



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Reopening: Guidance for Worship Services and Religious Gatherings

Guidance Document

[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. The reopening of houses or places of worship during the continuing threat of COVID-19 should not be interpreted as a lessening of the threat of the virus. Failure to adhere to appropriate safeguards, including local, state and federal guidance during such services, could result in the continued spread of COVID-19.

SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through aerosolized respiratory droplets at close range. Airborne transmission from exposure to very small droplets over long distances is unlikely. However, there is evidence that this mode of transmission is possible, particularly in crowded, indoor spaces. People may also become infected by touching contaminated surfaces. The virus has been shown to survive in aerosols for hours and on surfaces for days. Infection can occur through eyes, nose, and mouth exposures. There is also strong evidence that people can spread the virus while pre-symptomatic or asymptomatic.

This document focuses on those houses of worship where people gather for religious services, rather than religious services found in the home. Other activities associated with religious organizations can include schooling, temporary sheltering and/or feeding for the needy, business meetings, conferences, retreats, and other social gatherings for cultural and sporting activities. Many of these same recommendations provided in this document can apply to these extended venues.

Some states have religious exemptions regarding social gathering guidelines issued on the COVID-19 pandemic, but most houses of worship in the U.S. have been shuttered since mid-March to combat

the spread of COVID-19. There are opportunities for houses of worship to follow established CDC and OSHA guidelines to protect employees, volunteers, guests and visitors. Administrative and, where possible, engineering controls should be applied with suggested periodicity for weekly or daily services, as well as for special events like weddings, funerals, holiday events, and other social gatherings for parents and children.

This guide helps address some of the pressing questions houses of worship may have, including:

- How can we protect the congregation, employees, volunteers, guests, and their children from exposure to the COVID-19?
- Can live streaming or outdoor services be used for services, weddings, funerals, gatherings, and religious study?
- How can we minimize the risk of disease transmission without contact tracing of positive COVID-19 individuals?
- 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?
- Can the choir be physically separated from the congregation, or should we use pre-recorded music?
- How do we manage comingling and shared facilities of indoor spaces with different religious orders?

At this time, it is unknown if houses of worship will be sparsely populated after stay-at-home restrictions are lifted, or if they will be flooded with the congregation returning to worship and participate in other religious social gatherings. This document offers practical guidance for religious organizations to implement interim measures to reduce the risk of transmitting the SARS CoV-2 virus or acquiring the COVID-19 disease. It addresses key questions, and provides tips for the



HEALTHIER WORKPLACES | A HEALTHIER WORLD

religious leaders, congregation members, guests and volunteers to support the institution.

What should employers, religious organizations, and leaders of places of worship do to protect themselves and their congregation, guests, and visitors?

Measures can be taken to reduce the risk of transmitting COVID-19 from touching surfaces or transmitting it from person-to-person by aerosolized respiratory droplets from coughing or sneezing, or by small aerosols (microfine viral particles in air) from close contact during normal conversation, singing, or prayer. Clear communication and utilization of social, print, and digital media can be used help educate the congregation on the appropriate control measures to protect their health. Employers, religious organizations, and leaders of places of worship should continually monitor global (World Health Organization – [WHO]), federal (Center for Disease Control [CDC]), state, and local guidelines for updates and changes in recommendations, cleaning and disinfecting strategies, and other best management practices. They also should seek guidance from regional, national, and international leaders relative to health policy and best practices, as well as consider forming a knowledgeable team to monitor, assess, and implement new strategies as they become available.

In addition, employers, religious organizations, and leaders of places of worship should consider the following strategies for reducing the risk of COVID-19 transmission in regards to physical distancing, increased ventilation and air filtration, enhanced cleaning and disinfecting practices, restrooms, religious study in classrooms, food preparation, communal contact surfaces, spiritual offerings, personal hygiene, employee wellness, respirator, face mask or cloth or disposable face covering usage, person-

al protective equipment (PPE), training, waste and laundering, and risk communication. Due to the wide variety of religions and houses of worship, functions, and sizes, it may not be possible for organizations to implement all of the following; however, trying to tackle the problem from multiple angles and with multiple layers can help reduce health risks. Employers, religious organizations, and leaders of houses or worship should support COVID-19 prevention activities, procedures, and education.

Physical Distancing

- Encourage the use of live streaming of religious services or conduct the religious services outdoors.
- Use social media, text, emails, and announcements during services, and other forms of communication (signage/email/text lists) to discuss steps being taken for the protection of the congregation members, employees, volunteers and guests.
- Mark distances, using tape/markers/paint/signage, of six (6) feet for pews, benches, rugs, mats, floors, altars, and other places that interface with the congregation. Seating or locations for prayer in houses of worship should be arranged in such a way as to maintain appropriate physical distancing (e.g., leave every other row of pews empty).
- A “party” should be understood to include only members of a household who live together and therefore can be seated together, but they should maintain a distance of 6 feet from other parties. For example, odd and even spaces could be left in each row so that nobody sits/stands directly behind the other person.
- Train religious leaders, employees, volunteers, and guests on physical distancing while entering or leaving a house of worship.
 - Make this a key point while addressing the congregation in print and verbally: “Hello, thank you for coming in, we will be keeping a physical distance of 6 feet for your health”.



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Shaking hands or exchanging physical affection with each other should be strongly discouraged.
- Gatherings in groups outside or inside places of worship should be discouraged, except for groups that already live together.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you don't 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.
- Encourage anyone who is sick has a fever, symptoms, or someone at home is sick to remain home, or, if they are present, to exit the premises.
- Limit the number of attendees for any large worship service or gathering. Consider using call/text-ahead program to announce limits on the family unit/group size.
- Funeral services held in funeral homes may be acceptable, so long as services comply with physical distance guidelines. Receiving lines should not be permitted. Attendance at receptions, meal functions, or other gathering should be limited so as to comply with physical distancing guidelines.
- Wedding services held in venues other than in houses of worship may be acceptable so long as such services comply with physical distancing guidelines. Receiving lines are not recommended. Receptions, meal functions, or gatherings before or after the service should limit attendance.
- Where appropriate, the use of overflow rooms and drive-in services can be effective for proper physical distancing.
- Passing of a common collection basket or any other items between multiple parties should be discouraged.
- Sacred books, hymnals, missals, etc. can remain in the house of worship for general use, however, they will need to be disinfected after use. To reduce cleaning and disinfecting time between services, the congregation can bring their own personal sacred books to service, which would then be taken home after each service. Alternatively, provide individual, disposable printed copies of specific weekly passages.
- Holy water fonts (or stoups) at the entrance or exit to a church should be removed from service, since these are commonly touched surfaces.
- If worshipers wish to receive a spiritual offering or prayer, follow an established traffic pattern in one direction to/from their seat while maintaining physical distancing. Touching of any surfaces should be discouraged.
- Religious services that distribute communion are highly encouraged to adhere to additional precautions, including:
 - Faith traditions that allow for the use of individual pre-packaged communion elements are encouraged to do so.
 - Use of a common communion cup shared between parties should not be permitted.
 - Eucharistic ministers and other lay people providing communion must first thoroughly wash and sanitize their hands.
 - Practice physical distancing for persons receiving communion.
 - Releasing one row at a time for communion will prevent long lines from forming, thereby compromising physical distancing.
- 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. For example, nursery services should not be permitted.



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Recommend use of pre-recorded music/singing only and discourage congregation members from singing out loud to avoid infection of 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.**
- Close off all confessionals and, instead consider providing virtual or telephonic sessions and/or open room confessions.
- Limit the number of persons attending business meetings, retreats, conferences, or visiting the house of worship while maintaining physical distance. Consider virtual meetings.
- Wash religious garments and linens after each service or other scheduled event using the highest water temperature setting possible for the garments.
- Use employees or volunteers to hold open doors to the house of worship, so that those attending are not touching common door handles.
- Take steps to dismiss the congregation in an orderly fashion and pace the departure at the end of the service so as to prevent the interaction between parties at distances less than 6 feet.
- Use of perfumes and colognes should be discouraged to prevent sneezing and coughing by those sensitive during a religious service.
- If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) [COVID-19 \(Coronavirus\) Preparedness Resources](#) updates 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 to help reduce localized aerosol concentrations.
- If fans, such as pedestal fans or ceiling mounted fans, are used inside the building, take steps to minimize the air velocity and avoid having the air-flow blowing from one person directly toward any other individuals. If fans are disabled or removed, those responsible for facility employees should remain aware of, and take steps to prevent, [heat-related hazards](#).

Enhanced Cleaning and Disinfecting Practices

- Select appropriate disinfectants – consider effectiveness and safety.
 - The U.S. Environmental Protection Agency (EPA) has developed a [list of products](#) that meet EPA's criteria for use against SARS-CoV-2.
 - 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 Safety Data Sheets (SDS) and follow manufacturer specifications for cleaning/disinfecting.
 - Consider consulting an Occupational and Environmental Health and Safety (OEHS) Science Professional or Industrial Hygiene expert if addi-

Ventilation

- Provide natural ventilation by opening windows and doors whenever possible to increase air flow. If windows and doors cannot remain open, provide good indoor air quality by:
 - Keeping HVAC system operational to maintain thermal comfort and maximize outdoor air based on system design.
 - Maintaining the relative humidity at 40-60%.
 - Limiting the use of portable pedestal or overhead ceiling fans



HEALTHIER WORKPLACES | A HEALTHIER WORLD

tional advice is needed. AIHA has a [consultants list](#) of such qualified professionals.

- Establish a disinfection routine.
 - Ensure disinfection protocols follow product instructions for application and contact time. All items should be allowed to dry thoroughly after cleaning.
 - Use disposable wipes or rags when available. If not available, ensure rags are maintained, handled, and cleaned per product instructions.
- Consider developing a standard operating procedure, a checklist, or audit system to consistently train employees on enhanced cleaning/disinfecting practices or to track when and how cleaning and disinfecting is conducted. Note that this may be a requirement in some states or local jurisdictions.
 - All contact surfaces used in any religious ceremony, including reused sacred books, should be disinfected after each use.
 - Consider cleaning any HVAC return air grilles after a religious service function.
 - Non-porous surfaces, such as floors, benches, alters, and other contact surfaces, should be visibly clean.
 - Consider marking seating as “clean” or “disinfected” or place some form of color-coding tape or label.
 - Tell the congregation of the best work practices that are being followed to reduce the risk of exposure.
- Remind the congregation, guests, and volunteers not to leave behind any used facial tissues or personal articles.
- Prayer rugs should be laundered regularly using the highest water temperature setting possible.

- Clean all common areas visited by the congregation, guests, and children.
- Frequently (i.e., twice a day at minimum) clean and disinfect high-touch/shared surfaces such as: doorknobs, light switches, toilet handles, faucets and taps, elevator buttons, and railings.

Restrooms (**NOTE: See Supplement guidance on use of air dryers**)

- Post signage limiting restroom occupancy to allow for proper physical distancing and to remind employees, religious staff members, volunteers, and visitors to wash hands before and after using the restroom.
- Minimize touchpoints entering and existing restrooms, if possible.
- If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so a paper towel can be used when touching the handle and then discarded.
 - Consider controlling access to bathrooms with a key so disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- Doors to multi-stall restrooms should be able to be opened and closed without touching handles if possible.
- Place signs indicating that toilet lids (if present) should be closed 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 and air dryers in restrooms.¹
 - The WHO and CDC currently state that hands can be dried using a paper towel or hand dryer.

¹NOTE VERSION CHANGE: In version 1 of this guidance document, in the section titled “Restrooms” it stated to disconnect or tape off the hand dryer. NOTE: See [Supplement guidance on use of air dryers](#).



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Due to current uncertainties surrounding the transmission of SARS-CoV-2, care should be taken when using a hand dryer or paper towel.
- The use of touch or push hand dryers is discouraged due to possible surface contamination. If hand dryers are used, consider touchless devices.
- Businesses and employers should 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.

Personal Hygiene

- At minimum, employees, religious staff members, and volunteers should wash their hands after they have been in a public place, after touching their face covering, after blowing their nose, coughing, or sneezing, after using the restroom, after touching any common contact surfaces, and before eating. **Avoid touching eyes, nose, or mouth with unwashed hands.**
- Employees, religious staff members, and volunteers should wash hands with clean, running water, apply soap, lather and scrub for at least 20 seconds, then rinse. Dry hands using a clean paper towel or air dry. When soap and water can't be used, use an alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol. Any use of alcohol-based hand sanitizers should follow local and State guidelines.
- Provide hand sanitizer or hand washing stations at the entrance and exit to the building, each classroom, and any other rooms where persons may gather. Stations should also be placed in convenient locations, such as at entrances, exits, near elevators, and restrooms. Touch-free hand sanitizer dispensers should be installed where possible.

Employee Wellness

- Health checks and reporting requirements of individuals infected with COVID-19 should be explained to employees, religious staff members, and volunteers prior to reopening and again once operations have resumed.
- Communicate to employees and volunteers the importance of being vigilant when monitoring symptoms and staying in touch with their employer or manager if or when they start to feel sick.
- Revisit your leave or sick program to allow for time off and follow all HR Policies and HIPAA/other regulatory requirements.
- Conduct employee religious staff member and volunteer temperature screening and wellness checks before each service. **(NOTE: be sure to comply with OSHA's Access to Employee Exposure Medical Records standard for confidentiality.)**
 - Temperature screening methods can include manual (use non-contact infrared thermometers) or thermal camera meeting [FDA recommendations](#). Additional screening information/guidance can be found on the [CDC website](#).
 - Assign an employee to manage and conduct the temperature screenings while following CDC guidelines in the above link. If this is not possible, employees can self-check their own temperature.
 - Screening should be done in a manner such that the privacy of employees is respected.
 - Perform a visual inspection for other signs of illness (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, extreme fussiness, cough).
 - Employees, religious staff members, and volunteers who have a fever of 100.4° F (38° C) or above, or other signs of illness should not be admitted to the facility.



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Employers can consider incorporating a wellness questionnaire with questions such as:
 - Have you, or a person you have been in close contact with, been diagnosed with COVID-19 within the last 14 days? (close contact is 6 feet or less for more than 10 minutes.)
 - Have you experienced any cold or flu-like symptoms in the last 72 hours (to include fever, shortness of breath, cough, sore throat, difficulty breathing, nausea, vomiting, and diarrhea)?
 - Have you traveled to an international or domestic “hot spot” in the last 14 days?
 - There are a number of examples available for wellness questionnaires (see Resources below).
- Require employees, religious staff members, and volunteers who have symptoms or signs (i.e., fever, cough, or shortness of breath) or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.
- Sick employees should follow the CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met in consultation with healthcare providers and state and local health departments. Consider waiving requirements for medical documentation during the pandemic, as the CDC has advised people with mild illness NOT to go to the doctor’s office or emergency room.
- If an employee, religious staff member, or volunteer is sick or receives positive COVID-19 test results, results should be reported to employer. In the case of a positive COVID-19 test result, the employee must stay home until cleared for physical return to the workplace by their medical provider, following the CDC’s [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).
- If an employee, religious staff member, or volunteer tests positive:
 - 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.
 - Engage HR immediately and enforce all applicable HR rules and regulations.
 - The employee shall be isolated to the area they are in currently and removed from the work site for a minimum of 14 days.
 - Any individuals having “close contact” (within approximately 6 feet) with the sick employee should also be isolated from the work site for 14 days; and all other employees should continue to follow physical distancing rules. Communicate and reinforce with employees, while maintaining PII and HIPAA requirements, that they may have been exposed and to closely monitor their health, temperature, and current symptoms as identified by the CDC. Contact tracing and sharing of employee information should be done under the guidance of Human Resources due to privacy requirements of HIPAA, ADA, and EEOC. See the CDC’s [“Coronavirus Disease 2019 \(COVID-19\) General Business Frequently Asked Questions”](#).
 - Enhanced cleaning and disinfecting should be done immediately by trained personnel, who should wear face coverings and gloves, dispose of gloves after use, and wash hands and face when complete. Visibly dirty surfaces shall be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, use only EPA-registered disinfectants on [List-N](#).



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Other Control Measures

- Although not necessary, if hand-washing protocols are rigorously followed, consider providing disposable gloves to employees, especially when cleaning and disinfecting the building, removing waste materials, and cleaning the restrooms.
 - If gloves are worn, they must be changed regularly and they are not a substitution for hand-washing.
 - Remove or replace any gloves that are torn or damaged. Users should check their gloves frequently for any damage.
- Ensure that all contractors working inside a building use universal precautions, PPE, and other established procedures. Anyone who is unwilling to follow the established protocol should be asked to leave.
- Depending on local requirements, for those who cannot maintain physical distancing, provide or encourage all employees to wear a cloth or disposable face covering whenever physical distancing cannot be maintained (indoors or outdoors). Ensure the face covering is properly maintained and cleaned. Additional information on cloth face coverings can be found on [CDC's website](#). **(NOTE: Cloth or disposable face coverings primarily protect other people. A cloth or disposable face covering is not a substitute for physical distancing.)**
- Plan for employee absences by developing flexible attendance and sick-leave policies, plan for alternative coverage, and monitor and track COVID-19 related employee absences.
- Stay informed about local COVID-19 information and updates in your geographic area.
- Facility rental programs should be suspended if they cannot adhere to gathering restrictions and physical distancing.

Training

- Employees and volunteers should be given information and training about physical distancing, processes, and hygiene practices.
- Provide instruction and training to all employees and volunteers on:
 - Recognizing and understanding the symptoms of SARS CoV-2 exposure.
 - Properly putting on and removing respirators, surgical masks, and/or gloves.
 - Cleaning and disinfecting surfaces according to product specifications.
 - Reporting any unsafe or unhealthful working conditions to religious leaders.
 - Getting formal training on OSHA's global hazard communication standard relative to chemicals used for cleaning.
 - Controlling and staggering entry and exit from a house of worship or other scheduled venue.
- Provide SDS' for cleaning chemicals and ensure employees are aware of the hazards of use.
- If advice is needed, industrial hygienists have expertise in selecting PPE and providing necessary training.
- Store any commercial or industrial chemicals in an appropriate location and by hazard chemical classification.
- Implement and inform employees of supportive workplace policies as applicable:
 - Flexible sick leave policies consistent with public health guidance. Providing paid sick leave is an important way to encourage employees to stay home when sick.
 - Consider not requiring a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness in order to qualify for sick leave. If you do require a doc-



HEALTHIER WORKPLACES | A HEALTHIER WORLD

tor's note from your employees to verify that they are healthy and able to return to work, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Get more information related to the [Americans with Disabilities Act during the COVID-19 pandemic](#).

- Flexibility to stay home to care for a sick family member.
- 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's](#) and the [Equal Employment Opportunity Commission's](#) websites.
- Employee assistance program and community resources to help employees manage stress and receive support.
- Encourage employees at increased risk for severe illness to request special accommodations to allow them to perform their job duties safely while also protecting sensitive employee health information.
- Post signs and reminders at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. This should include signs with images for non-English readers, as needed.
- Provide Safety Data Sheets (SDS) for cleaning and disinfection products and ensure employees are aware of the hazards of use. Incorporate new hazards into existing OSHA Hazard Communications Program.
- Employees should receive, at minimum, awareness training on cleaning and disinfection products used in the workplace following OSHA Hazard Communication Standards. For employees who will use cleaning and disinfecting products, training should

also include proper use, PPE, disposal, and all precautionary measures.

Waste and Laundering

- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Any reused cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
- Deeper cleaning and disinfecting protocols should be developed and implemented in cases where confirmed cases of COVID-19 are discovered. Refer to AIHA's [Workplace Cleaning for COVID-19](#).

Communication

- Communicate to the congregation members, volunteers, and guests what is being done to mitigate the spread of COVID-19 (e.g., disinfection routine, health policies for employees, physical distancing, and health and safety measures in-place).
- Consider communicating the visible symptoms of COVID-19 exposure and learning about people in the congregation who may be at high risk of transmitting the virus (e.g. taking care of someone who is COVID-19 positive, exhibiting symptoms of COVID-19, being an essential worker in a high-risk category, etc.).
- Understand that religious organizations have the right to refuse any religious service and ask the person to leave if anyone is exhibiting symptoms of illness or does not following established guidelines (e.g., physical distancing, hand sanitizing).
- Platforms for verbal/written communication can include an oral reminder before services begin and the use of social media, websites, and posting of information on indoor/outdoor signs.
- Communicate with the congregation if scheduled events and religious services are changed, postponed, or cancelled.



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Congregants should be frequently reminded to clean their hands upon entry and exit.

What should Employees do to protect themselves and guests?

- Employees should evaluate their health continuously; if they are sick, have a fever or symptoms, or someone at home is sick, then they should remain home. **NOTE: Employer HR Policies, HIPAA guidelines and other laws should be followed at all times.**
- Maintain cloth or disposable (or better if you have it) face covering, clean or replace frequently, and use at minimum when unable to maintain physical distancing of 6-feet.
- Depending on local requirements, in alignment with CDC recommendations, wear a cloth or disposable face covering whenever physical distancing cannot be maintained (indoors or outdoors). Ensure the face covering is properly maintained and cleaned. Additional information on cloth face coverings can be found on [CDC's website](#). **(NOTE: Cloth or disposable face coverings primarily protect other people. A cloth or disposable face covering is not a substitute for physical distancing.)**
- With the exception of children less than two, and individuals who have difficulty breathing, are unconscious, or otherwise unable to remove a face covering without assistance, CDC recommends that all people wear a cloth or disposable face covering in public settings and when around people who don't live in their household, especially when other physical distancing measures are difficult to maintain.
- Non-medical cloth or disposable face coverings are NOT Personal Protective Equipment (PPE), but they do offer some protection to others and should be worn while near other people in common spaces or shared workspaces. They are not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- Remove cloth or disposable face coverings correctly and wash hands after handling or touching a used face covering.
- Wash cloth face coverings after each use. Cloth face coverings can be included with regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering. Use the highest heat setting and leave in the dryer until completely dry. If air drying, lay flat and allow to completely dry. If possible, place in direct sunlight.
- Maintain good hygiene practices (washing hands with soap and water for at least 20 seconds or a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol). For more information, refer to [CDC's handwashing guidelines](#).
- Encourage those who are sick or at greater risk to stay home. This includes:
 - People with underlying medical conditions.
 - People who live with elderly people or those who are at risk.
 - People with upper respiratory or 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 who have been exposed to someone with COVID-19.
- Employers should educate employees, and volunteers to recognize the [symptoms of COVID-19](#) and provide instructions on what to do if they develop symptoms. At a minimum, any worker should immediately notify their supervisor, their health care provider, and the local health department, who will provide guidance on what actions need to be taken.
- If an employee tests positive for COVID-19:



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Stay home and isolate until cleared for physical return to the workplace by your medical provider, following the CDC's [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).
- Contact your supervisor and report your results as soon as possible.
- Notify your supervisor about others in the workplace with whom you came into contact.
- Wash your hands when you arrive, after each religious service or completed work task, after touching your face covering, after blowing nose, coughing, or sneezing, after using the restroom, after touching any common contact surfaces, before eating and when you leave the building at the end of the ceremony or workday. **Avoid touching your eyes, nose, or mouth with your unwashed hands.**
- Let your employer know if you have concerns about PPE that may be provided to you and that you are properly instructed on how to use it. [The CDC has recommended sequences for donning and doffing PPE.](#)
- Report any adverse effects from wearing a respirator, face mask, or cloth or disposable face covering. Don't remove the respirator, face mask, or cloth or disposable face covering while inside the building or classroom, even if you are in physical distress. Notify the religious leaders if you have a medical condition (e.g., cardiovascular, pulmonary, etc.) that would preclude you from wearing a respirator, a face mask or cloth or disposable face covering.

NOTE: If an employer chooses to provide or the employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.

- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you don't 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.

- Employees should wear a cloth or disposable face covering if they are unable to maintain 6-feet of separation from congregants.

Worker Rights

AIHA believes that basic protections are worker rights, as well as an essential ingredient of occupational health and safety systems, and that employers must provide a safe and healthful work environment.

What can a Congregation do to minimize the transmission of COVID-19?

- Encourage those who are sick or at risk to stay home. This includes:
 - The elderly.
 - People with certain underlying medical conditions (e.g., diabetes).
 - Family members who live with elderly people or those who are at risk.
 - People who have access to those at risk in nursing institutions, prisons, or other confined work environments.
 - People who have upper respiratory or flu-like symptoms.
 - People who live with someone with upper respiratory or flu-like symptoms.
 - People with COVID-19 or live with someone with COVID-19.
 - People who have been exposed to someone with COVID-19 within the past 14 days.
- Attend live stream or remote religious services or services outdoors to further reduce the risk of exposure.



HEALTHIER WORKPLACES | A HEALTHIER WORLD

- Limit the number of items touched while inside a building or classroom.
- Wear a cloth or disposable face covering from the time you enter the house of worship, gathering or classroom, until you leave.
- Wash your hands before and after you leave the facility, if possible. If not, use hand sanitizer before entering and before you leave the building, gathering or classroom.
- Maintain at least 6-foot distance from members of the congregation, religious employees, and volunteers when walking in or out of the building, gathering or classroom.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you don't 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.
- Numerous [wellness questionnaire examples](#) are available online
- The EPA has developed a [list of disinfectants](#) for use against SARS-CoV-2
- ASHRAE has a [list of COVID resources](#) for commercial buildings.
- AIHA's Indoor Environmental Quality Committee developed these guidance documents about re-opening and cleaning buildings after closures due to COVID-19: [Recovering from COVID-19 Building Closures](#) and [Workplace Cleaning for COVID-19](#)
- AIHA's [Considerations on the Safe Use of UVC Radiation](#)
- AIHA's [Focus on Construction Health: COVID-19](#)
- AIHA's [Effective and Safe Practices: Guidance for Custodians, Cleaning and Maintenance Staff](#)
- AIHA's [Employers Guide to COVID-19 Cleaning & Disinfection in Non-Healthcare Workplaces](#)
- AIHA's [Reducing Risk of COVID-19 Using Engineering Controls](#)
- AIHA's [PPE for SARS-CoV-2](#)
- AIHA's [Use of Real Time Detection Systems](#)
- AIHA's [Proper Use of Respirators for Healthcare Workers & First Responders](#)
- AIHA's [Workers Rights White Paper](#)

Resources

- [CDC Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- CDC Health Screening [“Should we be screening employees for COVID-19 symptoms?”](#) section of General Business Frequently Asked Questions



HEALTHIER WORKPLACES | A HEALTHIER WORLD

AIHA®

AIHA is the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety (OEHS) in the workplace and community. Founded in 1939 as the American Industrial Hygiene Association® (AIHA®), we support our members with our expertise, networks, comprehensive education programs and other products and services that help them maintain the highest professional and competency standards. More than half of AIHA's nearly 8,500 members are Certified Industrial Hygienists (CIH), and many hold other professional designations. AIHA serves as a resource for those employed across the public and private sectors, as well as to the communities in which they work. For more information, visit [AIHA.org](https://www.aiha.org).

About Occupational and Environmental Health and Safety Professionals

Occupational and environmental health and safety (OEHS) professionals (also known as industrial hygienists) practice the science of anticipating, recognizing, evaluating, controlling and confirming workplace conditions that may cause workers' injury or illness. Through a continuous improvement cycle of planning, doing, checking and acting, OEHS professionals make sure workplaces are healthy and safe.

- Get additional resources at AIHA's [Coronavirus Outbreak Resource Center](https://www.aiha.org/coronavirus).
- Find a qualified industrial hygiene and OEHS professionals near you in our [Consultants Listing](https://www.aiha.org/consultants).

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.

AIHA makes no representations or warranties of any kind concerning its Copyrighted Material, either express or implied, including without limitation any implied warranties of merchantability, title, infringement or fitness for a particular purpose. AIHA shall be indemnified, defended and held harmless by all third parties and their directors, officers, agents, employees and assigns, and anyone authorized by any of them, from and against any and all claims, liabilities, losses and damages, including reasonable attorneys' fees, caused by or arising wholly or in part from the use of the Copyrighted Material.



| backtoworksafely.org

Periodically scan this QR Code to check if any new versions of AIHA's guidance documents have been posted, as well as to find guidance documents for other businesses and industries.



HEALTHIER WORKPLACES | A HEALTHIER WORLD