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**CIRCULAR H 123 OF 2020: GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF COVID-19 INFECTION AT PLACES OF WORSHIP IN THE WESTERN CAPE**

This document provides advice to religious leaders and faith-based institutions to limit the spread of COVID-19 infection at places of worship (e.g. churches, mosques, synagogues and temples) in the Western Cape.

The document contains two sections.

The **first section** provides background on how the coronavirus is spread and what can be done to prevent the spread of the virus during faith based activities at places of worship.

The **second section** provides advice on what to do, should religious officials, employees and congregants become infected with the coronavirus.

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Yours sincerely



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## GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF COVID-19 INFECTION AT PLACES OF WORSHIP IN THE WESTERN CAPE

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## INTRODUCTION

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The document contains two sections.

The **first section** provides background on how the coronavirus is spread and what can be done to prevent the spread of the virus during faith based activities at places of worship.

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## A. PREVENTING COVID-19 INFECTION AT PLACES OF WORSHIP

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### HOW THE CORONAVIRUS SPREADS

The coronavirus which causes COVID-19 can be passed on from fluid droplets when coughing, sneezing, shouting, talking, chanting, preaching and singing. The fluid droplets leave the nose and mouth and get onto hands and nearby objects or surfaces around the person. The coronavirus is then spread by their hands touching the hands of others and touching objects such as door handles, tables, chairs, books, etc. When someone touches their eyes, nose and/or mouth after they have touched other people's hands and objects with the coronavirus on it, then they can get infected. The coronavirus can survive on surfaces for several days.

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### BASIC INFECTION PREVENTION AND CONTROL PRINCIPLES

The following are the 5 Golden Rules to prevent the spread of the coronavirus:

**1. Separate yourself physically from other people:**

- By working from home where possible and staying home if unwell

**2. Physical distancing when around other people:**

- Keep a distance of at least 1.5 metres (2 arm lengths) from others
- Do NOT shake hands, or hug, or fist bump, or elbow bump. Keep your distance. Greet in other ways (bow, wave).
- Don't touch each other unless you need to assist someone.

**3. Hand washing/sanitising:**

- Regular hand-washing with soap and water for 20 seconds or rub hands with alcohol-based hand sanitiser
- Wash hands after touching people, surfaces and objects

#### **4. Practising good hygiene measures:**

- Cough or sneeze into your elbow or a tissue and then put the tissue in a bin and wash your hands immediately.
- Do not touch your face with unwashed hands.

#### **5. Using cloth face masks:**

- Use a cloth face mask to cover your nose and mouth
- Don't touch the mask after you put it on
- Leave the mask on all the time except when you need to eat/drink. For eating/drinking take it off carefully by the strings and place it in a clean paper or plastic bag.

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## GUIDANCE FOR PREVENTING COVID-19 INFECTION AT PLACES OF WORSHIP

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### 1. REMOTE SERVICES

- As far as possible continue to offer religious services such as sermons remotely. This can be done via radio, video conference, social media, etc. Continue to offer these services even when the religious institution is open and allow for remote participation in religious rituals to reduce the number of people in attendance at the institution.
- Consider offering "drive-in services" where congregants attend a service while remaining in their vehicles in the parking lot or field. The sermon is broadcast over loudspeaker or via radio. Vehicles should only contain individuals from the same household and people should be discouraged from leaving their vehicles. Vehicles should be appropriately spaced and occupants should wear cloth face masks, particularly if the windows are rolled down.

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### 2. COMMUNICATION

- Communicate regularly with staff, volunteers and congregants (including during the lead-up to re-opening the institution).
- Use varying communication channels e.g. emails, social media, text messages, to inform congregants about the conditions under which the institution will re-open.
- Use these platforms to prepare congregants in terms of what to expect if they decide to attend the religious institution e.g. congregants should arrive earlier, should bring their own worship aids/prayer materials, should expect that certain rituals may be adapted. (See details below).
- Place signage at the entrance to the institution and at key points inside the building to remind congregants and staff about the key measures they should take to prevent transmission of COVID-19.

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### 3. STAFF AND VOLUNTEERS

- Prior to re-opening the religious institution, conduct a risk assessment among staff and volunteers to determine working arrangements. (See Annexure A for a risk assessment tool that can be used). Staff that are elderly or have chronic diseases should ideally continue to work from home. If working from home is not possible, consider revising duties to minimise contact with the public.
- Structure work processes and workspace layout to minimise contact between people.
- Educate all staff and volunteers on (at least) the following prior to re-opening:
  - How coronavirus is spread
  - Symptoms of COVID-19
  - What to do if they suspect they have COVID-19 and encourage them to inform the workplace if they have symptoms or have been exposed to someone who has it
  - What measures must be taken to prevent spread
  - How religious activities will be adapted to prevent spread
  - How to put on, take off, store and clean their cloth face mask and visor
  - Never share cloth face masks and visors
  
- Ask staff/volunteers to self-screen at home and not report to work if they are unwell. Screen staff daily upon arrival at the religious institution. In addition to asking about symptoms consistent with COVID-19 (see below), ask whether the staff member has been in contact with an infected individual. Anyone who has symptoms suggestive of COVID-19 or has had close contact with an infected individual, should not enter the institution. The individual should be given a cloth face mask if not already wearing one, isolated in a designated space and transported to their home/a testing centre as soon as possible. Contact the provincial hotline on 021 928 4102 for advice on testing.
- Symptoms suggestive of COVID-19 are:
  - Cough
  - Sore Throat
  - Shortness of breath
  - Loss of smell
  - Loss of taste
  - fever, weakness, muscle aches, diarrhoea

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#### 4. CONGREGANTS

- Congregants/worshippers that are elderly (>60) and those that have chronic diseases are at higher risk for severe illness and should be discouraged from attending the religious institution. Place signage indicating this at the entrance to the institution.
- Age-specific services such as a designated service for the elderly are not recommended. Attending an age-specific service will not decrease the risk of infection. If an infected individual (they may be unknowingly infected i.e. no/not yet showing symptoms) attends the service, there is a risk of them transmitting the infection to all others present.
- Congregants should be screened for symptoms suggestive of COVID-19 at the entrance to the institution (only one entrance should be utilised as far as possible).
- If a person has any symptoms suggestive of COVID-19, they should not be allowed to enter the institution. The person should be given a cloth face mask if not already wearing one, isolated in a designated space and transported to their home/a testing centre as soon as possible. Contact the provincial hotline on 021 928 4102 for advice on testing.
- A record (name, address and contact number) must be kept of each individual attending the religious institution. This information is required to contact individuals in the case of an outbreak at the institution.
- This could be done by creating a station with a record book or electronic database at the entrance to the institution. Station a staff member/volunteer at the entrance with the duty of recording this information on behalf of the congregants. Ensure that the staff member and all congregants maintain a physical distance of 1.5m from each other and wear face masks.
- Once a roster of regular attendees is established, this process can be streamlined by placing a pre-populated alphabetical roster at the entrance and a staff member/volunteer can tick off congregants' names as they arrive.
- If there is a queue at the entrance as a result of this process, ensure that people queue safely by maintaining a 1.5m distance from each other. Draw lines 1.5 metres apart for this on the floor outside the entrance.
- In your communication with congregants, encourage them to arrive earlier to accommodate for this process.
- Place a hand sanitiser at the entrance and ensure that each person sanitises their hands before entering the facility.

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## 5. PHYSICAL DISTANCING

- Limit the number of people allowed inside the institution at a time to 50 people (or less, depending on the size of the institution) and place a staff member at the entrance to monitor and control this. Re-iterate this by placing appropriate messaging at the entrance.
- Consider varying options based on your context to assist you to practically limit the number of people attending the service/event e.g.:
  - Allow attendance based on small area location (e.g. suburb)
  - Allow attendance based on arrival time
  - Allow attendance alphabetically based on surname
  - Allow attendance based on invitation
  - Allow attendance for specific age-groups (excluding >60)
- Consider staggering services/worship times to further reduce the number of people within the institution at a time. Space the times far enough apart to allow for cleaning time in between services.
- Limit the length of services to reduce the time that people are in the same room together.
- Ensure that people keep a 1.5m distance from each other at all times.
- Re-arrange seating or make use of alternate seats/rows to ensure that people keep a 1.5m distance from each other. Use markings on seats or appropriate signage to indicate which seats may be used.
- Where congregants stand to worship, designate areas that may be used by placing floor markings or appropriate signage.
- Members of the same household may sit/stand next to each other, but must keep a 1.5m distance from individuals from other households.
- If children are present, they must remain with the individuals from the same household and should not mix with children from other households.
- Rituals should, as far as possible, be adapted to ensure that a 1.5m distance is maintained between individuals.
- Designate directions of flow within the building and identify areas of potential bottlenecks. Address bottlenecks by placing a staff member/ barrier or signs to direct individuals and prevent them from mingling.
- Avoid any bi-directional flows. Keep people moving in one direction so that they do not have to pass each other.
- Wherever queuing may take place (e.g. entrance/exit, during rituals) ensure that individuals queue safely by maintaining 1.5m distance from each other.
- When the service is over, direct sections of the audience to leave in a staggered manner rather than everyone heading to the exit at the same time.

- Do not allow individuals to gather at the exit after the service. Request congregants to leave the area straight after the service.
- Open doors and windows both to maximise ventilation and to prevent door handles and windows from being touched by multiple people.
- If doors cannot remain open, designate someone to open the door for the congregants.
- Alternatively, consider holding gatherings outdoors where possible.

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## 6. HYGIENE

### Hand Hygiene

- Place hand hygiene stations at entrances/exits and other appropriate areas depending on the institution and the activities performed.
- Avoid or adapt rituals that require multiple individuals to touch objects. If not possible, sanitise hands before touching the object. (See further detail below)

### Cloth Mask and Respiratory Hygiene

- Cough or sneeze into your elbow or into a tissue. Dispose of the tissue immediately after use into a closed bin and wash hands afterwards.
- All congregants must wear a cloth face mask at all times when they attend a religious activity and hence are in contact with other people.
- Mask usage rules for congregants and religious officials, are:
  - Wash your hands before putting on the mask.
  - Ensure that the mask covers the nose and mouth.
  - Fit the mask properly and thereafter do not touch the mask or take it off until you have returned home.
  - Do not wear the mask around the neck when not in use.
  - Wash your hands thoroughly after taking off the mask.
  - Wash the mask in warm water after use and iron it when dry.
  - Religious leaders should serve as an example to congregants for proper mask use.

### Visors

- Visors are less useful than masks at preventing spread of secretions and hence should be worn in addition to cloth masks, rather than in place of cloth masks.
- An exception would be when communicating with or singing to a congregation, where the mask obscures the sound. In this case a visor can be used on its own. But the area around the speaker/singer must be thoroughly cleaned and disinfected when they have completed their speech/songs.

## **Cleaning Routines**

- Ensure that adequate supply of water, soap, hand sanitiser, paper towels are available.
- Frequently interacted with and touched surfaces and objects should be cleaned and disinfected daily and between services/prayers if there are multiple prayer times in the day. This includes seats, pews, door handles, railings, counters, etc.
- Use soap and water to clean areas where possible. Then disinfect with a dilute bleach solution. Dilute 30ml of bleach per litre of water.
- If the area cannot be cleaned with soap and water, then wipe down the area carefully with a 70% alcohol solution.
- Waste from waste containers should be disposed of into plastic bags and sealed before discarding into the general waste for refuse collection.
- Cleaners handling waste must wear utility gloves when emptying the waste containers. Additionally, closed shoes should be worn.

## **Bathroom Facilities**

- Limit the number of people that can use the bathroom facility at a time.
- Encourage congregants/worshippers to conduct ritual cleansing at home rather than at the institution.
- Encourage people to wash their hands with soap and water by displaying appropriate signage.
- Ensure that there is water and soap available for hand washing. Contactless tap systems or taps that can be operated with elbows are preferred.
- Do not use cloth towels in the bathroom. Rather make use of paper towels that can be disposed of into sealed bins (operated by a foot step).
- Ensure that bins are large enough to hold multiple paper towels and/or empty the bins frequently.
- Line the bins with a plastic bag to allow easy emptying.

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## **7. ADAPTING RITUALS TO REDUCE TRANSMISSION RISK**

- Encourage worshippers to bring their own worship aids, prayer mats, religious texts, hymn books, etc. rather than providing them with these objects that will be used by multiple people.
- Where possible, provide single use items such as photocopies or use a projector to display verses, or encourage worshippers to use electronic versions.

- Avoid rituals that involve multiple people touching the same object e.g. touching or kissing a statue/object. Think of acceptable alternate ways to revere the statue/object without touching, e.g. bowing before the object.
- Where possible avoid rituals that involve people touching each other e.g. hugging, shaking hands and consider alternate ways to greet e.g. with a wave, bow, peace sign or by simply smiling.
- Adapt rituals e.g. receiving the holy communion by placing it on a plate or the person's hand rather than on their tongue and by avoiding the use of a common cup. Alternatively, consider pre-packed items placed on individual chairs.
- Where shoes are removed before entering the place of worship, encourage worshippers to carry their own (clearly marked) bags and store their shoes inside these bags.
- Singing and chanting/group recitation should be avoided as far as possible because of the risk of transmission posed by this activity. Alternatives include using pre-recorded versions or only instrumental music.
- If there will be singing, consider a soloist rather than a group/choir and ask the singer to face away from others or place a plexiglass barrier in front of the singer. Alternatively, the singer could wear a visor. After the service clean the surfaces and equipment around the singer carefully with an alcohol solution.
- Alternatively, perform the singing activity outdoors and have the singer maintain a distance of >3 metres from others.
- Do not share microphones between speakers, or else ensure that they are carefully cleaned with an alcohol solution after each use.
- Instead of passing around a donation tray, consider installing a sealed donation box at a fixed point within the institution. Additionally, encourage congregants to make donations through electronic means.
- Avoid serving food at religious gatherings as far as possible. Where food is served, it should ideally be pre-packaged in individual servings to prevent multiple people from touching the same plate/utensils. Food handlers must follow strict hygiene measures during food preparation and handling.
- Empty fonts/vessels of holy water and cover them, to prevent people from dipping their fingers into a common bowl.

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## 8. HOME VISITS INCLUDING VISITING BEREAVED FAMILIES

- Discourage congregants from visiting the bereaved at their home, as these emotionally instinctive but uncontrolled gatherings constitute a high risk for spreading the coronavirus.

- Consider conducting personal visits using remote communication channels such as video calling (e.g. via WhatsApp) rather than in-person visits.
- If an in-person visit is conducted, it should only be done after confirmation that no person in the household has any symptoms suggestive of COVID-19, or is a close contact of a COVID-19 infected person.
- There should be strict adherence to physical distancing during the visit and cloth face masks should be worn at all times.
- Do not hug or shake hands.
- Do not share meals.
- Limit the duration of the visit to 10 minutes or less.
- Disinfect your hands with alcohol sanitiser before entering the home and when you leave.

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## 9. CEREMONIES

- Ceremonies such as funerals may be performed as long as the prescribed limits on the number of attendees (currently set at 50 people) and guidance relating to transmission prevention is followed.
- If weddings are allowed according to the prescribed regulations, they will be subject to similar limitations.
- Consider live-streaming of ceremonies to allow for elderly and chronically-ill family members to participate remotely.
- Physical distancing of 1.5 metres must be maintained at all times.
- Attendees should not gather at the institution or at the family's house for a meal or any refreshments following the ceremony.
- Attendees should disperse as soon as the ceremony has been concluded.

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## 10. BURIALS AND CREMATION

- Religious requirements relating to the burial/cremation may need to be adapted in order to reduce the spread of the coronavirus.
- Refer to the "Provincial Guide to Cultural and Religious Practices and Observances in Managing COVID-19 Fatalities in the Western Cape" for details on the overall burial/cremation and funeral ceremony process.
- Washing or preparing of the mortal remains by family members is allowed, provided it is carried out at registered premises and those carrying out the task are properly supervised and wear appropriate protection (gloves, mask, visor, closed shoes, plastic apron or waterproof coverall).

- Only 50 people maximum will be allowed at a funeral. This total includes the religious official/s, family members, undertaker staff and guests.
- The religious official must ensure that the family of the deceased adheres to this limit.
- As with other activities an attendance register must be kept.
- A list of those attending should be provided to the religious official by a representative of the family before the date/time of the ceremony.
- Key observances that should be followed are:
  - All requirements for any religious activity should be observed (wear mask, screen for symptoms, sanitise hands, social distancing of 1.5 metres).
  - The mortal remains of the deceased should remain at the undertakers until just before the ceremony.
  - The undertakers should prepare the body as per guidelines.
  - If the body is allowed to be viewed, mourners should not be allowed to touch or kiss the deceased.
  - The ceremony should be kept short (30 minutes is recommended).
  - If the ceremony is conducted in more than one venue (e.g. church and graveyard) then all precautions taken at the first venue (e.g. church) must be implemented at the second venue as well (mask, hand sanitising, social distancing).
  - Handling of graveyard equipment such as spades should not be allowed, with only token filling of the grave allowed, while the rest of the filling is done by the undertaker's assistants.
  - There should be no gathering for refreshments or meals after the ceremony.
  - Mourners must leave the area straight after the ceremony is concluded.

## B. MANAGING COVID-19 INFECTION AT PLACES OF WORSHIP

This section will cover the management of COVID-19 infection in 3 categories:

1. COVID-19 Infection in an employee  
(The term employee includes any person working at the place of worship/religious institution including religious leaders and volunteers).
2. COVID-19 Infection in a Congregant/Worshipper who attended the religious institution while infectious
3. COVID-19 Infection in a Congregant/Worshipper who did NOT attend the religious institution while infectious

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### 1. COVID-19 INFECTION IN AN EMPLOYEE

If a person working at a place of worship becomes infected with COVID-19, it is very important to assist the infected individual as well as other employees and congregants, and re-evaluate what can be done to stop the further spread of the coronavirus, whether at the place of worship or at the homes of everyone connected with the infected individual.

To do this effectively each of the following issues needs to be addressed:

1. Provide support to the employee and assist with isolation,
2. Provide support to other employees and congregants and prepare for counselling
3. Inform the Health Department and Department of Employment and Labour that you have an employee with COVID-19 infection
4. Attempt to establish how that employee got infected,
5. Identify who the employee might in turn have infected (including congregants),
6. Assist with contacting all these people and help with quarantining
7. Continue to screen employees to detect signs of possible coronavirus infection
8. Take steps to prevent any further infections
9. Possible temporary closure of the place of worship
10. Re-opening of the place of worship
11. Cleaning of the contaminated area

Each of these 11 issues are discussed below.

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#### 1.1. SUPPORT TO COVID-19 INFECTED EMPLOYEE

Since he/she tested for the coronavirus your employee is likely to be in quarantine and would have been notified by a doctor or nurse that they are infected and need to be isolated for 14 days. However, sometimes there are miscommunications around this and your employee might still be at the place of worship.

##### **If the employee is at the place of worship, then:**

- a) Immediately separate him/her from other employees and congregants preferably by placing in a well-ventilated room
- b) Ask him/her to wash hands thoroughly
- c) Provide him/her with a surgical mask if you have one. If not, then continue using a cloth mask

- d) Ensure that your employee is counselled and in a reasonable mental state to follow other instructions.
- e) Assist the employee to follow the advice from the health department regarding isolation.
- f) Assist with establishing if the employee is able to effectively self-isolate or if isolation at a public facility would be required. If a public facility is required, make sure to mention this when contacting the Department of Health.
- g) Determine whether the employee is able to travel home or travel to a public isolation facility without the risk of infecting other members of the public; e.g. they should not be using public transport. If not, assist the employee to be safely transported home.

**If the employee is at home or at a quarantine facility, then:**

- a) Assist the employee to follow the advice from the health department regarding isolation required to protect their family, friends, congregants.
- b) Assist with establishing if the employee is able to effectively self-isolate at home or if isolation at a public facility would be required. If a public facility is required, make sure to mention this when contacting the Department of Health
- c) Provide suitable sick leave arrangements for the 14 days that the employee will be away from work. Note that 14 days is the minimum time of isolation and that it might be longer depending on how ill the employee becomes and the treatment required.

**Additionally:**

- a) Provide supportive counselling via your pastoral care.
- b) If the likelihood is high that the infection was occupationally acquired (in other words it arose out of or in the course of work duties at the place of worship), then a workers' compensation claim needs to be completed.

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**1.2. SUPPORT TO OTHER EMPLOYEES AND CONGREGANTS:**

- Reassure employees and congregants that you are handling the situation following advice from the Health Department (see below) and the Department of Employment and Labour, and that that you are supporting the infected employee.
- Inform staff and congregants that with the assistance/advice of the Health Department you will arrange for the screening employees to determine possible exposure to the virus and will advise on what further steps to take.
- Keep an eye on the mental health and stress levels of all employees and congregants, and be mindful about the potential stress employees will experience with the infection of a colleague and the possibility that they may be exposed.
- Have a communication plan in place to ensure that employees and congregants receive correct information.

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**1.3. INFORM THE HEALTH DEPARTMENT AND THE DEPARTMENT OF LABOUR AND EMPLOYMENT**

- Use this link to report an infection incident via an online form: [CASE REPORTING FORM](#)
- To access COVID-19 workplace safety guidance policies which may be of use to your organisation, please click here: [COVID-19 WORKPLACE SAFETY GUIDANCE POLICY](#)

- Communications materials (posters and decals) related to workplace safety are available on: [WORKPLACE SAFETY COMMUNICATION MATERIAL](#)
- For further information contact the **provincial COVID-19 hotline number on 021 928 4102** or contact [doh.dismed@westerncape.gov.za](mailto:doh.dismed@westerncape.gov.za)

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#### 1.4. ESTABLISH HOW THE EMPLOYEE GOT INFECTED

- The employee could have been infected by fellow workers, congregants, or by someone within their home or social circle. Therefore, it is important to:
- Assist the employee to identify if he/she came into contact with anyone who had symptoms of a throat and chest infection. These symptoms are:
  - Cough
  - Sore throat
  - Shortness of breath
  - Loss of smell
  - Loss of taste
  - fever, weakness, muscle aches, diarrhoea
- Similarly, it is important to directly identify if any other employees and congregants have any of the symptoms listed above. Amongst these could be the person or persons who originally infected the employee and may still be unknowingly spreading the infection amongst other employees and congregants.
- Depending on how many employees/congregants have been infected it may be necessary to temporarily close the place of worship while these investigations are underway.

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#### 1.5. IDENTIFY WHO THE EMPLOYEE CAME INTO CLOSE CONTACT WITH

- Any individuals the employee came into contact with since he/she became ill could also develop the disease and needs to be separated from other employees and congregants, by going into quarantine.
- Ask the employee who he/she was in close contact with (i.e. face-to-face contact within 1 metre, or shared an enclosed space with the affected employee in the 48 hours before symptom onset) or worked closely with. These could be:
  - Other employees
  - Visitors to the place of worship
  - Regular congregants/worshippers
  - People in their neighbourhood
  - People they travel with
  - People at social gatherings
  - Family members
- Make a list of all these employees/congregants and other contacts (use the congregant rosters) as they may have to be quarantined to prevent further spread. Include the name, surname, contact number and address of these individuals where possible.
- Depending on how many employees/congregants are involved as contacts it may be necessary to temporarily close the place of worship while these investigations are underway.

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#### 1.6. ASSIST WITH TRACING AND QUARANTINING PEOPLE WHO MAY HAVE BEEN INFECTED

- The health department will provide guidance on how to interview all these contacts to determine whether the level of exposure is sufficient for them to have become infected, and hence whether they need to be quarantined or not.
- For those employees who need to be quarantined please provide suitable special leave arrangements for the up to 14 days that they will be in quarantine.
- Quarantine means that people who are at high risk of being infected with coronavirus are separated from other people for 14 days from the date that they were exposed to their infected colleague, so that they cannot infect others.
- Depending on their home circumstance they can be quarantined either at home or at a specially prepared quarantine facility.
- To be allowed to quarantine at home they need to have a room in which they can stay alone, separate from the rest of the household.
- Depending on how many employees are involved it may become necessary to temporarily close the place of worship while they are in quarantine.

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#### 1.7. CONTINUE TO SCREEN EMPLOYEES/CONGREGANTS TO DETECT SIGNS OF POSSIBLE CORONAVIRUS INFECTION

- It is possible that some of the people who were in contact with the infected person were not identified during the processes described above. Also, some people can be infected with coronavirus and yet be completely well, only becoming ill later. It is possible that such people could still be participating in worship activities and that they may even be the original source of the coronavirus in the congregation.
- Therefore, all employees should be monitored by the religious institution via daily screening (see above for further details) to identify other employees that may develop symptoms.
- All congregants should be screened if they access the place of worship.
- If an employee develops symptoms they should not come to the place of worship but should instead report this to the religious leader and to the health department (**call the provincial COVID-19 hotline number on 021 928 4102**), who will advise them which screening centre to attend, so that screening for the coronavirus can be done.

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#### 1.8. POSSIBLE TEMPORARY CLOSURE OF THE PLACE OF WORSHIP

- The Health Department or Department of Employment and Labour may need to advise to close the place of worship temporarily due to the public health risk posed by remaining open.
- This will be done in consultation with the religious leaders and will depend upon a number of factors including the following:

**The place of worship or a section of the institution may need to be temporarily closed depending on the following factors:**

- If the number of employees/congregants who have symptoms is large, because of the time needed to investigate and determine if they should be tested for coronavirus infection or not.

- If the number of employees who are contacts of the employee/s with coronavirus infection is large, because of the time needed to investigate and determine if they need to be in quarantine or not.
- If the area at the religious institution that needs to be cleaned is large, because of the time required to complete this important task.
- If the number of employees diagnosed with COVID-19 infection and therefore needing isolation is large, since there may be insufficient employees for the place of worship to continue its activities.
- If the number of employees that are identified as contacts of the infected employee and therefore need to be placed in quarantine is large, since there may then be insufficient employees for the place of worship to continue its activities.
- The definition of 'large' will be space specific and should be discussed in conjunction with the Department of Health or Department of Employment and Labour team.

**Note that should an institution refuse to close the workplace voluntarily upon advice to do so, then the inspectors from the Department of Employment and Labour are empowered to close the premises.**

**Temporary closure of the place of worship can be prevented by:**

- Rapidly cleaning and disinfecting the surfaces and items that were contaminated.
- Completing the screening of other as yet unaffected workers timeously.
- Temporarily employing suitably skilled staff to replace those placed in isolation and quarantine.
- Preventing infection of employees/congregants with coronavirus by following the prudent steps outlined in the first section of this document.
- Training employees on how to prevent coronavirus infection and communicating this regularly to congregants.

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#### 1.9. RE-OPENING OF THE PLACE OF WORSHIP

In order for the place of worship to be re-opened, the following minimum requirements should be in place:

1. An assessment of the circumstances which resulted in the exposure of the employee/s to the coronavirus.
2. A description of steps that will be taken to remedy any shortcomings in prevention activities uncovered during the assessment.
3. Full training (and refresher training) of employees on coronavirus prevention activities has been achieved.
4. Cleaning and disinfection of all surfaces and objects that have been contaminated has been done.
5. The assessment and description of any steps taken should be compiled into a report and kept on record, as well as made available to the Health Department and the Department of Employment and Labour.
6. Procedures are in place to implement all the prevention activities listed above.
7. If a place of worship was closed upon instructions from an inspector of the Department of Employment and Labour, then formal compliance needs to be demonstrated before it will be permitted to re-open.

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#### 1.10. CLEANING OF THE CONTAMINATED AREA

- Clean all surfaces/objects that the infected person/s may have come into contact with. The area to be cleaned will be specific to each case and includes the kitchen, offices, congregant area of worship, tea room, toilet facilities, door handles, work stations, microphones, computers and counters among others.
- PPE must be worn during cleaning and cleaning staff must wash their hands thoroughly before and after cleaning.
- The following PPE should be worn during cleaning:
  - Heavy duty rubber Gloves
  - Face mask
  - Visor or goggles
  - Apron
  - Closed shoes
- The following materials should be used for cleaning and disinfecting:
  - Green household soap should be used to clean all equipment and environmental surfaces that can tolerate it (e.g. walls, floors, blinds, surfaces) prior to disinfecting.
  - Disinfectant (6 teaspoons i.e. 30ml of bleach per litre of water) should be used after cleaning to disinfect all equipment and surfaces.
  - If the area/surface cannot be cleaned with soap and water, wipe down with a 70% alcohol solution.
- Common disinfectants that could be used include:
  - Bleach i.e. Sodium hypochlorite (0.1%)
  - Alcohols i.e. Ethanol (70%)
  - Quaternary ammonium compounds
  - Hydrogen peroxide (3%)
  - Peroxyacetic acid (0.5%)
  - Carbolic soap
  - Iodine (1%)

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## 2. COVID-19 INFECTION IN A CONGREGANT/WORSHIPPER WHO ATTENDED THE RELIGIOUS INSTITUTION WHILE INFECTIOUS

In the event of the institution becoming aware of a congregant who attended the institution being diagnosed with COVID-19, the following steps are required to be taken by the head of the institution:

- Provide support to the infected individual remotely and ensure that the individual receives the appropriate medical care and is isolating either in his/her home or in an appropriate facility.
- Contact the **provincial hotline on 021 928 4102** to inform them about the infected individual and for further advice/assistance in managing the outbreak.
- Assistance with contact tracing (under the guidance of the health department) may be required.
- Determine the date of onset of symptoms, the date of testing and the date of last attendance at the religious institution in order to direct further actions.
- Identify who (employees, volunteers, congregants) the infected person may have come into close (face to face) contact with at the institution. If the infected person had symptoms of COVID-19, you have to consider all the people they may have come into contact with from 2 days before their symptoms began until their last visit to the institution. If the person did not have any symptoms (i.e. asymptomatic), consider all the people they came into contact with from 2 days before they tested until their last visit to the institution.
- Use the congregant register to identify the name, surname, address and contact number for all people who may have come into contact with the infected individual.
- Clean and then sanitise all areas/surfaces/objects that the infected person may have come into contact with. (See guidance provided above).
- Temporarily closure of the place of worship may be necessary to allow time for contact tracing and cleaning. (See detail provided above).

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## 3. COVID-19 INFECTION IN A CONGREGANT/WORSHIPPER WHO DID NOT ATTEND THE RELIGIOUS INSTITUTION WHILE INFECTIOUS

In the event of the institution becoming aware of a congregant who did not attend the institution being diagnosed with COVID-19, the religious leader/institution may provide support remotely by:

- Providing religious counsel to the infected individual and family.
- Assisting the individual to adhere to isolation requirements.

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ANNEXURE A. INDIVIDUAL RISK ASSESSMENT CHECKLIST FOR COVID-19 AT-RISK STAFF GROUPS

<b><u>The main aim is to avoid unprotected coronavirus exposure</u></b>	
<b><u>Completing the risk assessment:</u></b>	<b><u>Key considerations:</u></b>
<p style="text-align: center;"><b>This should be completed for all vulnerable staff</b></p> <ol style="list-style-type: none"> <li>1. This can be undertaken by line manager or supervisor</li> <li>2. Involve the member of staff</li> <li>3. Ask advice from Occupational Health or Infectious Diseases if needed</li> <li>4. Identify risks using risk matrix</li> <li>5. Consider actions to minimise risk</li> <li>6. Agree risk management with the staff member</li> </ol> <p style="text-align: center;"><i>The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable.</i></p>	<ol style="list-style-type: none"> <li>1. Limit duration of close interaction with patients (e.g. prepare everything in advance away from patient) and colleagues</li> <li>2. If possible maintain &gt;1.5m distance from others</li> <li>3. Consider whether public transport /rush hour can be avoided through adjustments to work hours</li> <li>4. Use PPE appropriately (see guidelines)</li> <li>5. Consider moving to non-patient facing role</li> <li>6. Consider remote working if the staff member is enabled including access to equipment and internet</li> <li>7. Special leave considered in consultation with Occupational Health</li> </ol>

**STEP 1: CLASSIFY THE EMPLOYEE VULNERABILITY**

<p><b>VERY HIGH VULNERABILITY:</b></p> <ul style="list-style-type: none"> <li>• Solid organ transplant recipients</li> <li>• People with specific cancers or receiving immunosuppressive treatment for their cancer:               <ul style="list-style-type: none"> <li>○ undergoing active chemotherapy or radical radiotherapy for lung cancer</li> <li>○ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment</li> <li>○ receiving immunotherapy or other continuing antibody treatments for cancer</li> <li>○ receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors</li> </ul> </li> <li>• People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drug.</li> <li>• People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung.</li> <li>• People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).</li> <li>• People on immunosuppressive therapies sufficient to significantly increase risk of infection.</li> <li>• Women who are pregnant with significant heart disease, congenital or acquired.</li> </ul>
<p><b>HIGH VULNERABILITY:</b></p> <ul style="list-style-type: none"> <li>• Age &gt;60</li> <li>• Chronic lung problems (moderate to severe asthma, previous complicated TB, etc.)</li> <li>• Serious heart conditions</li> <li>• Those who are moderately or intermittently immunocompromised</li> <li>• Severe obesity (BMI &gt;40)</li> <li>• Underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, hypertension or liver disease</li> <li>• More than 28 weeks pregnant</li> </ul>
<p><b>MEDIUM VULNERABILITY:</b></p> <ul style="list-style-type: none"> <li>• Less than 28 weeks pregnant, but otherwise healthy</li> <li>• Age between 40 and 60, with controlled medical conditions (hypertension, diabetes, cardiovascular disease, etc.)</li> <li>• Previous lung TB, but recovered without complications</li> </ul>
<p><b>LOW VULNERABILITY:</b></p> <ul style="list-style-type: none"> <li>• Physiologically young</li> <li>• Healthy</li> </ul>

## STEP 2: CLASSIFY THE EMPLOYEE EXPOSURE RISK GROUP

<p><b>VERY HIGH EXPOSURE RISK:</b> Jobs involving PROCEDURES on COVID patients. Examples include</p> <ul style="list-style-type: none"><li>• Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency medical technicians) <u>performing aerosol-generating procedures</u> (e.g. intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID patients.</li><li>• Healthcare or laboratory personnel <u>collecting or handling open specimens</u> from known or suspected COVID patients (e.g. manipulating cultures from known or suspected COVID patients).</li><li>• Mortuary workers <u>performing autopsies</u>, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.</li></ul>
<p><b>HIGH EXPOSURE RISK:</b> Jobs with a high potential for exposure to known or suspected sources of COVID. Examples include:</p> <ul style="list-style-type: none"><li>• Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: no aerosol-generating procedures may be performed)</li><li>• Medical transport workers (e.g. ambulance personnel and porters) moving known or suspected COVID patients in enclosed vehicles</li><li>• Mortuary workers involved in preparing (e.g. for burial or cremation) the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.</li></ul>
<p><b>MEDIUM EXPOSURE RISK:</b> Frequent and/or close (&lt;1.5m) contact with people not known or suspected with COVID. This includes employees with contact with the general public (e.g. in schools, high-population-density work environments, such as labour centres, consulting rooms, point of entry personnel and some high-volume retail settings).</p>
<p><b>LOW EXPOSURE RISK:</b> Workers in this category have minimal occupational contact (&lt;1.5m) with the public and other co-workers</p>

**STEP 3: CALCULATE THE RISK SCORE**

		Exposure risk group			
		1. Low	2. Medium	3. High	4. Very High
Employee vulnerability group	1. Low	1	2	3	4
	2. Medium	2	4	6	8
	3. High	3	6	9	12
	4. Very High	4	8	12	16

Key: 1 – 6 Acceptable risk (low to medium)  
 7 – 8 High risk (only acceptable under critical conditions)  
 9 – 16 Unacceptable risk

**STEP 4: TAKE STEPS TO REDUCE THE RISK**

As far as is possible, steps should be taken to reduce the risk. Discuss the options with the employee and use the checklist to indicate which measures will be implemented.

**Individual Risk Assessment**

**for vulnerable staff with potential work-related exposure to Covid-**

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Staff Member Name	
Staff number	
Job Role	
Area/ where working	
Name of Assessor	
Date of Assessment	
Employee conditions of concern (causing vulnerability) – please attach evidence	

<b>Employee vulnerability group</b>	Low	Medium	High	Very high
<b>Employee work conditions resulting in exposure risk</b>				
<b>Employee exposure risk group</b>	Low	Medium	High	Very high
<b>Employee risk score</b>				

<b>Agreed action plan to manage the employee</b> Indicate those that have been agreed	
	Dedicated alcohol-based hand rub provided for the employee
	Protective isolation and physical distancing (e.g. providing a dedicated, clean office, etc.)
	Adaptation of duties or shifts
	Limit duration of close interaction with patients, colleagues and/or the public
	Alternative placement/ redeployment in a lower exposure-risk area
	Providing alternative transport arrangements to prevent public transport exposures
	Restriction of certain duties (not allowed to perform high risk procedures)
	Implementing a co-worker screening programme
	Specific training programme by IPC and/ or OHS
	Specialized personal protective equipment (PPE) required (consult with IPC & Occ Health)
	Referral to Occupational Medicine & IPC for recommendations (risk score = 6)
	Require specific Occupational Health support (risk score = 8)
	Working off-site (remotely), and the necessary equipment, internet access, etc. is available
	Recommend for specialist review for special leave recommendation
	Others, please specify:
<b>Occupational Health Support</b>	<b>Where necessary advice should be sought from either an in-house occupational health team, or an external occupational health consultancy.</b>