

COVID-19 Guidance for Places of Worship

June 2020

This is a working document based on the best evidence available at the time of writing. Much of the evidence and guidance is evolving and this will be reflected in additions and evolutions of the document. We anticipate this being a joint process with all involved including but not limited to faith leaders, places of worship, London Borough of Newham, the Newham Health and Wellbeing Board, the VCS, Public Health England and wider health and public health experts and partners.

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Executive Summary

Places of worship across England will be permitted to reopen for individual prayer from Monday 15 June 2020. This document provides information to help you decide whether and how you can safely open your place of worship to individual prayer. It also includes information about how to [respond to a suspected case of COVID-19](#), how to [manage a suspected outbreak](#), how to [communicate your plans](#), and examples of [health promotion materials](#) that you can display to encourage people to follow distancing guidance and hand hygiene.

How is the COVID-19 Virus Spread?

COVID-19 virus is spread mainly through respiratory droplets produced by an infected person during conversation, eating and activities which require 'forced breathing' like shouting and singing, as well as coughing and sneezing. These droplets can land in the eyes, mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (less than 2 metres) for periods of 15 minutes or more.

The virus is also spread when droplets land on surfaces which are then touched by others and the virus transmitted on hands to face eyes nose mouth. The virus which causes COVID-19 (SARS-CoV-2) can stay alive on some surfaces for up to 72 hours – 3 days. The virus is more likely to spread in closed indoor settings than outside.

Both of these methods of virus transmission and so spread of Covid-19 have been seen in places of worship around the world.

How Can We Control Spread of COVID-19 Virus in a Place of Worship?

You can take the following steps to minimise the spread of COVID-19 in your place of worship:

1. Enable and Encourage [2m Distance](#) Between People.

Think about:

- [Personal flow](#) through the setting
- How your [set up](#) can be arranged to maintain 2m space between individuals
- [Managing access](#) to the place of worship to ensure that community members do not arrive all at once to pray. Consider:
 - i. A booking system where community members book a specific time to visit the place of worship to pray
 - ii. Organising allocating specific times for clinically vulnerable community members and older members of the congregation to attend so as to limit their exposure to others
- Staggering arrival and departure times for staff to help them keep to the 2m social distancing rules by not using entry/exit points at the same time

You should consider how 2m distance can be maintained during [food preparation and consumption](#) and what mode of [transport](#) you can encourage your staff to take to help them to keep 2m distance on their journey to work.

2. Ensure Good [Ventilation And Airflow](#) in Your Place of Worship

Natural ventilation can help to clear droplets from the air: open the windows, set you air conditioning intake to 100% external new air, or in a windowless space without air conditioning allow 3 hrs after cleaning before people visit the area again.

Where there is singing, chanting or other talking:

- Leave up to 3 hours between worship groups, **OR**
- Require all community members to wear a **face covering** while in the prayer or congregation space even if distancing and especially if ventilation is limited

3. Reduce Contamination of Surfaces

The length of time the COVID-19 virus can survive on a surface depends on the material: Plastic - up to 72 hours, Stainless steel – 48 hours, Paper/Cardboard – 24 hours, and in the air up to 3 hours. To reduce transmission of the virus:

- Establish **cleaning and disinfecting routines** especially for commonly touched surfaces
- **Limit sharing of objects**, e.g. books, cared for objects, instruments, bowls, cups, desks, computers but also the carpet or kneelers where individuals pray – instead ask community members to bring and take home their own prayer rugs or kneelers, and if they forget provide disposable ones. Ask community members not to shake their rugs after use, this minimises the possibility of dispersing virus through the air.
- **Limit unnecessary items entering the setting**, such as large bags or shopping, and make a decision not to distribute water in anything other than personal bottles or single use cups to community members during this time.

4. Promote Good Hand Hygiene

Washing your hands with soap and water for 20 seconds is one of the simplest ways to protect yourself and others from COVID-19 as well as other illnesses. Make sure you:

- Provide facilities so that everyone can wash their hands and dry them – don't share towels instead offer disposable ones that are binned after use
- Offer hand sanitiser if washing facilities are not available – remember to refill regularly
 - Hand sanitiser should contain a minimum of 60% alcohol
- Encourage regular hand washing among staff and community members, such as on entering the place of worship and after using the bathroom
- Share this best technique **video** with staff and your community members via social media before they attend work or visit for individual prayer

Do We Need to Wear **Personal Protective Equipment (PPE)**?

Staff, volunteers and community members do NOT need to wear PPE or face coverings within a place of worship. There are **exceptions**. PPE should be worn:

1. If a member of staff is required to come into contact with someone as part of first responder duties (for guidance see **First Aid, PPE**)
2. During **cleaning and disinfection procedures/a deep clean**

If staff or volunteers are on duty – for example supervising distancing for community members - in a closed space with no ventilation for more than 15 minutes, a face covering is recommended. It should be worn for up to 5 hours without removing unless soiled or damp.

Most contamination incidents occur when taking off PPE. Therefore ensure the correct steps are followed closely:

- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE or face coverings
- First Aiders should watch these videos and learn how to put each piece you need on and how to take it off safely: <https://youtu.be/j3hfEpjAx0E> | https://youtu.be/-GncQ_ed-9w

- Safe use of face coverings – Always wash hands, always remove from the back. Do not touch the front of the covering or face while wearing

How Can We Protect People with Underlying Health Conditions or Risk Factors of COVID-19?

Older people, people with long term health conditions and risk conditions, Black, Asian and some other ethnic groups are disproportionately affected by COVID-19 (see [Risk of Severe Illness](#)).

- Encourage people to consider their risk and to continue to pray at home.
For staff, you could:
- Support staff to work from home – if so, provide equipment necessary, advise on safe set up of workstations and keep in regular contact
- Enable staff to do physically distanced roles to minimise contact with high traffic areas

If you don't have sufficient staffing to ensure the safe opening of your place of worship to individual prayer, you can delay opening.

How Do We Respond to a Suspected Case of COVID-19?

If a person develops COVID-19 symptoms whilst in at the place of worship, or someone in the place of worship tests positive for COVID-19, follow these steps:

- **Immediately** - The person should leave immediately and go home by the most direct route and avoid public transport where possible. If they have a face covering this should be put on immediately. Wearing a mask reduces the spread of virus from someone with symptoms by up to 85%.
- **Stay home, isolate** – the person should be sent home and isolate for 7 days. Their household should isolate for 14 days, even if they don't have symptoms. This applies to those who call in sick with COVID-19 symptoms. Anyone who has had close contact with an individual who has tested positive should isolate for 14 days.
- **Get Tested** – encourage the person to get tested as soon as symptoms develop. To arrange a test, they can call 119 or book [online](#).
- **Seek medical attention** – in an emergency call 999, otherwise do not visit your GP, instead call 111 or visit <https://111.nhs.uk/covid-19/> for a person with COVID-19.
- **Clean and disinfect** - If a person is sent home from the place of worship with symptoms you may need to carry out a [deep clean](#).

If you require further support contact LBN Public Health Team at Public Health Enquiries PublicHealthEnquiries@Newham.gov.uk

Introduction

Places of worship across England will be permitted to reopen for individual prayer from Saturday 13th June. Communally led prayer, worship or devotion such as services, evensong, informal prayer meetings, Mass, Jumma or Kirtan will not be possible at this stage.

The following guidance provides guidance and information about the type of processes, steps and controls that you can put in place to keep your staff, volunteers and community members safe. It also includes information about how to safely respond to a suspected case of COVID-19, as well as examples of health promotion materials which may be useful.

Whilst this toolkit will be updated as required, it is the responsibility of all settings to keep up to date with any changes and/or new guidance materials published by central Government.

In addition to the usual health and safety measures required, a risk assessment which directly addresses the risks associated with COVID-19 should be completed.

A COVID-19 risk assessment must include:

- identify what activity or situations might cause transmission of the virus
- consider who could be at risk
- determine how likely it is that someone could be exposed
- act to remove the activity or situation, or if this isn't possible, control the risk

A [Hierarchy of Risk](#) should be applied in determining how to reduce the risk to the lowest reasonably practicable level. Consider the Hierarchy of Risk headings (elimination, substitution, engineering controls etc.) in the order shown and do not simply jump to the easiest control.

Other more general COVID-19 guidance can be found on the www.gov.uk website.

If you have fewer than five employees, you don't have to write anything down, but it might help if you do. Find out more about managing risk and risk assessment (www.hse.gov.uk/simple-healthsafety/risk/index.htm).

A [glossary](#) of terms is provided at the end of this toolkit.

About COVID-19

Symptoms

Adults

In adults the defining symptoms are:

- A high temperature (>37.8C- feel hot to touch on back or chest)
- A new, continuous cough (3 episodes of coughing in 24 hours or one hour of coughing)
- A loss or change to sense of smell or taste

Anyone with one or more of these should isolate and arrange a test which ideally should be taken during first 5 days of symptoms and preferably first 3. Tests can be arranged either via the priority portal for [key workers and household members](#) or via the [NHS for tests anyone of any age](#). You can also call 119 to arrange a test.

Please note that the website and phone lines for booking a test are all set up in English. Some of your community members, volunteers or staff may need to have a translator or buddy help them to arrange a test.

Children

Children are more likely to have no or mild symptoms of respiratory illness when compared to adults. For children that do exhibit symptoms, they may include:

- The above symptoms
- Gastrointestinal symptoms including diarrhoea

Risk of Severe Illness

Most people who have the COVID-19 illness experience mild to moderate symptoms and recover fully without medical treatment. However, around a fifth of people become severely unwell. Being older in age and being male are two of the biggest indicators of severe symptoms. Living in a deprived area or of Black or Asian ethnicity also increase risk of poor outcomes at the population level.¹

The higher rates of severe illness and death in Newham, and among Black and Asian communities in the UK (seen in April and May 2020), are linked to a number of factors:

Increased or earlier exposure to the virus - as a result of job role or living circumstances, urban living and poorer air quality, and higher levels of underlying health and risk conditions. Some of the analysis of data on increased bad outcomes for Covid-19 among Black and Asian communities has explored most but not all of these issues together. So there may be other factors not yet known. When considering ethnicity as part of individual staff risk assessment this should first be through the lens of health conditions and risk factors rather than ethnicity itself. Mitigations - like taking Vitamin D supplements, having a lower threshold for shielding should be considered for Black and Asian staff, volunteers and community members.

Certain pre-existing conditions can put people at greater risk of becoming severely unwell if they contract COVID-19. The pre-existing conditions that are of concern include high blood pressure, diabetes, cardiovascular diseases, and kidney disease (see [NHS shielding list](#)). Some specific medical conditions based on what we know about the virus so far, place some people at greatest risk of severe illness from coronavirus. These people are considered clinically extremely vulnerable (see [guidance on shielding and protecting extremely vulnerable groups and also](#) HIV when not on therapy should be added to this list). In addition overweight and obesity have also been linked to worse outcomes for those admitted to ICU.²

¹ <https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1>

² <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

Prevention: COVID-19 as a Risk to Mitigate

COVID-19 virus is spread mainly through respiratory droplets produced by an infected person during conversation, eating and activities which require 'forced breathing' like shouting and singing, as well as coughing and sneezing. These droplets can land in the eyes, mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (less than 2 metres) for periods of 15 minutes or more.

The virus is also spread when droplets land on surfaces which are then touched by others and the virus transmitted on hands to face eyes nose mouth. The virus which causes COVID-19 (SARS-CoV-2) can stay alive on some surfaces for up to 72 hours – 3 days. The virus is more likely to spread in closed indoor settings than outside.

Both of these methods of virus transmission and so spread of COVID-19 have been seen in places of worship around the world.

The most important transmission routes to control in a setting are: being in close contact (within 2 metres) with others and contaminated surfaces. Personal behavioural self-management through isolation for symptoms, hand hygiene (20 seconds for washing with soap and water or sanitiser) and respiratory hygiene ("Catch it! Bin it! Kill it!" sneezing into an elbow or sleeve) are also important and to be actively encouraged among staff, volunteers and community members.

Easy to read health information posters to print and display around your setting can be found [here](#).

Prevention: Buildings and Processes

The following guidance is to help places of worship to safely open to individual prayer.

In terms of physical space, there are 3 areas of that can reduce transmission of COVID-19:

1. Maintaining physical distance of 2m between people
2. Ensuring good airflow in indoor locations or using outdoor locations
3. Regular cleaning of commonly touched surfaces and equipment / limiting sharing of objects and equipment

There are a number of steps that can be taken to encourage community members and staff to follow good hand hygiene practice and maintain social distance whilst in the place of worship, as well as to be mindful of their own health and personal risk of becoming severely unwell if they contract COVID-19.

1. 2 Metre Distance

Staying at least 2 metres (3 steps) away from anyone you do not live with when outside the home can help reduce the risk of spreading COVID-19. 2m social distancing offers the best protection against transmission. If 2m distancing cannot reliably be observed, in inside locations where time with other people present is longer than 10-15 minutes, then we strongly recommend face coverings are worn by all people at all times.

**Note: Government have advised that from 4th July 2020, 2m distancing between people should be maintained as much as possible. If it is not possible, 1m distancing is allowed providing mitigating factors (such as face coverings) are put in place.*

We strongly recommend that in places of worship, 2m distancing is maintained. If you have to have 1m distancing, all visitors to the setting should wear face coverings. Please note that in these indoor settings, we recommend that visitors also wear face coverings.*

There are various opportunities to organise your place of worship to help maintain 2 metre distance and reduce risk of spreading infection:

Person Flow Around the Place of Worship

- Arrange one-way traffic through the place of worship
- Setup default routes and physical barriers and maintain these with signage
- Stagger break and lunch times for staff and volunteers
- Follow hand hygiene and cleaning routines (see below)

Place of Worship Set Up

- Create physical routes /placings to create a socially distanced default layout:
 - Organise the place of worship as well as the office and cloakrooms in such a way that maintains 2m space between desks/tables/chairs/pews etc
 - Work out how many people your space can safely hold to ensure 2m between each person
 - Use floor tape, paint or physical barriers like furniture or ropes floor spots to mark areas to help people keep to a 2m distance, particularly where larger numbers of people tend to gather, e.g. at entrance, in the prayer hall, facilities for washing, bathrooms)
 - Consider removing furniture to enable 2m distancing, or putting every other pew, wash basin or toilet cubicle (for instance) out of use
- Have a designated area for staff/volunteers to leave their bags and coats. Ideally this space should be large enough to avoid touching others' belongings.
- Have a designated area for shoes, or provide a plastic bag for members to place their shoes and keep with them during prayer.
- Avoid staff meeting in enclosed spaces, such as offices and consider meeting in open areas in largest communal prayer space
- Staff who require desk space to complete their work should be designated a desk for the duration. As much as possible they should not share work stations

Multi Use Buildings

- If you are already using your place of worship to provide community level support, e.g. food preparation and distribution (food bank), you need to consider whether you have sufficient space for this to safely continue with individual worship taking place. You may want to consider different opening times for these activities, whilst ensuring that you can maintain strict cleaning protocols and distancing procedures.
- If other organisations use your place of worship for prayer, you would need to consider whether you can maintain and ensure strict cleaning regimen between group uses. Also:
 - Suggest that groups complete their own a risk assessment for safe opening of individual prayer
 - Ensure cleaning regimen is completed between use

Staff Schedules

- Think about rotating staff and consider splitting the workforce into teams attending the place of worship so that staff members are scheduled to work with the same team for their shift. Should infection arise with a staff member, the wider workforce, outside of that team, should not be affected.

Managing Access

It is going to be important to manage access to the place of worship to ensure that community members do not arrive all at once. Consider:

1. Organising a booking system where community members book a specific time to visit the place of worship to pray
2. Organising slots for clinically vulnerable community members and older members of the congregation to attend so as to limit their exposure to others

Also consider staggering arrival and departure times for staff so people can keep to the 2m social distancing rules by not using entry/exit points at the same time

Food Preparation and Consumption

Food Hygiene

If you are helping to provide food to the community during this time, ensure you are following the advice on food safety, nutrition, shopping and delivery which can be found [here](#).

- Food preparation areas must also be able to maintain social distance which may mean limiting the number of people in the area at any one time.

If your building has a public café, this must remain closed.

Staff Lunches

Consider eating arrangements for staff lunches:

- All staff should eat either at their designated desk, or stagger lunch breaks using the largest best ventilated space. Use outdoor spaces where possible for meetings and breaks
- Avoid sharing crockery cutlery and drinking glasses or cups – ask staff to bring their own or provide disposable wrapped cold food that does not require a kitchen.

For nutritional reasons staff may need to bring meals that need to be eaten hot. Consider the following issues:

- Can they safely negotiate use of kitchen utensils and equipment (maintaining safe food temperatures or with distancing and air flow in one location?)
- Can crockery and cutlery that is used be safely handled?
- Set up cleaning wipes to clean microwave, cooker controls if you have them, with written guidance on using and distancing (**baby wipes are NOT suitable for this or any COVID -19 cleaning purpose**)

Rubbish

Rubbish should be immediately put into bins and not left for others to clean up. If rubbish does need to be picked up by someone else, the staff member should wear gloves or ensure they wash their hands immediately afterwards.

Transportation

- To maintain social distancing, the safest way to travel to and from school/work is to walk, cycle, or via private car. Carpooling should not take place unless it cannot be avoided.
- If staff have to use public transport, stagger shifts to enable them not to travel at peak times. For more information about taking public transport, read [Coronavirus \(COVID-19\): safer travel guidance for passengers](#).

2. Ventilation and Air Flow

Natural ventilation can help to clear droplets from the air:

- If your setting has air conditioning, set intake to 100% external new air
- If you don't have air conditioning it is better to open windows to encourage air flow
- If neither air conditioning nor windows, consider closing the area for 3 hours between uses after cleaning and reopening (particularly if building has multi-use).

Face Coverings

Where there is singing, chanting or other talking:

- leave up to 3 hours between worship groups, OR
- Require all community members to wear a face covering while in the prayer or congregation space even if distancing and especially if ventilations is limited.

If staff or volunteers are on duty – for example supervising distancing for community members - in a closed space with no ventilation for more than 15 minutes, a face covering is recommended. It should be worn for up to 5 hours without removing unless soiled or damp.

Safe use of face coverings:

- Always wash hands,
- Always remove from the back
- Do not touch the front of the covering or face while wearing

3. Reduce Contamination of Surfaces

The length of time the COVID-19 virus can survive on a surface is dependent on the material: Plastic - up to 72 hours, Stainless steel – 48 hours, Paper/Cardboard – 24 hours, Copper – up to 8 hours. You can reduce the transmission of the virus by establishing and maintaining robust cleaning and disinfecting routines, and by limiting sharing of objects in your setting.

Routine Cleaning and Disinfecting

- Clean high traffic frequent touch contact sites (toilets, washing areas, handles, door pushes, telephones, toilet block doors and flushers) at least 4x a day; consider a rota system with a staff member designated to this task each day/shift
 - Tables must be cleaned before and after eating
- If you have chosen to close toilet facilities you must alert your worshippers to this
- When cleaning frequent touch sites, use detergent and water soaked cloth followed by disinfectant with available chlorine of 1,000 ppm (most usual cleaning products are enough.) Alcohol with a concentration of 60% alcohol is also effective. Baby wipes are not to be used.
- Some disinfectants may be long acting with several days effective virus killing ability – Discuss with your cleaning contractor and consider using these to reduce the need for physical repeated cleaning.
- Before cleaning any computer equipment or screens **ALWAYS** check the manufacturer's guidance.

Limit Sharing of Objects

- Avoid sharing of objects including books, cared for objects, instruments, bowls, cups, desks, computers but also the carpet or kneelers where individuals pray – instead ask community members to bring and take home their own prayer rugs or kneelers, and if they forget provide disposable ones. Ask community members not to shake their rugs after use, this minimises the possibility of dispersing virus through the air.

- Avoid sharing of textiles (e.g. head coverings), drinking vessels, and reading materials including prayer cards, books, and scripture.

Limit Unnecessary Items Entering the Building

- Ask community members if possible not to bring bags or other items into the place of worship
 - If they need to bring a bag, it should be small enough that they can keep it with them at all times (if people have umbrellas, provide plastic bags whilst they're in the building)
 - Visitors should be asked to keep these with them at all times

Staff Work Wear

- It is best practice to change into and out of uniforms/work wear at work and not wear when travelling to and from work
- You may wish to think of your work clothing as a uniform and either put work clothes aside on returning home, bagged in plastic for 72 hours, or washed with detergent at 40C minimum. (Use 60C if roles requires cleaning of common areas or contact.)

Water Distribution

- Encourage staff to bring their own water bottle to work. If possible have a dedicated water refill tap. Staff should wash their hands after use.
- For community members, make a decision not to distribute water in anything other than personal bottles or single use cups to community members during this time.

4. Promote Good Hand Hygiene

Good hand washing is one of the key ways to stop the spread of the virus.

- Provide facilities and resources so that everyone can wash and dry their hands:
 - Where handwashing facilities are not easily available or accessible when entering the building, supply hand sanitiser at the entrance to the premises. Ensure dispensers are regularly refilled.
 - Do not allow towels to be shared. Provide disposable towels and a place to safely dispose (bin-pedal bin). If used towels need to be picked up, the staff member should wear gloves or ensure they wash their hands immediately afterwards.
- Establish hand washing protocols for staff and community members:
 - Encourage staff to regularly wash their hands with soap and water or with hand sanitiser regularly for at least 20 seconds throughout their shift, especially:
 - First thing at the start of a shift
 - After being out
 - Before eating and before touching face
 - After bathroom breaks
 - After touching cash or other heavily handled objects like door handles
 - Ask community members to wash their hands with soap and water on entering the place of worship or with hand sanitiser regularly for at least 20 seconds
 - Purification rituals can continue using the above social distancing and good hygiene guidance
- Share with staff/volunteers the following guidance and video about how to wash their hands.
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866065/Handwashing_techniques.pdf
 - Video: <https://youtu.be/bQCP7waTRWU>

5. Personal Protective Equipment (PPE)

It is NOT necessary to wear PPE or face coverings within a place of worship. Instead, staff and community members should follow basic hygiene messages that focus on regular hand washing and sneezing/coughing into one's elbow, as well as maintaining social distancing.

There are **exceptions** to this guidance. PPE should be worn:

- If a member of staff is required to come into contact with someone as part of first responder duties (see [First Aid](#))
- During cleaning and disinfection procedures/a deep clean.

If staff or volunteers are on duty – for example supervising distancing for community members - in a closed space with no ventilation for more than 15 minutes, a face covering is recommended. It should be worn for up to 5 hours without removing unless soiled or damp.

In instances where PPE is required to be worn, the following information should be noted:

- PPE is only safe if it is put on and taken off properly
- Most contamination incidents occur when taking off PPE
- There is a specific order and really important steps to follow when using PPE:
 - Always wash hands or sanitise before putting on or taking off
 - Always remove from the back /ear loops
 - Never remove from the front or adjust once on.

Watch these videos and learn how to put each piece you need on and how to take it off safely:

- <https://youtu.be/j3hfEpjAx0E>
- Public Health England - COVID-19 specific https://youtu.be/-GncQ_ed-9w

Prevention: Staff, Volunteers and Community Members

The reopening of places of worship for individuals should not require additional volunteers (i.e. in addition to volunteers who may already be providing support with food distribution).

Consider who among your staff could be at increased risk. This could include those with certain health conditions, especially if also of African or Asian heritage, as well as those who might have someone shielding in their home. With the help of your risk assessment you can keep staff safe, and determine staff capacity to safely open your premises.

Risk Assessment for Staff

Older people, people with underlying health conditions and those who are part of Black and Asian community may be disproportionately affected by COVID-19 (see [Risk of Severe Illness](#) for more information). A risk assessment should consider staff who are at increased risk with the aim of eliminating the risk posed to them, or substituting their normal work practice with a less hazardous one. It is important to talk with your staff about what they need to protect themselves.

Risk assessment specific to staff from Black and Asian communities should start with existing health conditions. Consider:

- Allowing these employees to work from home – if so, provide equipment necessary and keep in regular contact.
- Enabling employees to carry out physically distanced role in the workplace – if so, allocate to them a certain area finding ways to minimise contact and high traffic areas.

If you don't have sufficient staffing to ensure the safe opening of your place of worship to individual prayer, you can delay opening.

Communicating Your Plans

Work with your team and community members to develop plans to reopen/phase increase in activity, including discussing whether training would be helpful, and what they would need to feel comfortable at work.

Communicate early with contractors and suppliers (cleaners/caterers) that will need to prepare to support your plans for opening. Discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this.

Ahead of re-opening, communicate with staff (preferably via email), and community members (via social media) about the steps that you are taking to keep staff and visitors safe, as well as what is expected of them. For example:

- Opening times, including booking system and specific times for vulnerable residents
- Checklist that community members are expected to satisfy before attending
- Recommendations on transport to and from the place of worship
- Cleaning distancing and other measure being taken to mitigate risk in the setting
- How to get a test if you have symptoms – see Getting a test/Test and trace.

Displaying Health Promotion Information

Easy to read health information posters to print and display around your setting can be found [here](#).

- Display posters to ask people with symptoms consistent of COVID-19 (see [COVID-19 Symptoms](#)) not to enter. It should be placed near the entrance to buildings or grounds and direct people to isolate themselves and stay at home.
- Have a process that provides a symptom self-check for staff and visitors before they enter the premises. Depending on the premises, the system could include: a sign at the entranceway; and/or a basic signs and symptoms checklist, written or oral. Regularly check with staff about their wellbeing.
- Temperature checks are NOT recommended. Not all adults and almost no children have a fever with COVID-19. Remote thermometers are inaccurate.
- Display pictorial posters promoting hand-washing and the importance of closing the lid of the toilet before flushing – ask the LBN public health team for these.
- Promote and encourage uptake of the annual flu vaccination. It may help rule out future flu like symptoms among staff and community members in addition to saving lives.

Staff and Visitor Log

Keep a record for contact tracing purposes of staff, volunteers and contractors that enter the place of worship:

- The record should include the name, date, time in and time out and phone number or email address of anyone who has been on the premises, including all staff, visitors, service people, and other community members.
- Store the data securely – Destroy after 3 months. (GDPR)
- The pen used for this should be cleaned with a long acting disinfectant /be cleaned between uses.

Other – Incidents and Emergencies

Fire and Evacuations

The London Fire Brigade has produced useful guidance to help you update your fire risk assessments and emergency evacuation plans. You can read this guidance [here](#).

First Aid

For more information visit [PHE first responder guidance page](#).

Staff or Community Member Becoming Unwell

- If you need to provide assistance to a person who is symptomatic (see [COVID-19 symptoms](#)), place the person in a place away from others until they feel well enough to go home or be collected, and self-isolate. If there is no physically separate room, ask others who are not involved in providing assistance to keep at least 2m distance. If barriers or screens are available, these may be used.
- If they need to go to the bathroom, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected before being used by anyone else.
- If first aid needs to be administered, see [Personal Protective Equipment](#) below.
- Ask the unwell staff member, resident or visitor not to visit the GP, pharmacy, urgent care centre or a hospital unless they are very unwell. They should isolate at home for 7 days and visit <https://111.nhs.uk/covid-19/> or call 111 for more information. Other household members should isolate for 14 days.
- However, **in an emergency** - if they are seriously ill or injured or their life is at risk, **call 999**.
- If a member of staff has helped someone with symptoms, they do not need to isolate at home unless they develop symptoms themselves (in which case, a test is available) or the person subsequently tests positive (see [Responding to a Suspected Case of COVID-19](#) below).

Personal Protective Equipment (PPE)

If a member of staff is required to come into contact with someone as part of first responder duties, the following process should be followed:

- Maintain a 2 metre distance from the individual as much as possible.
- If 2 metre distancing is not possible, fluid-repellent surgical mask - FRSM/IIR, as well as disposable gloves and a disposable plastic apron should be used. If there is a risk of contamination with splashes, droplets of blood or body fluids through coughing sneezing or splashing a reusable, disposable eye protection such as goggles or a cleanable should be used.
- The same PPE should be worn if cleaning contaminated areas or items.
- When using a fluid-repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.
- Watch and learn the correct sequence for putting on PPE from the videos below:
 1. Always wash hands or sanitise before putting on or taking off
 2. Always remove from the back /ear loops
 3. Never remove from the front or adjust once on

Most contamination incidents occur when taking off PPE. Therefore ensure the correct steps are followed closely.

- There is a specific order and really important rules when putting on and taking off PPE.
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE – this also applies to non PPE face coverings.
- First Aiders should watch these videos and learn how to put each piece you need on and how to take it off safely:
 - <https://youtu.be/j3hfEpiAx0E>
 - Public Health England - COVID-19 specific: https://youtu.be/-GncQ_ed-9w

- At LBN we have found that having a centralised system to procure, organise and support teams around safe working and PPE has been helpful. You may wish to set up something similar. Contact the LBN Faith Liaison lead if you want more advice on PPE, testing or reporting symptoms and taking necessary protective actions.

Cardiopulmonary Resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after an arrest not due to lack of oxygen.

Cardiac arrest **in children** is more likely to be caused by a respiratory problem, therefore chest compressions alone are unlikely to be effective, and **rescue breaths or mouth-to-mouth will be required.**

If a decision is made to perform mouth-to-mouth ventilation use a resuscitation face shield where available.

Should you have to give mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for COVID-19 symptoms over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

Cleaning the Area Where First Aid Assistance was Provided

Public areas where an unwell individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected (See below for guidance on [deep cleaning](#)).

If There has Been a Blood or Body-Fluid Spill

- Keep people away from the area.
- Use a spill-kit if available, while using PPE (as in the kit or as described above) and following the instructions provided with the spill-kit.
 - If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

Note: if you cannot carry out a safe deep clean, contact London Network for Pest Solutions or Juniper.

Responding to a Suspected Case of COVID-19

Suspected COVID-19 cases should follow the guidance below to prevent and control spread of infection.

Stay Home and Isolate

- If a person develops COVID-19 symptoms whilst in at the place of worship the person should leave immediately and go home by the most direct route and avoid public transport where possible. If they have a face covering this should be put on immediately. Wearing a mask reduces the spread of virus from someone with symptoms by up to 85%.
- The person should be sent home and advised to self-isolate for 7 days. Their household should self-isolate for 14 days, even if they don't have symptoms. This guidance also applies to those who call in sick with COVID-19 symptoms.

- If someone in the place of worship tests positive, any person who has had close contact with that individual (i.e. they have remained within 2m of the person for longer than 15 minutes), should also self-isolate for 14 days. Household members of the close contact do not need to self-isolate unless the close contact subsequently develops symptoms.
- If members of the community or staff are contacted by NHS Test & Trace and asked to isolate or test they should follow the guidance to self-isolate for 14 days, even if they feel well. If there is a risk of financial hardship, difficulty accessing food or problems experiencing isolation Help Newham and other VCSE partners are available to support. Contact Newham Council's Customer Service Team on 0208 430 2000 or find out more at <https://www.newham.gov.uk/helpnewham>

Get Tested

Anyone in England, regardless of their age can get tested. The following link provides information about how to get tested: [Coronavirus \(COVID-19\): getting tested.](#)

Seeking Medical Attention

You can share information about where to get reliable information about their symptoms or a pre-existing conditions:

- <https://111.nhs.uk/covid-19/>
- For more information or general health queries NHS 111 can be contacted for advice.
- GP practices are open and can be contacted. GP practices should be called before attending in person.

Reporting a Suspected or Confirmed Case of COVID-19

If a staff member/volunteer or community member has been in the setting with symptoms, you do not need to report a suspected case to Public Health England (PHE). Instead you can provide the individual with information about self-isolation and how and where to [get tested](#) (see above). Once they have been tested the result will go directly to PHE. The most important thing for a person with symptoms of Covid-19 or who has been on contact with a person with symptoms of known to have COvid-19 is to self-isolate.

All staff reporting a positive COVID -19 antigen test or having covid-19 symptoms should self-isolate for 7 days or until fever symptoms have ended before returning to work.

Similarly, if a staff member notifies you of a positive test result, you do not need to report this as the result will go directly to PHE. However, if you require further support, you can contact LBN Public Health Team at PublicHealthEnquiries@Newham.gov.uk

Cleaning and Disinfection – Deep Clean

If a person is sent home from the place of worship with symptoms a protocol for cleaning and disinfecting may need to be enacted:











- If the site used by the unwell person can be left for 72 hours – leave for 72 hours cordoned off and undisturbed, a deep clean can be avoided.
- If a deep clean is required the cleaning contractor should have a protocol for this. A deep clean involves cleaning the area with detergent followed by cleaning with disinfectant containing 1,000 ppm available chlorine.
- Where the site is contaminated with COVID-19 containing body fluids immediate cleaning is appropriate.
- PPE should be worn - disposable gloves, disposable plastic apron and IIR mask - for deep cleaning. Use eye protection only if risk of splashing eyes.

- PPE should be double-bagged, then stored securely for 72 hours before being thrown away in the regular rubbish.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Public areas where a symptomatic individual has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
 - Objects which are visibly contaminated with body fluids.
 - All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells.
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. These should be double bagged and stored securely for 72 hours before disposal.

Managing a Suspected Outbreak of COVID-19

- If a cluster of related COVID-19 cases are identified in one location via the national test and trace program, PHE's local health protection team will conduct a rapid investigation and advice on the most appropriate action to take.
- In some cases, other people may be asked to self-isolate at home as a precautionary measure – depending on the arrangements in your setting and possible source of infection. Where settings are observing guidance on infection prevention and control, closure of the whole setting will not generally be necessary.

Easy to Read Communication Products for Use in Places of Worship

<p>Coronavirus (COVID-19): When to wash your hands</p>	  <p>Coronavirus Wash your hands more often for 20 seconds</p> <p>Use soap and water or a hand sanitiser when you:</p> <ul style="list-style-type: none"> • Get home or into work • Blow your nose, sneeze or cough • Eat or handle food <p>For more information and the Government's Action Plan go to nhs.uk/coronavirus</p> <p>Coronavirus. Protect yourself and others.</p> <p>Information from the Government and NHS.</p> 
<p>Coronavirus (COVID-19): How to wash your hands</p> <p>Landscape</p> <p>Portrait</p>	  <p>Coronavirus Wash your hands with soap and water more often for 20 seconds</p> <p>Use a tissue to turn off the tap. Dry hands thoroughly.</p>  
<p>Food Safety Factsheet</p>	  <p>Are you helping to provide food to your community?</p> <p>Advice and information on Food Safety, Nutrition, Shopping and Delivery</p> <p>Now more than ever, food safety matters to protect Newham residents and the NHS.</p> <p>Failure to follow the correct food safety guidance can have serious consequences.</p> <p>Even mild cases of food poisoning can be dangerous for the elderly and sick.</p> <p>If you or your organisation is planning to offer food to people in your community please email: food@newham.gov.uk</p> <p>FOOD SAFETY: Individuals and small community groups</p> <p>NOW MORE THAN EVER FOOD SAFETY MATTERS TO PROTECT RESIDENTS AND THE NHS</p> <p>Home cooking: Thank you for helping your neighbours!</p> <p>But</p> <ul style="list-style-type: none"> • Domestic kitchens are not designed for catering operations • Do not try large scale food production • ... but a meal for a friend, a relative or neighbour in need could really help • Be very mindful of food allergies, always ask the person you are cooking for 

<p>Advice about the Coronavirus – Easy Read</p>	<p>Advice about the Coronavirus</p> 	
<p>Catch it, bin it, kill it!</p>	<p>CATCH IT  Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.</p> <p>BIN IT  Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.</p> <p>KILL IT  Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.</p> <p>NHS</p>	

Glossary

Contaminated	When something has the virus on it e.g. a table or clothing
COVID-19	The infectious disease caused by the SAR-CoV2 virus
Deep Clean	Cleaning procedures followed by disinfecting procedures
Deprived	Suffering a severe and damaging lack of basic material and culture benefits
Detergent	A water-soluble cleaning agent (e.g. washing up liquid)
Diabetes	A disease that occurs when your blood glucose, also called blood sugar, is too high
Distribution	The way in which something is shared out among a group
Gastrointestinal	Relating to the stomach and intestines
Health Promotion Materials	Information that enables people to behave in way that maintains or improves the health of themselves or those around them
Hierarchy of Risk	A system to minimise or eliminate the exposure to hazards
(Self-) Isolate	Separating sick people with a contagious disease from those who are not sick
LBN Public Health Team	The local authority public health team – responsible for guidance, outbreak management, and public health strategy in the borough of Newham
Mortality	Death
Outbreak	A cluster of disease – in the same location and timeframe – often caught from the same source
Paediatric	The branch of medicine relating to children and young people
Personal Protective Equipment	Equipment that protects the user against health or safety risks in the workplace
Pre-Existing or Underlying Conditions	A medical condition that a person had before COVID-19
Public Health England	National leadership and expert services to support public health across the UK including health protection emergencies
Quarantine	Separating items which have been exposed to a contagious disease to wait for the virus to deactivate/die to prevent the spread of the disease
Respiratory	Relating to the lungs
Respiratory Droplets	A small liquid drop produced by breathing consisting of saliva and liquid from the respiratory tract
SAR-CoV-2	The strain of coronavirus that causes COVID-19
Symptoms	A physical feature of a condition that is apparent to the person with the condition
Transmission	The action or process of transferring the virus from one person or item to another