

Guidance for opening church buildings for private prayer – 17 June 2020 v2.0

1. From the 13 June (originally the 15 June) the Government has said Churches can be opened for individuals to attend and pray in private. The guidance below sets out things which need to be considered in facilitating this and we would expect every PCC to carry out a full risk assessment before opening. A template risk assessment can be found her (insert link)
2. This guidance relates to private prayer. Separate guidance has been provided in relation to the conduct of funerals.
<https://www.leeds.anglican.org/sites/default/files/files/COVID%2019%20Advice%20on%20Conducting%20Funerals%20v2.pdf>) At this point no other corporate worship activity can take place. Should this change then further guidance will be provided for those activities.
3. The Diocese suggests a 5 step approach to all decisions on what activity should take place in relation to Covid-19.
 - What does the Government and Church of England advice say?
 - Who is responsible for the activity which is to take place and as such has that group/individual accepted and fully considered the risks of proceeding?
 - Can the space be effectively segregated and does making this decision have any impact on any other activity?
 - Is there any benefit to the Church or others in making allowing/enabling this activity at this time?
 - Are there any legal, insurance or liability implications with the decision made?

Is there Government and Church of England advice to follow?

4. The Government has made clear that it is for individual not corporate prayer gatherings and that social distancing rules remain. It has published guidance - <https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-places-of-worship-during-the-pandemic/covid-19-guidance-for-the-safe-use-of-places-of-worship-during-the-pandemic>
5. The guidance which follows is intended to support the practical implementation of this.

Who is responsible and have they fully accepted and considered the risks?

6. The PCC is responsible for activity which takes place within the church.
7. In order to open the church for private prayer we would suggest the following steps are taken.

Planning for opening

8. If the church has been shut since the beginning of lockdown then a number of actions need to take place upon its initial opening. Guidance for this can be found here (<https://www.churchofengland.org/sites/default/files/2020-05///Access%20during%20lockdown%20v1.pdf>). If this has already been done then it does not need to be repeated.
9. In preparation for members of the community attending you should consider how you are going to manage the flow of people to maintain social distancing. We would suggest a walk through to identify all the potential 'transmission risk' points. You need to develop a plan which as a minimum considers:
 - Entry and exit routes - can you establish a circulation route to minimise the risk of people coming into contact with one another. This should be clearly marked out.
 - Which doors and windows could be left open to aid ventilation
 - Removal of anything unnecessary for private prayer and could be a transmission point or is hard to clean. This would include bibles/hymnbooks/leaflets. You might also want to consider cushions/kneelers and other fabric items.
 - Location of hand sanitiser
 - Arrangement of seating to ensure people can socially distance whilst praying (and also getting to the seat if another is occupied)
 - The capacity of the building to maintain social distancing and enable the supervisor to retain control.
 - Other changes to building layout and closing off of areas
 - How to advertise the opening to the community and what guidance is provided about the need to socially distance and follow the directions of supervisor
 - Whether a space for offerings/donations should be provided (and if so how contact with money would be minimised)
10. You will also need to think through who is going to be in the building to supervise. The government guidance does not make this an explicit requirement but 'strongly advises each place of worship ensures that visitors comply with the social distancing guidelines'. Supervision is a reasonable, prudent and clear way of demonstrating how a PCC will ensure social distancing takes place and that the church does not exceed agreed capacity. Practically it also means that should any one fall ill whilst in the building support can be provided, as well ensuring no one else enters until it has been cleaned.
11. Your plan should as a minimum cover:

- Who will be the supervisor for each period and how many people will be the maximum able to be in the building at once
- Where they will sit/stand to ensure they are socially distant from those coming to pray
- Whether they need access to PPE equipment if they wish/if someone is taken ill/cleaning is required
- Who they should contact should there be any incident/emergency or if someone is taken ill with covid-19 symptoms
- How you will brief them on the processes in place to ensure everyone's safety

Opening

12. During opening a number of things should be put in place. As a minimum we would recommend:
 - Putting up a poster/notice at the entrance to remind people about social distancing and not entering if unwell. A diocese template is here ([link](#)) which can be used
 - Placing hand sanitiser at the entrance
 - Having cleaning materials available so key surfaces can be cleaned regularly. We would recommend cleaning (by using a wipe/spray) a seat after use before being used by another person
 - If providing handwashing facilities, ensuring they are clean and have soap and hand drying facilities ideally with paper towels and a bin. (We would suggest at this stage including use of toilet facilities may increase risk – if needed they should have adequate supplies and be cleaned regularly)
 - Having a system for stopping entry should the pre-agreed capacity be reached and ensuring any subsequent space for waiting support social distancing.
13. Areas should be cleaned regularly during periods of the Church being open, with the Church of England guidance for cleaning being followed. <https://www.churchofengland.org/sites/default/files/2020-05/Keeping%20church%20buildings%20clean%20v1.pdf>
14. If there has been someone with a known or suspected case of COVID-19 in the Church then the Church must be closed and cleaned in line with guidance set out by Public Health England before it is reopened. <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.
15. A risk assessment covering how you have ensured the guidance above is implemented should be completed and shared with everyone who will supervise. PCCs may also wish to consider who the 'supervisors' are and whether they are at increased risk as a result of this responsibility. Taking steps to mitigate (through ensuring socially distancing and PPE being available if needed) should be considered and included in the risk assessment.
16. No one should feel compelled to 'supervise'. Particular care should be taken for those who are extremely clinically vulnerable or clinically vulnerable. Details of who falls into each category is detailed below in Annex A. In relation to incumbents/retired clergy/church

wardens/PCC members/volunteers who are extremely clinically vulnerable or clinically vulnerable we recommend.

- Under no circumstances should they be asked to supervise or take responsibility for opening, closing or cleaning the building
- Any offers of help from those who are extremely clinically vulnerable or clinically vulnerable should be subject to discussion with those individuals as to risk. The details contained in Annex A as to the increased risk should be shared with and understood by the individual in the 'at risk' group.
- If there is still a desire to volunteer then consideration should be given to whether a different role which is not 'public facing' could be found, or whether further protections can be provided in addition to those already planned. This could include increasing the physical distance, providing gloves and other PPE, ensuring they do not have to clean surfaces.
- A record of the discussion should be kept and the actions taken should be documented in the revised risk attachment.

17. Whilst we recognise there will be a desire for people to help this should not be at increased risk to their own health. If there is any doubt, then caution should be exercised and particular caution should be exercised for those who are extremely vulnerable. This may involve difficult conversations but wellbeing should be prioritised.

Can the space be effectively segregated and does making the decision have any impact on any other area?

18. You will want to consider what other activity might be impacted by the use of the church for private prayer. If in doing so it would stop or make another activity more difficult then you will want to decide where the priority lies. This might be due to the church acting as a community hub or supporting another need.

19. Funerals will also be permitted in church from the 15 June. It is unlikely that private prayer will be able to continue during funerals due to a risk to social distancing. Consideration will need to be given to whether cleaning is done between funerals and being open for private prayer in order to minimise the risk of transmission. We would suggest careful thought is given to this before committing to having both funerals and private prayer taking place in the church, and you may need to decide whether there are alternatives available.

20. It may be that in some areas certain churches decide to separate the activities and hold funerals in one location and private prayer in another in order to reduce this risk of increased transmission between groups.

Is there any benefit to the Church or others in making this decision at this time and is it urgent?

21. There will be different contexts here and so local decision making will be required. It is important that the church loves the community through its actions and so you will know how best it can do this. For some this will be by opening as it can be done safely, and for

other it will be by not opening in order to minimise risk. The Diocese is not suggesting any church should open if it deems it is not safe to do or if it feels its energy in supporting the community can be spent elsewhere. The key advice those opening is not to rush and take time to get plans in place.

Are there any legal, insurance or liability implications with the decision made?

22. At the moment there is no legal bar on opening churches in line with government guidance. In doing so you will want to ensure you have completed a risk assessment and can demonstrate how you are mitigating the risks. If you decide there is no need for supervision then you will need to ensure your insurer is content that the church will not be supervised whilst it is opened. <https://www.ecclesiastical.com/latest-news/opening-places-of-worship-after-lockdown/>
23. If changes to the building are required then you should consider whether these are permanent or temporary and whether there are any faculty considerations. The Diocese (through either the Archdeacons or the DAC team) can provide guidance here if you are unsure.

Appendix 1 – Church of England Guidance

COVID-19 Personal Risk Factors for Clergy, Church Workers and Volunteers

While it is not possible to identify which individuals will experience serious illness or who will die as a result of contracting COVID-19, it is important to recognise that certain groups of people are at greater risk than others.

Medical history is one indicator of increased risk, but other factors have been identified as well.

Clinical Risk

The government and the NHS list two categories of people who are at increased clinical risk; People at high risk (***clinically extremely vulnerable***) and People at moderate risk (***clinically vulnerable***).

The Clinically Extremely Vulnerable Group include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

The NHS advises that people who are extremely clinical vulnerable should

- *only leave their homes to spend time outdoors, for example to go for a walk*
- *stay at least 2 metres away from other people in their homes as much as possible*
- *make sure that anyone who comes into their homes washes their hands with soap and water for 20 seconds*
- *not have visitors inside their homes, including friends and family, unless they're providing essential care*

The Clinically Vulnerable Group include people who

- are 70 or older
- are pregnant
- have a lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis)

- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

The NHS advises that people who are clinical vulnerable should:

- *be able to go out to work (if they cannot work from home)*
- *go outside for such things as getting food or exercising.*
- *Try otherwise to stay at home as much as possible.*
- *follow the advice to stay at least 2 metres away from anyone not in their households.*

Other Risk Factors

Public Health England has identified a number of risk factors for serious illness and death as a result of contracting COVID-19. Some of these are also identified in the NHS clinical risk categories above.

The main risk factors for clergy and church workers are:

- **Age:** approximately 89% of deaths have occurred in over 65s, 65% in over 75s, 36% in over 85s, 1% in under 45s. A person over 80yrs with COVID-19 is seventy times more likely to die than someone under 40 with the illness.
Conversely, the largest number of patients in critical care are aged between 50 and 70.
- **Sex:** men make up 71% of critical care admissions and are 1.78 times as likely to die from COVID-19 as women.
- **Ethnicity:** after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity have around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity have between 10 and 50% higher risk of death when compared to White British.
- **Occupation:** those with 'public-facing' jobs are at increased risk, particularly if coming into contact with large numbers of people.
- **Presence of comorbidities:** Cardiovascular disease, dementia, diabetes, hypertensive disease, chronic obstructive pulmonary disease, chronic kidney disease, obesity.

An analysis of the ways in which these risk factors have combined to provide morbidity and mortality outcomes is not yet available.

Conclusion

Those in the Clinically Extremely Vulnerable Group should be advised not to consider employment or volunteering outside their homes.

Clergy, Church Workers and Volunteers in other 'at-risk' groups should discuss their situation with their Diocesan Bishop, employer or incumbent with regard to the type of work or voluntary activity they are able to perform.

