



“Bulletin from the Bishop”

Praise the Lord!

I pray all is well with you, your immediate family, and your church family.

As we navigate our way through this period of COVID-19, I am encouraging everyone to be careful, use wisdom, and follow the CDC guidelines which are attached to my bulletin.

100 years ago, Philadelphia chose a parade over social distancing during the 1918 Spanish flu – and paid a heavy price. In 1918 the Spanish influenza, was reported to be a brutal disease. It arose as World War I was ending and killed an estimated 50 million people worldwide -- 675,000 in the United States alone.

The symptoms were like the Coronavirus -- it attacked the lungs and made breathing difficult. According to the [Centers for Disease Control and Prevention](#), the 1918 Spanish influenza infected approximately 500 million people, or one-third of the world’s population. The **plan** devised during the 1918 Spanish influenza is like what we are doing today -- self-isolation, wearing masks to help guard against coughing and sneezing, and limiting public gatherings. Some states such as St. Louis limited its gatherings to 20 people, closed schools, amusement places, playgrounds, libraries, pool halls, city courts, churches, and put restrictions on department store hours.

In Biblical Israel’s lifetime there were pandemics. In Numbers 21, the Canaanite King, Arad, fought against Israel and captured some of them as prisoners of war. Israel made a vow to the Lord saying, “If thou wilt indeed deliver this people into my hand, then I will utterly destroy their cities.”

The Lord listened to Israel, delivered the Canaanites into their hands, and Israel destroyed them and their cities. However, because their journey’s passageway from then on was hard, the people became greatly discouraged. They spoke against God, and against Moses saying “Wherefore have ye brought us up out of Egypt to die in the wilderness -- there is no bread, neither is there any water; and our soul loatheth this light bread.” As a result, God sent fiery serpents among the people; they bit the people; and a great number of the people of Israel died. The people came to Moses and confessed their sin of having spoken against the Lord, and him and asked him to pray that the Lord would take away the serpents. And Moses prayed.

In prayer, God gave Moses this **plan**: make a fiery serpent, attach it to a pole, and tell those who were bitten to look up at it, and they would live.

And Moses followed the God-given **plan**. He made a brass serpent, attached it to a pole, and it came to pass, that if a serpent had bitten anyone, when they looked at the brass serpent, they lived. I encourage you again, as we flow back into the church to congregare, to follow the **plan** of the CDC ([Centers for Disease Control and Prevention](#).) I believe it is a plan approved by God. Live, use wisdom and be safe.

CDC Instructions for Consideration:

Safety Actions:

Promote healthy hygiene practices

- Encourage use of a cloth face covering at all gatherings and when in the building by everyone except children aged less than 2 years old.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans
- Consider posting signs on how to stop the spread of COVID-19 and promote everyday protective measures, such as washing hands and covering coughs and sneezes and properly wearing a face covering.

Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently touched surfaces at least daily and shared objects between use.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promote social distancing

- Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA (Religious Freedom Restoration Act.)
- Consider video streaming or drive-in options for services.
- If appropriate and possible, add additional services to weekly schedules to maintain social distancing at each service, ensuring that clergy, staff, and volunteers at the services ensure social distancing to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Space out seating for attendees who do not live in the same household to at least six feet apart when possible; consider limiting seating to alternate rows.

- Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult, such as funerals, weddings, religious education classes, youth events, support groups and any other programming.
- Avoid or consider suspending use of a choir or musical ensemble during religious services or other programming, if appropriate within the faith tradition. Consider having a soloist or strictly limiting the number of choir members and keep at least six feet between individuals.
- Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.

Limit community sharing of worship materials and other items

- Consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer books, hymnals, religious texts and other bulletins, books or other items passed or shared among congregants, and encourage congregants to bring their own, if possible, photocopying, or projecting prayers, songs, and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Consider mitigating the risk of transmitting COVID-19 posed by close physical contact among members of the faith community during religious rituals as well as mediated contact through frequently touched objects, consistent with the community's faith traditions and in consultation with local health officials as needed.
 - If food is offered at any event, have pre-packaged boxes or bags for each attendee whenever possible, instead of a buffet or family-style meal.
- Avoid food offerings when it is being shared from common dishes.

Monitoring and Preparing: Check for signs and symptoms

- Encourage staff or congregants who are sick to stay at home.

Plan for when a staff member or congregant becomes sick

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision. Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) or other applicable laws and in accordance with religious practices.
- Inform those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and follow CDC guidance if symptoms develop.

- Close off areas used by the sick person and do not use the area until after cleaning and disinfecting it; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait if possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff and congregants not to return to the facility until they have met CDC's criteria to discontinue home isolation.

Maintain healthy operations

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).
Monitor absenteeism and create a roster of trained back-up staff. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

Closing:

- Check state and local health department notices daily about transmission in the community and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to close, then properly clean and disinfect the area and the building where the individual was present

In Short, guidelines that places of worship must consider:

- Limiting the use and sharing of prayer books, hymnals, prayer rugs, cups, and other frequently touched objects, which cannot be easily cleaned from one person to the next.
- Religious institutions are also expected to have hand sanitizers and soaps in their facilities.
- Members are encouraged to observe social distancing and wear a face mask at the church.