is less. This group size limit may be increased or decreased by Trustees, depending on changes in the conditions listed in the Timing of Reopening section at the beginning of this Plan.
- c. Each person must complete a Visitor and Employee Health Screening Checklist before entering the meeting (may be electronic or paper). (MDH, p.10, #2) The group leader will be responsible for making sure each person has completed the checklist and will turn in paper copies to church office.
- d. Each person will use hand sanitizer immediately upon entering building. (MDH, p.10, #4))
- e. Each participant will wear a face mask at all times. (MDH, p. 10, #5)
- f. Each person will practice social distancing of at least 6 feet at all times.
- g. Participants will practice frequent hand washing. (MDH, p. 10, #4)
- h. There will be single occupancy of restrooms (unless assistance is needed).
- i. No food or drink will be served at any meeting. Participants can bring their own snacks and beverages but cannot share it with anyone outside their own household.

To the extent possible, indoor activities will be scheduled in the largest, most open space available at the time to allow maximum air dilution of any virus particles.

Indoor Worship and Ceremonies

1. Seating areas within the sanctuaries will be blocked into sections of allowed seating for an individual or family group. Sections will be spaced so that there is at least 6 feet between sections (front, back and sides). (MDH, p. 10, #2; Annual Conference recommendation #1)
2. All participants must maintain a distance of at least 6 feet from people not of the same household at all times. (MDH, p. 10, #2; Annual Conference recommendation #2)
3. All pens and pencils, hymnals, envelopes, writing materials, and other material will be removed from the pew or chair backs. (MDH, p. 11, #6; Annual Conference recommendation #5)
4. Offering plates will not be passed among individuals but offering baskets or plates might be placed at the exits or elsewhere for participants to deposit offerings. (MDH, p. 11, #6 and #9; Annual Conference recommendation #4)

5. There will be no choir or congregation singing because singing increases the risk of infection. Individuals or small groups may provide music and singing if social distancing is followed and musicians are at least 25 feet from the congregation. (MDH, p. 11, #10; Annual Conference recommendation #9)
6. Faith Walk activities for children and nursery care will either be suspended or will be modified in keeping with the provisions of this plan.
7. Greeters and ushers will not shake hands and will maintain the 6-foot social distance at all times. (MDH, p. 10, #2)
8. Baptism will be accomplished by the parents, putting water on their child while the Pastor extends hands in blessing, reciting the baptismal words, or some similar practice. Pastor will not touch or hold infant. (Annual Conference recommendation #8)
9. Communion elements will be given in sealed prepackaged containers or given virtually. (MDH, pp. 11, #11; Annual Conference recommendation #7)
10. In any processional, individuals or family groups will maintain a distance of at least 6 feet from any other individual or group. (MDH, p. 11, #8)
11. Ceremonies that are performed outdoors must follow any applicable guidelines here, plus those in the outdoor activity section below.
12. After the service or ceremony, volunteers will dismiss individuals and family groups gradually, from closest to furthest from the exit. (MDH, p. 11, #14)

Outdoor Meetings, Ceremonies, and Worship

For any given event, an outdoor setting poses less risk than an indoor setting because outdoor air dilutes the concentration of virus particles very rapidly. Therefore funerals, worship, and other ceremonies can take place outside prior to the reopening of the church buildings, subject to special rules.

Outdoor small group meetings

1. Groups must reserve use of the church grounds in advance. Contact Julie Elholm at the church office to make reservations.
2. Group size will not exceed 10 people. This group size limit may be increased or decreased depending on the conditions listed in the Timing of Reopening section of this Plan.
3. Each person attending the gathering must complete the health screening checklist, turn it in to the church office, or email it to Julie Elholm on the day of the event. (jelholm@centennialumc.org) (MDH, p. 7, #2)
4. Members of the group will provide their own chairs always placed a minimum of 6 feet apart. (Note: for further safety, try to arrange the chairs so that no one is consistently downwind of anyone else)
5. Participants must wear face masks that cover the mouth and nose at all times. Shields are not a substitute for a face mask.
6. Neither food nor drink will be shared among the participants. Individuals can bring food and drink for their own consumption but cannot share it with others outside their own household.
7. Until the church buildings are open for use by participants and groups, restrooms will not be available. In the event of a weather emergency and staff is on hand, the church will be opened for the purpose of providing shelter.

Outdoor Funerals

1. Total number of attendees will be 20 or less, unless the Senior Pastor, SAP Pastor, or Director of Operations approve a proposal that ensures that appropriate safety measures and monitoring are followed. This attendance limit may be increased or decreased depending on the conditions listed in the Timing of Reopening section of this Plan.
2. The set-up will be simple.
3. All people will wear face masks that cover the mouth and nose for the entire service. Shields are not a substitute for a face mask. (MDH, p.8, #8)
4. The service will be 50 minutes or less, including set-up.
5. There will be no singing. (MDH, p. 8, #9)
6. Until the church buildings are open for use by participants and groups, restrooms will not be available.
7. Times will be adjusted depending on rain probabilities.

Outdoor Weddings

1. Weddings will follow the relevant procedures in this Plan, including the procedures for health screening surveys.
2. The total number of attendees will be 20 or less, unless the Senior Pastor, SAP Pastor, or Director of Operations approve a proposal that ensures that all appropriate safety measures will be followed.
3. Volunteers will ensure that all individuals maintain social distancing, wear masks, and follow other safety procedures.
4. Singing by attendees is not allowed. Any singer that is a part of the ceremony must follow the procedures for singing in the indoor worship section above.

Outreach Events

The leader of any group proposing a church-sponsored event off of church property must provide a plan for how the guidelines in this Plan will be implemented for the outreach event. This includes the health screening survey, hygiene practices such as hand washing, masks, social distancing, and all other provisions in this Plan. The event and the plan for making the event as safe as possible must be approved by the Senior Pastor, the SAP Pastor, or the Director of Operations.

Drive-in Worship, Funerals, Weddings, or other Large-Scale events

Drive-in worship, ceremonies, and other events will follow the MDH guidelines for vehicle gatherings, found at: <https://www.health.state.mn.us/diseases/coronavirus/vehiclegather.pdf>

These guidelines include minimum distancing between cars, a health screening survey for people working at the event, signs and markings to manage congestion and maintain social distancing if bathrooms or concessions are available, and other guidelines.

Part 4

Building Ventilation, Cleaning and Disinfection:

Ventilation: HVAC Systems

The MDH guidelines contain many recommendations that are dependent on the type of HVAC systems in existing buildings. The guidelines recognize that not all recommended measures can be implemented, depending on the nature of the existing HVAC systems. This plan identifies those measures that are possible, given the types of HVAC systems in the church buildings.

1. Inspections

- a. In advance of reopening the church, all systems will be inspected and certified that they are in good operating order. (MDH, p.6, #1)
- b. Repairs, if necessary, will be completed immediately to ensure that all systems are fully operational. (MDH, p. 6, #1)
- c. An accelerated schedule for filter replacement will be put in place to provide maximum filtration and air flow. (MDH, p.6, #4)

2. Day-to-Day Operations

- a. HVAC systems will be operated to continuously maximize fresh air into all offices, classrooms and common areas (MDH, p. 6, #1)
- b. When possible, steps will be taken to minimize air from blowing across people.
 - i. Remove or disable all portable fans to minimize air flow blowing across people (MDH, p.4, #4), #2)
 - ii. Open windows to allow fresh air from outside (MDH, p.6, #1)
 - iii. We will accelerate our current filter changing schedule to keep air as filtered as our systems will allow. (MDH, p.6, #4)
- c. The HVAC circulating fans will be run 24/7 in all rooms that will allow to ensure air movement. (MDH, p. 7, #2)

Cleaning and Disinfection

Centennial conducts cleaning and disinfection procedures as part of the normal custodial process. Trash is regularly disposed of and not allowed to accumulate (MDH, p.8, #8) Copies of these procedures are available from the Director of Operations. (MDH, p. 7, #1)

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, EPA approved COVID-19 disinfectants should not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient (CDC Guide for Cleaning and Disinfecting, p.3).

In the event that a staff person, volunteer, or participant becomes ill, all areas that the ill person accessed will be subject to special disinfection procedures as directed by the MN Department of Health (MDH p. 7, #6) .

Only disinfectants listed by EPA as COVID-19 effective will be used (MDH, p. 7, #&)

Items that will be considered on whether disinfection is required are:

1. Is the area outdoors?

Outdoor areas generally do not require disinfection. Normal cleaning processes should be observed (CDC Guide for Cleaning and Disinfecting, p.3).

2. Has the area been unoccupied for 7 days?

If the room has not been occupied in the last 7 or more days, the room will only require normal cleaning. (CDC Guide for Cleaning and Disinfecting, p.4).

3. What needs to be disinfected?

After normal cleaning procedures have been completed, certain surfaces or areas that are frequently touched must be disinfected using an EPA approved COVID-19 rated disinfectant. Those surfaces or areas include, but are not limited to:

- a. tables
- b. doorknobs
- c. light switches
- d. countertops
- e. handles
- f. desks
- g. phones
- h. keyboards
- i. toilets
- j. faucets and sinks (Guide for Cleaning & Disinfecting p.4, MDH p. 7, #3)

PART 5

Communication and Training

Education of staff, volunteers and participants is necessary for success in keeping CUMC a safe and healthy environment. Good communication is the key to education. This section outlines the communication procedures for ensuring the success of this Plan.

1. This Plan will be reviewed by Church Council that is composed of leadership, staff and participant leaders of various church committees and organizations. The Council will make a recommendation to the Trustees who will adopt the official Plan for CUMC.

2. Following adoption of the Plan by Trustees, leadership, and staff will receive electronic copies of the Plan and will be trained regarding COVID-19 exposure, as well as the policies, procedures, practices, and protocols in this Plan. (MDH, p. 8, #1 and p. 9, #2 and #3)
3. The Director of Operations will oversee the communication and training program.
4. Staff will then send copies of this Plan to volunteers who work in their area of responsibility, and train them regarding COVID-19 exposure, as well as the policies, procedures, practices, and protocols in this Plan. (MDH, p. 9, #4)
5. Each member of Church Council will distribute the Plan to the members of their committee or group and will train the members on the elements of the Plan at their next regular meeting. (MDH, p. 9, #4)
6. The Plan will be sent electronically to all members and friends of CUMC and will be posted on the church website. (MDH, p. 9, #1)
7. Copies of the plan will be posted in an easily accessible location in each church building and will be electronically disseminated to staff. (MDH, p. p. 10, #4 and p. 6, #2)
8. A copy of the Plan will be sent to the leader of each ministry group and outside group that uses CUMC space. Before the first use of CUMC space by the group, the leader must participate in training, led by CUMC staff, about the elements of the Plan. This discussion could be in a group setting. The only exception is the SAP preschool which has its own COVID-19 Preparedness Plan following MDH and Minnesota Department of Human Services guidelines. (MDH, p. 10, #2 and p.6, #3)
9. The leader of each ministry group or outside group using CUMC space must agree to enforce all of the provisions in this Plan. Otherwise the group will not be allowed to use the space. (MDH, p. 10, #2 and p.6, #3)
10. Staff and leadership will take every opportunity to educate people about the protection measures required by the Plan and why the measures are important to help CUMC participants stay healthy. (MDH, p.10, #2 and p.6, #5)

Resources

MDH denotes Minnesota Department of Health; CDC denotes the Centers for Disease Control.

PRIMARY RESOURCES:

MDH guidelines for faith-based communities (August 12):

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiXmIOE8eXrAhW OZMOKHboQDJEQFjAAegQIBRAB&url=https%3A%2F%2Fwww.health.state.mn.us%2Fdiseases%2Fcoronavirus%2Fsafefaitth.pdf&usg=AOvVaw2FhPweOmQxDD6z14zjEArt>

Minnesota Annual Conference, United Methodist Church, Phased Regathering Plan for Churches

<https://www.minnesotaumc.org/regatheringplan>

MDH: Guidance for Vehicle Gatherings, Parades, and Drive-ins:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiy NOJ_vrqAhW WZ80KHdzWCHoQFjAAegQIBBAB&url=https%3A%2F%2Fwww.health.state.mn.us%2Fdiseases%2Fcoronavirus%2Fvehiclegather.pdf&usg=AOvVaw1pE23bu-KxJ5WPQXiDieBr

SECONDARY RESOURCES

General information

Know the Risks: <https://www.erinbromage.com/post/the-risks-know-them-avoid-them>

CDC, general information: <https://www.cdc.gov/coronavirus/2019-nCoV/>

State of MN, COVID-19 response home page: <https://www.mn.gov/covid19/>

CDC, general guidance: www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

Individual actions to reduce spread

CDC, masks: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

MDH, masks: <https://www.health.state.mn.us/diseases/coronavirus/facecover.html>

MDH, handwashing video: www.youtube.com/watch?v=LdQuPGVcceg

MDH, handwashing: www.health.state.mn.us/people/handhygiene/materials.html

CDC, cough, sneeze: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

MDH, multiple actions: www.health.state.mn.us/diseases/coronavirus/prevention.html

CDC, actions if you are sick: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Cleaning and Disinfection

Environmental Protection Agency: www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>