



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Back to Work Safely: Guidance for **Worship Services and Religious Gatherings**

Guidance Document, 2nd edition

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[aiha.org](https://www.aiha.org)

Overview

A house or place of worship is any building or other place where people gather and perform activities associated with a religion. Places of worship can include churches, temples, monasteries, synagogues, mosques, and similar places of worship. Some states have implemented religious exemptions in their social gathering guidelines issued in response to the COVID-19 pandemic, but most places of worship in the U.S. closed to slow the spread of COVID-19.

Thus, there is a need for guidance on reducing the risk of transmission to protect employees, volunteers, members, guests, and visitors during regular worship services and special events like weddings, funerals, holiday celebrations, and other social gatherings. This document is intended to provide guidance and considerations for religious organizations or employers and leaders of houses of worship (herein referred to as “religious organizations”) to implement health and safety measures to reduce the risk of transmitting COVID-19. While the scope of these guidance documents does not cover testing or vaccination guidance, please refer to state, local, and federal guidance on these topics, such as the Centers for Disease Control and Prevention (CDC)’s COVID-19 [testing](#) and [vaccine](#) webpages.

As some restrictions have lifted and continue to be lifted, many uncertainties still remain. Religious organizations are faced with difficult questions that must be addressed as they reopen, resume normal operations, or continue normal operations, such as:

- How can we protect the congregation, employees, volunteers, guests, and their children from exposure to the COVID-19?
- How can we minimize the risk of disease transmission from individuals that have tested positive for COVID-19?

- What do we do if someone is visibly sick or not following CDC guidelines?
- How do we deal with cleaning and disinfecting contact surfaces used in religious ceremonies?
- Should the choir be physically separated from the congregation, or should we use pre-recorded music?
- How do we manage comingling and shared facilities or indoor spaces with different religious orders?
- What communication is needed to keep everyone informed of the preventive steps being taken?
- What training is needed for our employees and staff?
- What health and safety measures do we need to take regarding new virus variants?
- How do we deal with cleaning and disinfecting high-contact surfaces, such as computer keyboards, books, or door handles, regularly during the day?

In addition to the questions asked by religious organizations, employees, volunteers, and members of the congregation are also thinking of ways that they can protect themselves.

The current scientific evidence indicates that SARS-CoV-2, the virus that causes COVID-19, is spread primarily by airborne transmission, through exposure to respiratory aerosols or droplets in the air that carry the virus. These respiratory aerosols and droplets are generated by the human respiratory system during normal activities, including breathing, speaking, shouting, singing, coughing, and sneezing. Exposure to these respiratory droplets in poorly ventilated or crowded indoor spaces is particularly of concern, and infection can occur through exposure to mucus membranes, such as the eyes, nose, and mouth. In addition, while not the primary route of exposure, people may also become infected from



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touching surfaces contaminated with the virus. It has also been shown that the virus can survive in aerosols for hours and on surfaces for days, depending on the type of surface. Measures can be taken to reduce the risk of spreading COVID-19 from person to person or by contact with potentially contaminated surfaces.

The purpose of this guidance document is to provide clear and actionable steps towards the safe operations of houses of worship through prevention, early detection, and control of COVID-19. This document offers practical guidance for religious organizations to implement multiple layers of risk mitigation strategies through the hierarchy of controls, a system used to minimize or eliminate exposures to hazards. The hierarchy of controls ranks hazard control approaches in order of most effective to least effective—through the elimination of a hazard, the substitution of a hazard, use of engineering controls, use of administrative controls, and correct use of personal protective equipment (PPE). Specifically, to reduce the risk of transmitting COVID-19, the controls we focus on in this document are engineering controls, such as ventilation; administrative controls, such as physical distancing, enhanced cleaning and disinfecting practices, and personal hygiene; and PPE, such as gloves and face coverings. Aside from the hierarchy of controls, we also focus on mitigation strategies to use within restrooms, for food preparation areas, and on contact surfaces; employee wellness; training; waste and laundering; and communication. No single mitigation strategy will be sufficient to address COVID-19 health and safety risks; rather, a multilayered risk management approach using controls, which can include vaccines, is recommended to limit the spread of COVID-19.

It is important for religious organizations to continue to monitor the global (World Health Organization or WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection

strategies, worker protections, and other COVID-19 risk management best practices. It is also important that religious organizations consistently monitor and evaluate the effectiveness of implemented mitigation strategies and alter their approaches as needed.

The following document addresses aspects of religious services which have not been previously evaluated in other AIHA guidance documents. Please refer to the “Resources” section for links to AIHA guidance documents concerning other areas that may have characteristics in common with and guidance applicable to houses of worship, including offices, gyms, restaurants, and childcare centers.

Any relaxation or modification of the recommendations herein (e.g., based on vaccine status) should be based on and comply with federal, state, and local requirements, as well as best practices.

What should an Employer, Religious Organization, or Leader of a House of Worship do to reduce risk for themselves, their employees, guests, visitors, and congregation members?

Religious organizations are encouraged to continually monitor global (WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 best management practices. Religious organizations should also consider developing a knowledgeable team to monitor, assess, and implement new strategies as they become available and as knowledge evolves regarding SARS-CoV-2 transmission, vaccines, new virus variants, and other aspects of the virus.

Religious organizations are also encouraged to complete a task-based risk assessment or job hazard analysis to best determine, by job task, where engi-



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neering or administrative controls can be implemented to reduce or eliminate virus transmission. Refer to the [OSHA Job Hazard Analysis document](#).

Due to the wide variety of types and sizes of religious buildings and spaces, it may not be possible to implement all of the following guidelines, however implementing as many as possible, through a multi-layered risk management approach, can help reduce health risks and risk of transmission.

Ventilation

- Keep heating, ventilation, and air conditioning (HVAC) systems operational to maintain thermal comfort and maximize outdoor air based on system design.
 - Strive to maintain the relative humidity at 40-60%.
 - Refer to [AIHA's Indoor Environmental Quality document](#).
- If you need assistance on HVAC issues, ask an HVAC professional and ASHRAE's COVID-19 [preparedness resources](#) for more information.
 - AIHA occupational and environmental health and safety (OEHS) science professionals and industrial hygienists are also well-versed in general dilution ventilation. AIHA has a [consultants list](#) of such qualified professionals.
- Consider using portable high-efficiency particulate air (HEPA) filtration units with variable flow control or other ventilation-related engineering controls to accommodate differing room sizes and ventilation needs. Refer to [AIHA's Indoor Environmental Quality document](#) for more information. Consider whether the noise produced by these units when they are turned on is appropriate for the particular application.
- If fans, such as pedestal fans or hard mounted fans, are used, take steps to minimize air blowing from one person directly at another individual. If fans

are disabled or removed, it is important to remain aware of and take steps to prevent [heat hazards](#).

- Be mindful of using portable pedestal or overhead ceiling fans, as these may contribute to the spread of the virus.
- Use natural ventilation by opening windows and doors to increase airflow, if possible.

Enhanced Cleaning and Disinfecting Practices

- Consider developing a standard operating procedure, checklist, or audit system to consistently train employees, volunteers, guests, visitors, and members on enhanced cleaning and disinfecting practices or to track when and how cleaning and disinfecting is conducted, including cleaning and disinfection of spaces previously occupied by someone confirmed to have had COVID-19. Refer to [AIHA's guidance document on workplace cleaning for COVID-19](#).
 - Make Safety Data Sheets (SDS) for cleaning and disinfection products available and ensure employees, guests, and members are aware of the hazards of use. Incorporate new hazards into the existing OSHA Hazard Communications Program.
 - Use disposable wipes or rags when available. Ensure reusable rags are maintained, handled, and cleaned per manufacturers' instructions. For more information, see the "Laundering" section below.
 - All items should be allowed to dry thoroughly after cleaning.
 - Establish a disinfection routine and ensure disinfection protocols follow product instructions for application and contact time.
- Select appropriate disinfectants.
 - The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2, [EPA List N](#).



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- Do not mix different EPA-registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
- Review product labels and SDS and follow manufacturers' specifications for cleaning and disinfecting.
- Allow for appropriate ventilation during cleaning and disinfecting.
- Provide appropriate signage regarding cleaning and disinfecting measures being taken, if needed.
- Ensure any commonly used items and high-touch surfaces (e.g., doorknobs, pens, desks, and computers) are cleaned and disinfected on a frequent or regular basis and after each use.
- Consider consulting an occupational and environmental health and safety (OEHS) science professional or industrial hygiene expert if additional advice is needed. AIHA has a consultants list of such qualified professionals.
- The religious organization should perform an evaluation of all buildings or spaces to determine the most appropriate application method for disinfection. Please refer to [EPA's guidance](#) on the use of different methods for applying disinfectants to learn more.
 - Currently, CDC does not recommend fogging, fumigation, or wide-area or electrostatic spraying as a primary method for surface disinfection in most cases. Refer to [CDC's COVID-19 webpage](#) on cleaning and disinfecting facilities.
- Limit greetings that involve physical affection with each other, such as hugs and handshakes.
- Provide handwashing stations or, if not feasible, touch-free automated hand sanitizer dispensers at high-traffic locations (e.g., at the front of the building, at exits, near elevators, and outside restrooms). These should contain hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol.
 - If providing neither a station nor a dispenser is feasible, then at a minimum, consider providing hand sanitizer at high-traffic locations. This sanitizer should contain at least 60% ethanol or 70% isopropyl alcohol.
 - Post signs at each hand sanitizer station to encourage proper use and illustrate proper hand sanitizing techniques.

Physical Distancing

- Physical distancing can help limit transmission. Religious organizations should follow all local, state, or federal physical distancing requirements.
- Modify or adjust workstations or the placement of volunteers and service participants to minimize close contact (e.g., within six feet or less for a cumulative 15 minutes over a 24-hour period) of employees, volunteers, members, guests, and visitors with others, when possible.
- Consider limiting the number of attendees for any large worship service or gathering.
- Children present at worship services should remain with their parents or guardians and refrain from congregating or interacting with children of other parties while on the premises.
 - See [AIHA's guidance document for childcare facilities](#) if nursery or daycare services are provided.
- Use methods to physically separate employees, volunteers, members, guests, and visitors in the house of worship (e.g., break rooms, seating, and entrance and exit areas), when possible.

Personal Hygiene

- Establish a “before and after work or service” handwashing or sanitizing protocol for all employees and volunteers.
- Consider prepackaging any consumables used during services.



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- Use visual cues, such as floor markings and signs to encourage physical distancing.
- Space chairs at least six feet apart. Use barriers, such as screens, when possible.
- Be mindful that barriers can disrupt ventilation and airflow.
- Consider spacing out members' departure at the end of service to prevent interactions between parties at distances less than six feet.
- Encourage one-way foot traffic patterns for the movement of people within the house of worship.
- Consider using pre-recorded music or singing only and discourage congregation members from singing out loud to discourage infection among choir members and congregants seated nearby.
- **NOTE: Some aerosolized droplets can be transmitted up to 25 feet from the source, depending on the amount of ventilation inside the built environment.**
- Post signs around the building(s) as reminders to maintain physical distancing.

Face Coverings

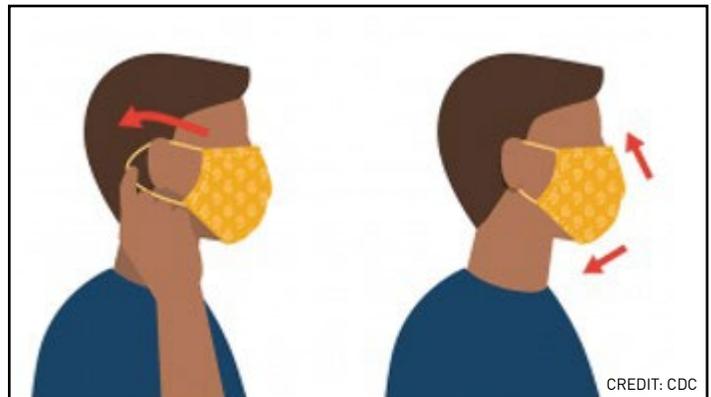
- Face coverings can help limit transmission. Religious organizations should follow all local, state, or federal face covering requirements.
- Cloth or disposable non-medical face coverings are NOT PPE but do offer some protection to wearers and others. Use of face coverings is not a substitute for physical distancing, use of engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- Train employees and volunteers on the proper way to maintain, wear (covering both the nose and mouth), handle, and clean face coverings, as discussed by CDC. Refer to the graphic to the right and to [CDC's guidance document on how to wear](#)

[masks](#).

- Encourage employees, volunteers, and other service participants to wear cloth or disposable face coverings if using public transportation to get to the religious organization's facility. Refer to [CDC's guidance on safe use of public transportation during COVID-19](#).
- Additional information on cloth face coverings can be found in [CDC's guidance for using masks](#) to slow the spread of COVID-19.

Restrooms

- Post signage limiting restroom occupancy, to allow for proper physical distancing, and to remind employees, volunteers, members, guests, and visitors to wash their hands before and after using the restroom.
- Minimize touchpoints when entering and exiting restrooms, if possible.
 - If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so that a paper towel can be used when touching the handle and then discarded.
 - Consider controlling access to bathrooms with a key so that disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.



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- If possible, allow doors to multi-stall restrooms to be opened and closed without users touching the handles.
- Place signs as reminders to close toilet lids (if present) before and after flushing.
- Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles, when possible.
- Hand soap should be readily available for use by occupants.
- Provide paper towels in restrooms.
 - Refer to [AIHA's guidance document on using hand air dryers during COVID-19](#) for more information.
- If feasible, work with HVAC professionals to ensure that bathrooms are well ventilated and, if filtration is used, that proper filtration practices are being followed.
- Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.
 - Take precautions when cleaning or maintaining sinks and toilets (i.e., avoid creating aerosols, close toilet lids before flushing, and use disposable gloves).

Waste and Laundering

- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Reusable cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
- When handling dirty laundry, wear gloves and a mask and do not shake.
- Clothes hampers or laundry baskets, if used, should be cleaned according to manufacturers' instructions.
- Wash hands after handling dirty laundry.

Training

- Provide awareness training to employees and volunteers on cleaning and disinfection products used in the place of worship, following [OSHA's Hazard Communication Standards](#).
 - For employees and volunteers who may be using cleaning and disinfecting products, training should also include proper use, PPE, disposal, and relevant precautionary measures.
- Provide instruction and training to employees and volunteers on how to correctly maintain, handle, wear, clean, and dispose of cloth or disposable face coverings.
- Provide appropriate training and education for all PPE, including disposable and reusable gloves.
 - **NOTE: If a religious organization chooses to provide or the employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.**
 - Use videos and in-person visual demonstrations of proper PPE donning and doffing procedures, while maintaining physical distancing during these demonstrations.
 - Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
 - PPE should be: (1) disposed of; or (2) properly disinfected and stored in a clean location when not in use.
 - Stress hand hygiene before and after handling all PPE.
 - Correct maintenance on handling, wearing, cleaning, and disposing of PPE.
- Make SDS for cleaning and disinfection products available and ensure employees and volunteers are aware of the hazards of use. Incorporate new hazards into your existing [OSHA Hazard Communication Program](#).



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- Implement and inform employees of supportive workplace policies, as applicable.
 - Provide flexible sick leave policies consistent with public health guidance. Providing paid sick leave is important to encourage employees to stay home when sick.
 - Refer to [CDC's guidance for businesses and employers](#) regarding COVID-19 test results from employees.
 - Offer employees or volunteers the flexibility to stay home to care for sick family members.
 - If applicable, implement human resources policies consistent with public health guidance and state and federal workplace laws. For more information on employer responsibilities, visit the [Department of Labor](#) and [Equal Employment Opportunity Commission](#) websites.
 - Provide employee assistance programs and community resources to help employees and volunteers manage stress and receive support.
 - Offer special accommodations upon request for employees and volunteers at increased risk for severe illness, to allow them to perform their duties safely, while also protecting sensitive health information.
 - Post signs and reminders at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette. Include signs with images for non-English readers, as needed.
 - Train employees and volunteers on new or modified schedules, how they can stay up to date on new scheduling requirements, and how to make requests for schedule changes if a need arises.
- Other Control Measures**
- Encourage livestreaming religious services or conducting religious services outdoors.
 - Encourage congregation members to bring their own sacred books, hymnals, missals, etc.
 - Alternatively, provide disposable printed copies of specific weekly passages to each congregation member.
 - Employees, volunteers, members, guests, and visitors should be encouraged to stay home if they have symptoms of COVID-19.
 - Religious organizations are encouraged to explore service-from-home options, staggered service shifts or hours, virtual services, and other flexible approaches for holding worship services.
 - If employees, volunteers, members, visitors, and guests commute to the house of worship using public transportation, consider requesting them to:
 - Use other forms of transportation if possible.
 - Maintain physical distancing and wear cloth or disposable face coverings.
 - Commute at off-peak times, if possible.
 - Wash their hands before the trip and as soon as possible after arriving.
 - Educate employees and volunteers on recognizing the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
 - Although perhaps not necessary if handwashing protocols are rigorously followed, consider providing disposable gloves to employees or volunteers, especially for cleaning and disinfecting, removing waste materials, and cleaning the restrooms.
 - If gloves are worn, change them regularly; wearing gloves is not a substitute for handwashing.
 - If worn, inspect gloves frequently. Remove or replace any gloves that are torn, damaged, or contaminated.
 - Plan for employee or volunteer absences—as applicable—by developing flexible attendance and sick leave policies, planning for alternative cover-



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age, and monitoring and tracking employee and volunteer absences related to COVID-19.

- Encourage those who rent or use any of your religious organization's facilities to adhere to the organization's guidelines regarding COVID-19 restrictions.
- Stay informed of local and state COVID-19 information and updates in your geographic area.

Communication

- Communication and training should be easy to understand; in languages preferred to be spoken or read by employees, volunteers, members, visitors, and guests; and include accurate and timely information.
 - Methods for communicating with employees, volunteers, members, visitors, and guests could include emails, texts, automated phone calls, websites, and signage.
- Adopt a communication strategy that is customized to your organization and emphasizes transparency.
 - Communicate to employees, volunteers, members, visitors, and guests what is being done to mitigate the spread of COVID-19 (e.g., disinfection routines, health policies for staff, and health and safety measures in place).
 - Establish formal and informal routes of communication for employees, volunteers, members, visitors, and guests to express concerns, questions, comments, and feedback.
- If the house of worship is located in a multi-tenant location, consider establishing a communication pathway with other tenants to inform each other of confirmed COVID-19 cases present in the building.
 - Communicate ventilation concerns and response with other tenants (e.g., HVAC systems can be shared by multiple tenants and therefore adjust-

ing the system in one area may have negative effects in another area).

Employee and Volunteer Wellness

- Communicate to employees and volunteers the importance of being vigilant when monitoring personal health symptoms and contacting the religious organization (in which they may have volunteered) if or when they start to feel sick.
- If applicable, revisit your sick leave program to allow for time off and follow all HR policies and HIPAA or other regulatory requirements.
- Conduct temperature screenings and wellness checks before each service or event. **(NOTE: Comply with OSHA's Access to Employee Medical and Exposure Records Standard for confidentiality.)**
 - Temperature screening methods can include a manual thermometer (use non-contact infrared thermometers) or thermal camera meeting [FDA's recommendations](#). Additional screening information and guidance can be found on [CDC's website](#).
 - Assign an employee or volunteer to manage and conduct temperature screenings while following CDC's guidelines. If this is not possible, employees and volunteers can self-check their own temperatures.
 - Screening should be done in a manner such that the privacy of employees or volunteers is respected.
 - Perform visual inspections for other signs of illness (e.g., flushed cheeks, rapid or difficult breathing without recent physical activity, fatigue, or coughing).
 - Employees, volunteers, members, visitors, and guests with fevers of 100.4 degrees Fahrenheit (38 degrees Celsius) or above or other signs of illness should not be admitted into the building.
- Religious organizations can consider incorporating a wellness questionnaire similar to [CDC's general](#)



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[screening survey](#). However, we encourage checking your regional health department websites. For example, there is a [personnel screening form](#) available on the San Francisco Department of Health's website.

- Refer to [CDC's guidance for businesses and employers](#) regarding employees or volunteers who have symptoms or signs of COVID-19 (i.e., fever, cough, or shortness of breath) or who have had close contact with someone who has COVID-19.
- If an employee or volunteer working on behalf of the religious organization tests positive for COVID-19:
 - Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information, such as confidentiality required by the Americans with Disabilities Act (ADA). See [OSHA for guidance on reporting workplace exposures to COVID-19](#).
 - If applicable, engage HR immediately and enforce all relevant HR rules and regulations.
 - Follow federal, state, and local recommendations for any individuals that had close contact with that individual.
 - Use trained personnel to perform enhanced cleaning and disinfecting of any surfaces that the employee or volunteer may have come into contact with.
 - Encourage the trained personnel to wear face coverings and gloves, dispose of their gloves after use, and wash their hands and faces when complete. Visibly dirty surfaces should be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, use only EPA-registered disinfectants on [List N](#).

- Encourage employees, volunteers, members, visitors, and guests who are sick to stay home. This includes:
 - People with flu-like symptoms or who live with someone with these clinical symptoms.
 - People with COVID-19, people who live with someone with COVID-19, or people who have been exposed to someone with COVID-19.
- Religious organizations are encouraged to educate employees and volunteers on recognizing the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.

What should an Employee or Volunteer do to reduce risk to themselves and members, visitors, and guests?

- Employees and volunteers should evaluate their health continuously; if they are sick, have a fever or symptoms, or have someone sick at home, then they should remain home.
 - **NOTE: Employer HR policies, HIPAA guidelines, and other laws should be followed at all times.**
- Disinfect shared equipment and high-touch surfaces frequently, after each use at least.
- Maintain a clean cloth or disposable face covering. Replace it frequently, if needed, and replace it after contamination.
 - When wearing a face covering, ensure both your nose and mouth are covered.
 - Change your face covering if it becomes wet, damaged, or contaminated.
 - Wash your hands before touching your face covering.
 - Wear a cloth or disposable face covering while using public transportation.
 - Additional information on cloth face coverings can be found on [CDC's website](#). (**NOTE:** Cloth or



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disposable non-valved face coverings primarily protect other people but can also protect wearers. When wearing a face covering, ensure both your nose and mouth are covered. Use of a cloth or disposable face covering is not a substitute for physical distancing.)

- Have extra face coverings on hand.
- Maintain good hygiene practices by washing your hands with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol. For more information, refer to [CDC's handwashing guidelines](#).
- If you are an employee or volunteer who tests positive for COVID-19, or who has come in close contact with someone who has COVID-19, follow [CDC's guidelines](#).
- At a minimum, wash your hands after contact with others from the religious organization; after being in a public place; after touching your face covering; after blowing your nose, coughing, or sneezing; after using the restroom; after touching any common contact surfaces; and before eating. Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands upon arrival at the place of worship, throughout the day during various activities (e.g., before and after preparing food, after handling garbage, before and after diapering infants or toddlers, or after using the bathroom or helping a child to do so), after touching your face covering, upon leaving, and when you arrive home.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).

- Let your employer or the religious organization know if you have concerns about PPE or face coverings that may be provided to you and ensure that you are properly instructed on how to use them. CDC has recommended sequences for donning and doffing PPE.

– **NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**

Worker Rights

This document presents and supports workplace protections that are essential components of occupational health and safety systems and programs. These basic protections are worker rights, as well as essential ingredients of occupational health and safety systems.

What can a Visitor, Guest, or Member of the Congregation do to reduce the risk of transmission of COVID-19?

- Comply with instructions regarding COVID-19 precautions set forth by the religious organization, including but not limited to physical distancing requirements and use of face coverings.
- Evaluate your own health and your family's health continuously. If you are sick, stay home. If you have an elevated temperature, stay home. If someone in your household is sick, stay home. If you have allergies and uncontrollable sneezing, stay home.
- Check with the religious organization, prior to going, regarding any current requirements for visitors, guests, or members to follow specific to COVID-19.
- Use online and electronic services in place of in-person services, if feasible.
 - If you anticipate needing to complete paperwork, consider filling this out at home prior to your visit or bringing your own pen.



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- Wash your hands before and after you leave the building, if possible, especially if touching common high-touch surfaces. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol when you enter and before you leave the building.
- If using public transportation to get to and from the religious organization's facility, wash your hands when you enter and before you leave the building. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol.
- Maintain a distance of at least six feet from employees, volunteers, and other visitors, guests, or members when walking through the place of worship, whenever possible.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).

Resources

[AIHA: Effective and Safe Practices, Guidance for Custodians, Cleaning, and Maintenance Staff Guidance Document](#)

[AIHA: Employers' Guide to COVID-19 Cleaning and Disinfection in Non-Healthcare Workplaces Guidance Document](#)

[AIHA: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures](#)

[AIHA: Reducing the Risk of COVID-19 Using Engineering Controls Guidance Document](#)

[AIHA: Worker Rights White Paper](#)

[AIHA: Workplace Cleaning for COVID-19](#)

[ASHRAE: Coronavirus \(COVID-19\) Response Resources from ASHRAE and Others](#)

[CDC: COVID-19 – Cleaning and Disinfecting Your Facility](#)

[CDC: COVID-19 – COVID-19 Testing Overview](#)

[CDC: COVID-19 – General Business Frequently Asked Questions](#)

[CDC: COVID-19 – Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)

[CDC: COVID-19 – How to Wear Masks](#)

[CDC: COVID-19 – Protect Yourself When Using Transportation](#)

[CDC: COVID-19 – Use Masks to Slow the Spread of COVID-19](#)

[CDC: COVID-19 – Vaccines for COVID-19](#)

[CDC: Facilities COVID-19 Screening](#)

[Department of Labor: Coronavirus Resources](#)

[EPA: Can I Use Fogging, Fumigation, or Electrostatic Spraying or Drones to Help Control COVID-19?](#)

[EPA: List N](#)

[FDA: Non-Contact Temperature Assessment Devices During the COVID-19 Pandemic](#)

[OSHA: Access to Employee Medical and Exposure Records](#)

[OSHA: Hazard Communication Standards](#)

[OSHA: Heat](#)

[OSHA: Job Hazard Analysis](#)



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[OSHA: Recording Workplace Exposures to COVID-19](#)

[OSHA: Safety Management – Recommended Practices for Safety and Health Programs](#)

[San Francisco Department of Public Health: Attachment A-1 – Personnel Screening Form](#)

[U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19](#)

[U.S. Equal Employment Opportunity Commission: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)



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Disclaimer

AIHA is not legally responsible and shall be held harmless from all claims, causes of action, and demands, whatsoever, any third party may incur on account of damage, loss or injury resulting from adhering to these guidelines.

These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders.

These documents are subject to revision and shall be updated accordingly.

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