

# Coronavirus Pandemic Contingency Plan for Churches

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The Agape Medical Association, as a Christian health-professionals association, has been monitoring the news and scientific publications related to the outbreak of the novel coronavirus disease. On 30 January 2020, the World Health Organization (WHO) declared coronavirus disease 2019 (COVID-19) a Public Health Emergency of International Concern. On 11 March 2020, WHO characterized COVID-19 as a pandemic.

Considering the evolving scientific evidence [1-9], we know that COVID-19 can cause severe pneumonia (15% of cases), requiring advanced hospital care in 5% of cases, with death in 1 to 7% of patients (country-to-country variability). The elderly and people with associated comorbidities are more likely to develop severe disease. Although there is uncertainty about the generalizability of initial estimates, due to the significant risk, caution is recommended. Community-based measures are essential to mitigate the epidemic and spread the aggregate demand over a longer time to match the capacity of healthcare systems [10-11].

This contingency plan was initially developed to provide guidance for churches of Asian origin (Chinese, Japanese, Korean among others) in Brazil [12]. The latter are communities of 100 to 300 worshippers per service, with a considerable proportion of elderly people. Given the paucity of Christian literature to help churches across the globe (as of 14 March 2020), we decided to expand our document to serve communities worldwide.

This contingency plan provides technical input to inform church leaders. It is the responsibility of each community leadership to discuss and implement the measures applicable to the local context. We thus propose:

## **1. General recommendations during the epidemic period**

A. We recommend a 14-day quarantine period for people who traveled or had contact with people who have returned from abroad (even if asymptomatic). This means not attending church gatherings for 2 weeks. After this period, should they have no symptoms (fever, cough, shortness of breath, sore throat), one can resume participation.

B. Individuals with fever, cough or shortness of breath OR respiratory symptoms (flu or common cold) should not attend church gatherings for 14 days. In case of worsening symptoms or persistent fever, seeking medical assistance is recommended.

C. Use bowing or other forms of greeting. Avoid kissing and handshaking. During the epidemic, do not hold hands, even during prayer or worship.

D. Wash your hands with soap and water frequently (for at least 20 seconds) or use alcohol hand sanitizers (70% alcohol).

E. Follow cough etiquette, covering your face with your elbow when coughing.

F. Do not scratch your eyes or nose. Use disposable handkerchiefs and wash your hands afterwards.

G. Do not share personal objects.

H. Keep rooms ventilated. Observe the lifespan and recommendations of air-conditioning system filters.

## **2. Worship services or mass gatherings**

The meeting of believers, as service to the LORD, proclamation of the gospel and life in community, is part of God's will for His church. The author of Hebrews exhorts: "not giving up meeting together, as some are in the habit of doing, but encouraging one another – and all the more as you see the Day approaching " (Hebrews 10:25, NIV). We recall the church is not a temple or building, but as in 1 Corinthians 3, it is the gathering of the saints, the people who are in the LORD.

In the initial phases of the epidemic, we recommend preventive measures to protect the most vulnerable groups, to whom exposure to the virus can be dangerous.

Should the epidemic worsens, for the preservation of the body of Christ, there may be temporary suspensions of large church gatherings (the size of any given meeting is directly related to the potential of an index case - person with COVID-19 - to infect a community). If that moment comes, other models like small groups may be adequate for healthy individuals.

### **3. Contingency plan**

As the epidemic evolves, we propose a contingency plan in stages, considering risks stratified by age and associated conditions (comorbidities).

These recommendations are not mandatory nor inflexible. They were proposed based on the best scientific evidence to our knowledge (as of 14 Mar 2020), but we recognize that in some areas evidence is scarce. We chose to adopt a pragmatic approach, with the premise of preserving the wellness of church members.

Local leaders must evaluate the applicability of these recommendations in their communities, considering the context of geographic area, access to health care, and government policies.

Therefore, we have set two degrees of guidance:

1. **Suggestion:** lower degree of assertiveness
2. **Recommendation:** higher degree of assertiveness

#### **A. Local virus transmission.**

Many countries have already reported local transmission (beyond imported cases), which means COVID-19 is being transmitted from person-to-person within the country. In case of local transmission, we **suggest** the following people to partake in service through internet transmission (should not go to the temple) (for churches over 100 people per service):

- People aged **80 or older**

- People with chronic diseases (medium or high severity)
- People who have recently undergone medium or major surgery
- People undergoing chemotherapy
- Immunocompromised individuals

### **B. 100 cases in the country**

According to Brazilian health authorities [5], when the epidemic reaches 100 cases, the health system response aims at preventing cases from progressing to intensive care and death.

If there are more than 100 laboratory-confirmed cases with diagnosis in any given country, we **recommend** the following people to partake in service through internet transmission (do not go to the temple):

- People aged **80 or older**
- People with chronic diseases (medium or high severity)
- People who have recently undergone medium or major surgery
- People undergoing chemotherapy
- Immunocompromised individuals

We also **suggest** that people over 65 years of age consider the risks of joining a gathering of over 100 people.

### **C. Emergency Scenario**

The emergency scenario is characterized by the rapid expansion of the epidemic within a country, with local governments striving to contain the disease. Should this occur, we **recommend** the following people to partake in service through internet transmission (do not go to the temple):

- People aged **65 or over**

- People with chronic diseases
- People who have recently undergone surgery
- People undergoing chemotherapy
- Immunocompromised individuals

#### **D. Confirmed case in church member**

In case of diagnostic confirmation in an active church member or person who has attended service in the past 14 days (2 weeks), we **recommend** immediate suspension of all church gatherings until assessment of local health authorities.

#### **4. Visiting church members**

The duration and severity of the epidemic in any given country is uncertain - the estimates range from 3 months up to 1 year. We **recommend** setting “buddy” systems [8] and mutual care networks within church members, with regular contact by telephone or social networks. Special attention needs to be given to the elderly, who cherish precious moments of fellowship and social interaction in church gatherings.

We **suggest** visiting, as long as there is prior consent from those who will be visited, assuming ALL visitors are healthy and trained in contact precautions. The church needs to be **intentional in actively preventing** collateral issues like loneliness and depression.

#### **5. Other developments**

- Within the liturgical specificities of the Lord’s Supper in each church, attention should be given to collective hygiene, maintaining the essential elements of the sacrament and the mystery of the Lord's presence.

- We recommend churches to update their financial systems, enabling tithes and offerings through digital channels (internet banking).

- Churches that share collective meals should pay attention to hygiene recommendations, including the use of face masks by employees / volunteers during food preparation. To avoid wasting food, planning should be based on recommendations above.

In this delicate moment, the cooling or fervor of the church will depend on the redemption of our mentality in Christ. We recommend daily meditation on the Psalms as devotion to God and recognition of His sovereignty over all creation. Read the Bible before browsing the news. Moreover, the church must pray to perceive opportunities to love in Christ and to testify in times of trouble.

“Peace to the brothers and sisters, and love with faith from God the Father and the Lord Jesus Christ. Grace to all who love our Lord Jesus Christ with an undying love”.  
Ephesians 6:23-24, NIV

Agape Medical Association, 15 March 2020

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