

RETURNING TO SACRED SPACES AMID COVID-19: A Cleveland Clinic Guide



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We're on the Same Team



The COVID-19 pandemic has been a season of change and unprecedented challenges. While the future seems uncertain, we need to keep pushing forward together. Our communities want to know what will happen next. Will they be safe? How are organizations adapting? What can they expect from the future?

As leaders, we need to deliver clear, accurate and concise answers to these questions. We owe it to our employees and those they serve. Communication has never been more important. Honesty and transparency are essential. It's time to share information, not to withhold it. We are all on the same team. Not only within our organizations, but in our broader industries and communities.

The COVID-19 pandemic has brought out the best in America's workforce, whatever they do. As we begin to transition to the world's "new normal," there are many new health and safety issues to consider. To help ease this transition, we offer our Cleveland Clinic AtWork® services. I urge you to read this book carefully and visit our *Creating a Safe Workplace* site (clevelandclinic.org/covid19atwork). Both offer expert insight and resources for safe operations.

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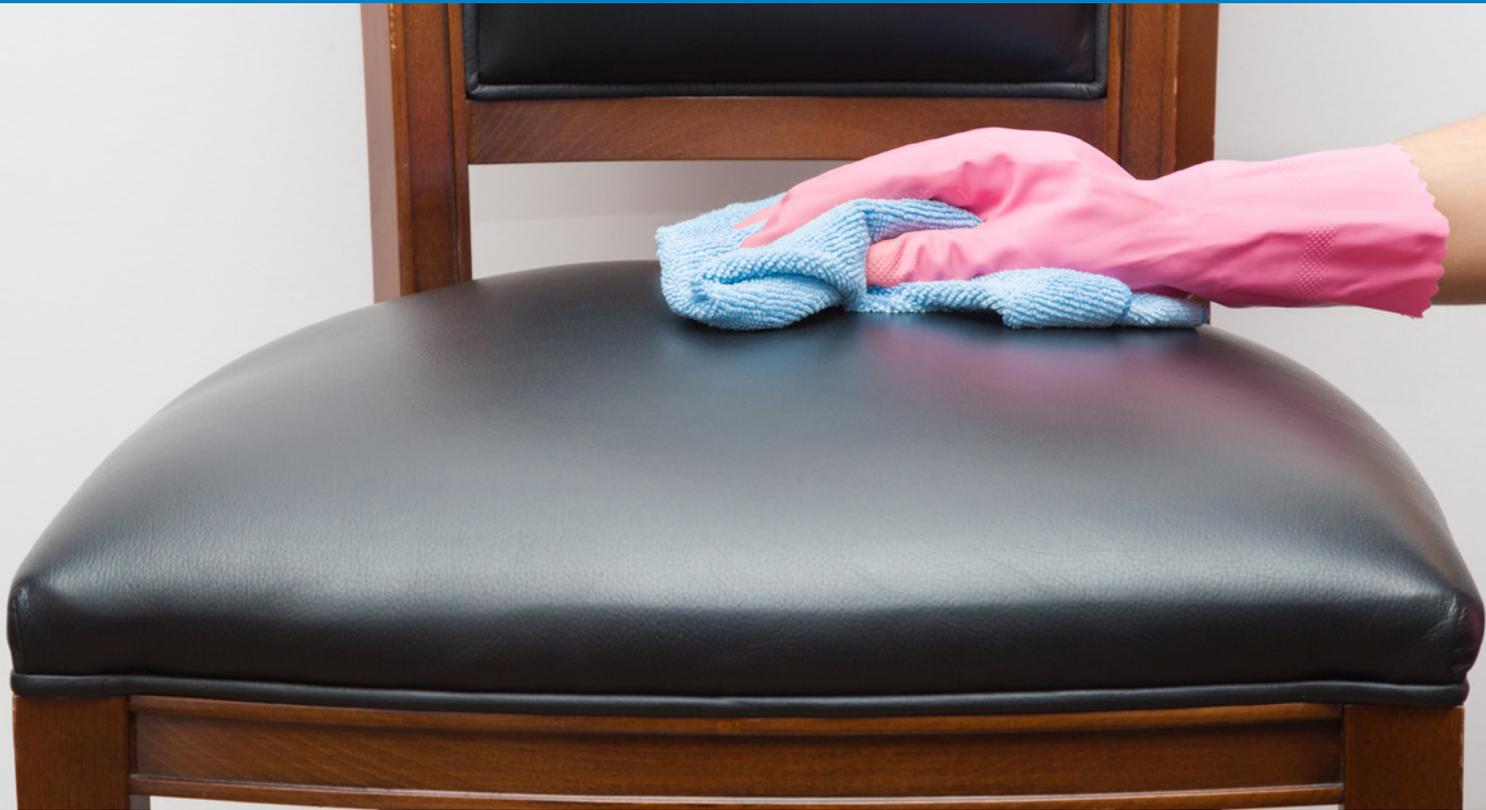
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Overview

The COVID-19 pandemic has created a number of new challenges. While faith leaders, congregants and staff may feel a sense of urgency to get back to normal, there are important safety guidelines that should be followed to allow for safe, stable operations.

These resources will help you through the key steps of operating your sacred space amid the COVID-19 pandemic, including:

- › Making sure your facility is fully clean, disinfected and equipped with a blueprint for maintaining safe conditions.
- › Setting up a support system for congregants and staff as they navigate the emotional challenges presented by the COVID-19 pandemic.
- › Creating a plan for a safe environment that protects faith leaders, congregants and staff alike from risks connected to COVID-19, including exposure and transmission.

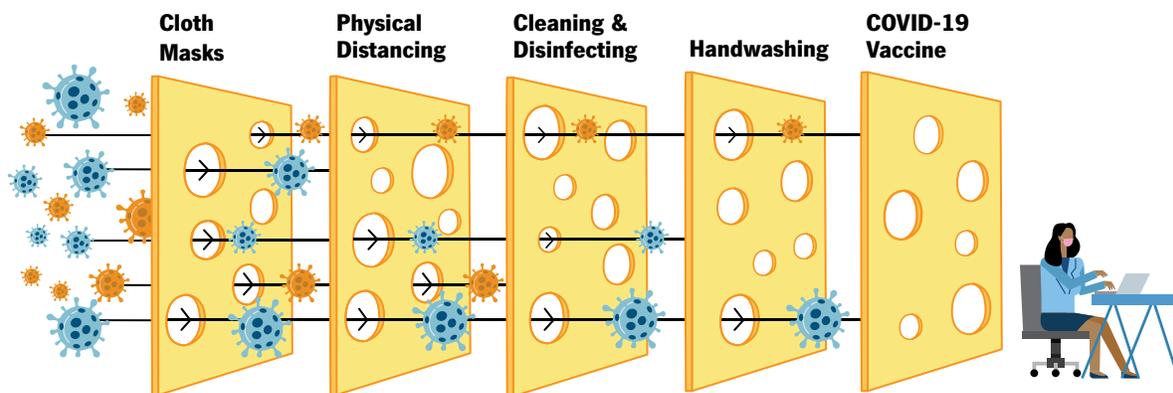
*The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of **March 23, 2021**. This guidance may change from time to time and should be used only as a general reference. Faith leaders are solely responsible for determining the best practices to deploy within their sacred spaces.*

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

Adding Layers of Protection

This guide describes many ways to keep the safety of your congregants and staff central to your COVID-19 planning and response. While no single tactic is 100% effective, when used together, they add layers of protection. These proven practices address a variety of risk points and should be considered as a collection of actions to keep your workplace safe in the era of COVID-19.

In 1990, James Reason, PhD, introduced the “**Swiss Cheese Model**” that has been adopted to improve safety across many industries. In any communal setting, there are inherent risks. Most of the time these risks are never realized because safeguards are in place to prevent them. These safeguards are represented in his model as multiple layers of swiss cheese. However, every process has “holes” that, under the right circumstances, can line up and lead to an error, accident or “hazard” as Reason described it.



The COVID-19 pandemic requires multiple layers of protection to keep the sacred space safe. These layers of swiss cheese serve as safeguards for your organization and your people. When used together consistently, the holes (or weaknesses) in any single layer of protection should be offset by the strengths of another layer of intervention.

Per Reason’s model, the more layers of effective interventions that are implemented, the less likely your sacred space will contribute to the spread of COVID-19. For example, face coverings can slow the spread of COVID-19 and help prevent pre-symptomatic carriers from unknowingly transmitting it to others. However, no mask is 100% effective. Maintaining 6 feet from other individuals in your sacred space is an effective way to reduce transmission of the virus,* but may not always be possible. Cleaning and disinfecting equipment is extremely important, but it is impossible to keep a surface completely disinfected between cleanings. Frequent handwashing is essential to prevent the spread of the virus, and is just one element of a larger infection prevention strategy. Encouraging your employees to get the COVID-19 vaccine when they are eligible will help communities build herd immunity. While any one of these interventions is not perfect, when used in conjunction with a broader range of safety practices, the risk of COVID-19 transmission is significantly reduced.

This guide provides an overview of these safeguards to prevent the risk of infection spreading in your sacred spaces and tools to support your faith community through these trying times.

General Recommendations

The best ways for congregants and staff to protect themselves from COVID-19:



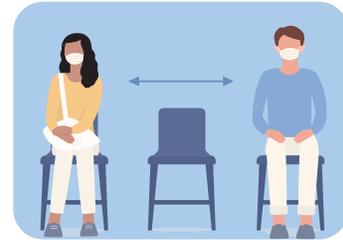
Wear a face mask:

Protect yourself and others with a snug-fitting, non-valved, multilayer face mask at all times when outside of your home. This includes indoor and crowded outdoor spaces. Try to avoid touching your face.



Cover your mouth and nose:

When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve, rather than your hands. Properly dispose of your tissue in a trash can.



Practice social and physical* distancing:

Avoid non-essential group gatherings and crowded places. Maintain a 6-foot* distance from others.



Get vaccinated:

Be sure to get the COVID-19 vaccine when it becomes available to you.



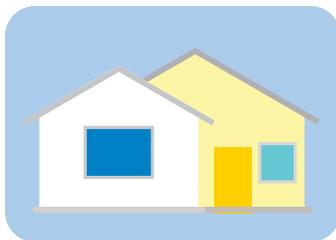
Wash your hands:

Stop the spread of disease-causing germs by washing your hands often. Use hand sanitizer if soap and water are not available.



Clean and disinfect:

Use a virus-killing disinfectant to clean frequently touched surfaces such as phones, keyboards, doorknobs, handles and faucets.



Stay home when sick:

Avoid leaving home if you are sick. If you want or need to connect with your healthcare providers, first do so by phone or through virtual visits.



Avoid care facilities:

Limit nonessential visits to nursing homes, long-term care facilities or retirement communities, and ensure diligence with safety protocols if you do visit.



Maintain healthy habits:

Get enough sleep, eat healthy foods, drink plenty of water and exercise, if you are able, to help keep your immune system strong.

Health and Safety

Make sure your sacred space is safely and responsibly resuming operations for employees. Following these guidelines will help facilitate a safer environment as your sacred space reopens.

Face masks

Non-valved, multilayer face masks can be used for source control outside the home. Studies from the Centers for Disease Control and Prevention (CDC) have shown that face masks effectively limit spread of the COVID-19 virus, protecting wearers as well as those around them when used as a complement to physical and social distancing. They are not a replacement for adequate distancing.

The CDC recently published research suggesting that layering a cloth mask over a surgical mask, double masking when a mask only has one layer, or knotting and tucking a single mask, may improve the fit of masks and provide additional protection from potentially infectious particles. However, if your mask already has multiple layers and fits tightly, it is not necessary to double mask.

How to wear a mask or face cover

The CDC recommends keeping these criteria in mind when wearing a mask or face cover:

- › It should be snug but comfortable against the sides of the face.
- › It should cover the nose, mouth and chin.
- › It needs to be secured with ties or ear loops.
- › It should be non-valved and made with multiple layers of material.
- › It must allow you to breathe without restriction.
- › It should be able to withstand machine washing and drying and not get damaged or change shape.

How to keep masks and face covers clean

The CDC recommends washing cloth face masks frequently, either by hand or in a washing machine. Individuals should take care not to touch their eyes, nose, mouth or face when removing a worn face covering, and to wash their hands immediately after removing them as they may carry infectious contaminants.



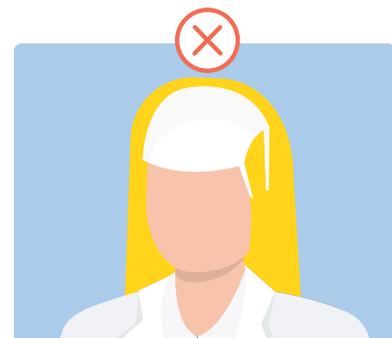
Correct



Mask Necklace



Mask Goatee



Mask Visor

Handwashing

Washing our hands is one of the easiest and most important things we can do to stay healthy and stop the spread of bacteria and viruses.

Wash your hands:

- › Whenever they look dirty.
- › Before, during and after you prepare food.
- › Before eating.
- › Before and after contact with an ill person.
- › Before and after treating a cut, sore or wound.
- › After using the toilet or changing diapers.
- › When entering or exiting the sacred space.
- › After blowing your nose, coughing, or sneezing. (Wash your hands more often when you are sick to prevent spreading your illness to those around you.)
- › After touching animals or animal waste.
- › After touching garbage, body fluids, or anytime you have doubt if your hands are clean.

What's the proper technique for hand washing?



Wet your hands with clean running water (warm or cold).



Lather your hands with soap. Rub together 20+ seconds. Don't forget wrists, back of hands, between fingers and under nails.



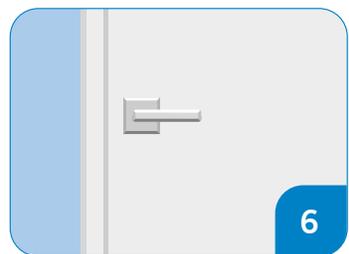
Rinse your hands well under running water.



Turn off the water with your elbow (or a clean towel).



Dry your hands with a clean towel or air dry them.



Used a towel? Use it to open the bathroom door.

When should we use alcohol-based hand sanitizers?

The CDC recommends washing hands with soap and water whenever possible to reduce the amounts and types of all germs and chemicals on them. However, if soap and water are not available, an alcohol-based

hand sanitizer that contains at least 60% alcohol should be used. Hand sanitizers with lower alcohol levels are not as effective in killing germs.

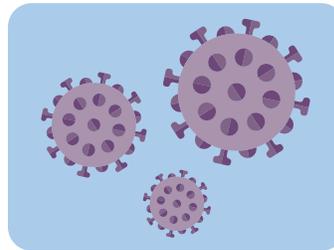
Vaccination

The arrival of the first COVID-19 vaccines sparked excitement, hope and anticipation for better days ahead. But for the COVID-19 vaccine to put an end to this deadly pandemic, enough of us need to get it. Cleveland Clinic strongly encourages you to get the vaccine when you're eligible.

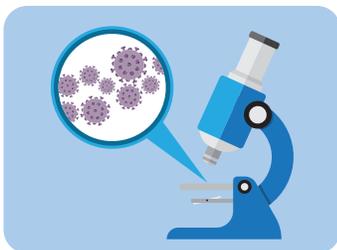
How was the COVID-19 vaccine developed and how does it work?



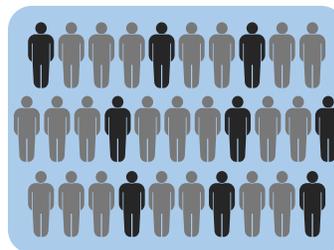
Vaccines save millions of lives each year from deadly diseases caused by viruses or bacteria. Because of the COVID-19 pandemic, work on a vaccine to protect against the virus is happening at lightning speed. That doesn't mean they're skipping important steps along the way, though.



Normally, a vaccine works to train your body to recognize and respond to proteins that are produced by a bacteria or virus. All three authorized vaccines work by getting your immune system to defend itself if you are exposed to COVID-19.



Similar to other vaccines, pharmaceutical companies had to go through a well-defined process of research, development and approval before their COVID-19 vaccines can be authorized for emergency use.



We know how quickly COVID-19 can spread from person to person. When a large number of people in a community are vaccinated, the virus can't spread as easily. Encouraging as many people as possible to receive a safe and effective COVID-19 vaccine is the best way we can begin to slow the spread of the virus.

Is the COVID-19 Vaccine Safe?

Yes. Given the speed of development of these vaccines, it's understandable that there are questions about whether or not there's been enough research and testing to ensure the vaccines are safe. But all vaccines must go through rigorous clinical trials to determine safety and efficacy, with at least two months of patient follow-up, and report their findings to the FDA.

As with many vaccines, you may be sore where it's injected. You may also develop fatigue, fever and muscle aches afterward. This seems to be more common with the second dose of vaccine. If this happens, it means your immune system is taking notice of the vaccine and reacting.

Should I be concerned about a severe allergic reaction to the COVID-19 vaccine?

No. Allergic reactions, including shortness of breath and hives, were uncommon during COVID-19 vaccine trials. All recipients receiving the vaccine will be monitored for at least 15 minutes after vaccination for possible immediate hypersensitive reactions. If you have a history of allergic reactions to vaccines, talk to your healthcare provider before receiving a COVID-19 vaccine.

What side effects can I expect from the vaccines?

In the clinical trials, the vaccines were very effective with only mild side effects that are common in all vaccines. These include fever, fatigue, muscle aches and headache. There were no serious safety concerns.

If I've had COVID-19 should I get vaccinated anyway?

We still recommend that you get the vaccine even if you've had COVID-19. However, you may consider waiting 90 days after getting infected as it's not common to get COVID-19 again within three months of first being infected.



If I'm pregnant, breastfeeding or trying to conceive, can I get immunized?

While pregnant and breastfeeding women weren't included in the first COVID-19 vaccine trials, safety data is reassuring. Since the vaccines don't contain the live virus, they aren't thought to increase the risk of infertility, miscarriage during the first or second trimester, stillbirth or birth defects. There's also no evidence to suggest the vaccine is a risk to a breastfeeding baby. That said, getting the vaccine while trying to conceive, during pregnancy or when you are breastfeeding is a personal choice. We encourage you to talk to your Ob/Gyn to help you make a decision together.

Screening

The CDC recommends screening your congregants and staff by:

1. Having congregants and staff take their temperature before coming to their sacred space, or when they arrive.



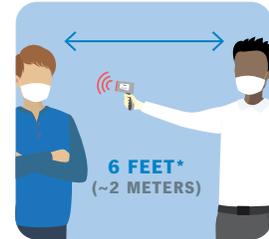
Confirming their temperature is less than 100.4°F (38.0°C).



Confirming they are **NOT coughing or experiencing shortness of breath.**



Looking for signs of illness, which could include flushed cheeks and/or fatigue.



Maintaining at least 6 feet* distance between the person taking the temperature and the person being screened.

2. Following recommended barrier controls, or using proper PPE for screeners:

- › Stand behind a physical barrier (glass or plastic partition) to protect their face and mucous membranes from respiratory droplets that may be produced when someone coughs, sneezes or talks.
- › If no physical barrier is available, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of your face), a single pair of disposable gloves and a gown if you expect to have extensive contact with someone.
- › Clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.
- › Use a new pair of disposable gloves. If disposable or non-contact thermometers are used to screen multiple people and you did not have physical contact with an individual, you do not need to change your gloves before the next check.
- › Look for signs of illness, which could include flushed cheeks or fatigue.
- › Confirm individuals aren't coughing or experiencing shortness of breath.
- › Check the individual's temperature by reaching around or through an opening in the partition. (Keep your face behind the barrier at all times.)
- › If non-contact thermometers are used, follow the manufacturer's instructions for cleaning and disinfecting.
- › Reusable thermometers must be cleaned between each check.
- › After screening the last person, remove and discard PPE and gloves, and clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.

Asymptomatic screening for those with known exposure

The CDC recommends COVID-19 testing for unvaccinated persons who have been in close contact with an individual who has been diagnosed with COVID-19. Individuals with known exposure should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.

Preparing the Sacred Space

Faith leaders must take appropriate precautions to reopen their sacred spaces to create a safe, protected environment for faith leaders, congregants and staff. This includes assessing exposure risk, potential exposure sources and transmission routes, and appropriate controls.



Clean and Disinfect

Plan

- › **What needs to be cleaned?** Not all areas will need the same level of cleaning. For example, in spaces left unoccupied for 7 or more days, only routine cleaning is needed. High-touch surfaces (e.g., sinks, doorknobs, elevator buttons, etc.) should be prioritized and disinfected regularly.
- › **What resources and equipment are needed?** Consider the size and availability of your current environmental services or janitorial workforce, the type and availability of cleaning products, and what personal protective equipment (PPE) is appropriate for those cleaning.

Implement

- › **Clean visibly dirty surfaces** with soap and water prior to disinfection.
- › **Use the appropriate cleaning or disinfectant product.** Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.
- › **Follow the directions on the label.** The label will include safety information and application instructions.
- › **Clean or replace air filters regularly** per manufacturer's instructions.
- › **Post a list** that indicates the date and time high-touch areas were cleaned last.

Maintain

- › **Continue routine cleaning and disinfection.** Continue or revise your plan based upon appropriate disinfectant and PPE availability. Routinely disinfect frequently touched surfaces at least daily.
- › **Maintain safe practices for additional layers of protection,** such as frequent handwashing, using cloth face coverings, staying home if you are sick and social distancing.
- › **Empower employees to keep their work areas clean** by providing EPA-approved cleaning products.

Preparing the Sacred Space

Distancing

The sacred spaces we return to will need to look and feel very different than they did before COVID-19. Although we are reentering the sacred space, maintaining social distance will still be important for the safety of congregants and staff.

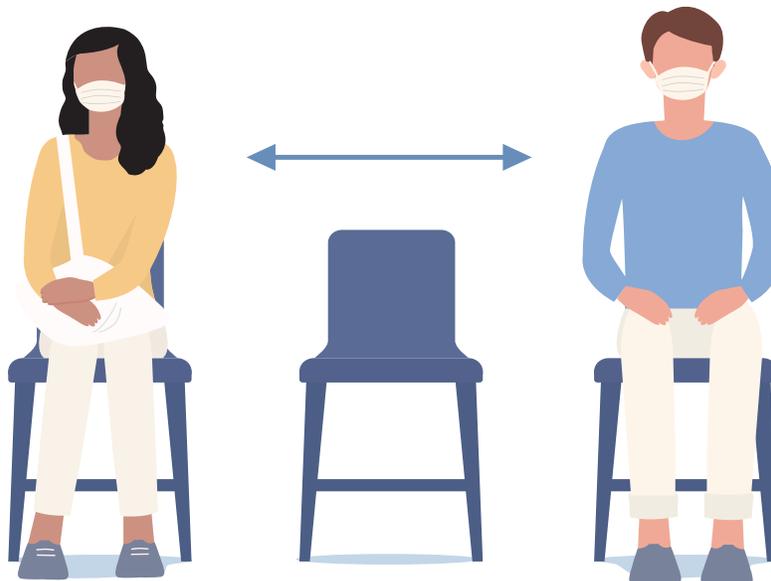
Social distancing means avoiding large gatherings. Physical distancing means maintaining distance (at least 6 feet or 2 meters*) from others when possible. Both social and physical distancing are important precautions. Faith leaders should consider the following distancing strategies:

- › Set limits on how many people are in your building at one time. This may mean changing your policies to allow flexible worksites (e.g., work-from-home) and flexible service hours (e.g., staggered services).
- › Increase physical space between people in the sacred space. This may include:
 - Adding extra space between seats to ensure 6 feet* of distance between staff.
 - Encouraging congregants and staff to avoid elevators, and reducing elevator capacity.
 - Creating one-way traffic flow through aisles, stairways and hallways.
- › Altering meeting practices to phone or video rather than in-person whenever possible. When a physical meeting is required, ensure 6 feet* of space between each person, insist that all congregants and staff wear masks, and clean and disinfect meeting room surfaces.
- › Postpone non-essential travel and events.

S → A → F → E

SIX AWAY FROM EVERYONE

Keep 6 feet between you + others to help prevent the spread.



*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.



Communicating with Your Staff

The COVID-19 pandemic is a complex situation that requires frequent and consistent communication with all stakeholders. As reports of the illness and its toll from other nations began to surface, Cleveland Clinic leadership, along with its Corporate Communications team, began planning a coordinated response.

Even into the second year of the pandemic, congregants and staff continue to face uncertainty that they cannot escape professionally or personally. COVID-19 is everywhere. At Cleveland Clinic, our communications approach was to demystify information and provide our caregivers with the knowledge they needed to do their jobs.

We communicate with every caregiver frequently. Each communication had relevant COVID-19 information they needed to know to support our accelerated response. With every message, we expressed our support and gratitude for their dedicated service to our organization and communities.

Communicating with Your Staff

Below are some best practices to consider as employees and congregants head back to sacred spaces in 2021.

Plan

- › **Maintain an incident command team or COVID-19 task force** that includes representatives from your Communications team. Meet regularly and share information that communication professionals can provide to the organization.
- › **Leadership involvement is a critical necessity** and should include a cadence of regular communications to all your key audiences. Communication from leadership should be planned and provide valuable, consistent information to your staff and congregants.
- › **Ensure your reactivation efforts align with your organization's values and mission** and tie them into your communications and messaging.
- › **Identify target audiences**, what information they need, how they will receive it and how often.
- › **Reimagine how you communicate.** Evaluate the tools you have in place and identify how to utilize them in this evolving pandemic.
- › **Tell your staff to be vigilant** about procedures, to peer-identify people who they see putting themselves at risk, and to take care at home to protect their families.
- › **Don't forget to tell your people how much you appreciate them.** Assure them of the continuity of your mission, vision and values.
- › **Be flexible.** An open-minded approach is essential as you rethink and reimagine the best ways to address your communication needs with staff.

Develop

- › **Develop repetitive, consistent messaging.** Ensuring that everyone understands what is happening given the speed with which it's occurring is difficult. Script important messages for different sources and echo them throughout several different communications (e.g., e-newsletters, intranet postings, phone and video meetings, conversations with managers, talking points, etc.).

Monitor

- › **Designate a point person** to review all communications before they are distributed to ensure a consistent approach. Inconsistency breeds rumors and mistrust.
- › **Monitor comments** on the intranet and social media. Respond when necessary, and consult with experts as needed to dispel rumors, answer questions and address concerns.

Recognizing Symptoms

As your employees return to work, they may still have concerns about possible exposure to COVID-19* — and how to tell the difference between symptoms of the virus and other common illnesses. It is important to educate your employees about the symptoms of COVID-19. These resources will help you and your workers recognize symptoms.

What Symptoms Should I Be Watching For?

Patients with confirmed infection with COVID-19 reported these symptoms (as of **March 23, 2021**):



Fever.



Chills.



Cough.



Shortness of breath or difficulty breathing.



Diarrhea.



Nausea or vomiting.



Muscle or body aches.



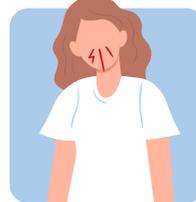
Congestion or runny nose.



Headache.



Fatigue.



New loss of taste or smell.



Sore throat.

This list does not include all possible symptoms. Children have similar symptoms to adults and generally have mild illness.

Symptoms can range in severity from very mild to severe. In about 80% of patients, COVID-19 causes only mild symptoms. For an up-to-date list of symptoms, please consult the CDC's website.

*The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most recent recommendations, please visit www.cdc.gov.



How do I handle an employee who has symptoms or becomes ill at work?

Follow these steps if one of your employees begins having suspected COVID-19 symptoms or feels ill during the work day:

- › Immediately separate the employee who is ill from other workers, customers and visitors.
- › Send the employee home and instruct them to follow-up with a healthcare provider for appropriate testing and treatment.
- › Close off all areas that the ill employee was using until they can be cleaned appropriately.
- › Refer to the CDC’s guidance for cleaning and disinfecting your building when someone is sick.

What should I do if an employee has been exposed* to someone who has COVID-19?

Follow these procedures for employees who have been exposed to someone but don’t have symptoms:

- › Screen all of your employees before and when arriving at work each day with symptom or other screening tools (e.g., temperature).

- › Perform regular self-monitoring as outlined by your occupational health program.
- › Ensure affected employees quarantine from the workplace for an appropriate time from the date of exposure based on local guidance. This is typically 14 days, but can vary with testing and concerns around variant strains.
- › Unvaccinated individuals with known exposure* should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.

Fully vaccinated individuals who meet the following criteria are not required to quarantine:

- › They are fully vaccinated (2 weeks have passed since the second dose in a 2-dose series, or 2 weeks after their dose in a single-dose vaccine).
- › They are within 3 months following the last vaccine dose in the series.
- › They remain asymptomatic since their current exposure* to COVID-19.

Fully vaccinated people should still self-monitor for symptoms of COVID-19 for 14 days following exposure, and seek clinical evaluation if indicated.

*The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most recent recommendations, please visit www.cdc.gov.



Wellbeing and Resiliency

The COVID-19 pandemic has been an unprecedented event, disrupting our way of life and causing increased stress and anxiety for people everywhere. Information is rapidly changing and can be confusing, even scary. While some faith leaders, staff and congregants may successfully manage their anxiety levels, the ongoing situation can be overwhelming for everyone.

According to the CDC, stressors associated with an infectious disease outbreak can include:

- › Fear and worry about your own health and the health of your loved ones.
- › Changes in sleep or eating patterns.
- › Difficulty sleeping or concentrating.
- › Worsening of chronic health problems.
- › Worsening of mental health conditions.
- › Increased use of alcohol, tobacco or other drugs.

Wellbeing and Resiliency

Managing stress

Following these steps to manage stress can go a long way to help your congregants and staff cope with the ever-changing environment and help keep those around you calm and focused. Encourage individuals who seem unable to manage the increased levels of stress and anxiety to explore available resources.



Exercise regularly. Aerobic exercise (e.g., walking, running, hiking or playing with your kids/pets), can help release endorphins (natural substances that help you feel better and maintain a positive attitude).



Maintain a healthy diet. Stress can adversely affect your eating habits and your metabolism. The best way to combat stress or emotional eating is to be mindful of what triggers stress eating and to be ready to fight the urge.



Connect with others. Fear and isolation can lead to depression and anxiety. Reach out to family members, friends and colleagues regularly via phone, text, FaceTime or other virtual platforms.



Take a break. While it's important to stay informed of the latest news and developments, the evolving nature of the news can get overwhelming. Find a balance of exposure to news that works for you. Whenever reasonably possible, disconnect physically and mentally.



Get enough sleep. It's especially important that individuals get the recommended amount of sleep to help them stay focused on work and on managing the stress the current outbreak can bring. Experts recommend avoiding alcohol and stimulants like caffeine and nicotine before bed.

Guidance for Sacred Spaces

Return-to-sacred space guidance for faith leaders focuses on ensuring the safety of congregants, staff and faith leaders. Reducing the risk of exposure to COVID-19 by cleaning and disinfecting is an important part of reopening sacred spaces and requires careful planning. Depending on the size of your organization, consider creating task forces to oversee areas such as facilities, dining halls, recreation/sports, children’s activities, rituals (communion, baptism, etc.), religious life and mission activities. Overall guidelines from the CDC for faith-based communities are updated regularly at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html>

There are several steps faith leaders can take to prepare for the return to their sacred spaces, including:

Clean

- › **Clean and disinfect all high-touch areas**, such as pews, seating, kneelers, handrails, door hardware, light switches, tables, chairs, hard surfaces, faucets, candle holders, rest rooms, changing tables, trash receptacles and audio-visual equipment.
- › **Per CDC guidelines, if the building is in use the bathroom facilities should be cleaned and disinfected at least twice daily.**
- › **Keep surfaces clear as much as possible** to allow for sanitation with disinfectant wipes throughout the day.
- › **Enhance cleaning of all areas**, including more frequent cleaning of buildings, common areas and meeting spaces using EPA-approved disinfectants that meet CDC requirements for use and effectiveness against viruses, bacteria, and airborne and bloodborne pathogens (<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>). If these are not available use 1/3 cup bleach to 1 gallon water solution or 70% alcohol solution.
- › **Provide sanitizing wipes and hand sanitizer stations in high-traffic spaces** (e.g., public and personnel entrances, restrooms) and other common spaces.
- › **Change filters in HVAC** according to manufacturers’ instructions.
- › **Encourage people to be responsible for cleaning their own spaces.**

Disinfect high-touch areas frequently:



Light Switches



Door Knobs and Locks



Chairs and Seating Areas



Coffee Maker

Screen

- › **Insist that anyone who is feeling ill stay home.**
- › **If you don't already do so, provide alcohol-based hand sanitizer stations at each entrance**, in each room and in all common areas and sacred spaces. Advise congregants to remove gloves upon entry to encourage the use of hand sanitizer.
- › **Consider reassigning staff in high-risk groups** (e.g., those >65 or with pre-existing conditions) to tasks that limit their exposure.*
- › **Remind congregants and staff of your commitment to health and safety prevention measures** with signage near the entrance, and inside classrooms, gym, lounges and restrooms. Include reminders about the importance of hand washing, face masks and physical distancing, as well as cough etiquette.
- › **Encourage congregants, staff and their families to get the seasonal influenza vaccine, the COVID-19 vaccine when it becomes available to them, and all other required vaccinations.**
- › **Train staff and volunteers to policies and procedures.**

Distance between

- › **Encourage all members/congregants to wear non-valved, multilayer face masks** when in public spaces.
- › **Consider holding virtual services as often as possible.** Stagger in-person and virtual services to reduce the number of occupants in the building at one time.
- › **Consider having multiple services** to allow for smaller size groups and social distancing of 6 feet per family with adequate cleaning time between services.** Consider separate services for the immunocompromised and at-risk populations.
- › **Discourage congregants from sharing supplies and equipment.**
- › **Request that congregants and staff wear non-valved, multilayer face masks** that cover the chin, mouth and nose when attending the services or visiting the building for any purpose. Consider having cloth masks available at main entrances.
- › **Use signage to prompt and reinforce distancing.**
- › **Consider limiting the number of access points to and from outside** so that all entrants can be screened for temperature and the use of face masks.
- › **Staff and faith leader office hours should be held virtually** as often as possible. Conduct visits with congregants virtually or by phone when possible. If home visit is necessary, wear a face mask, ask congregant to wear a face mask and practice frequent hand hygiene.
- › **Assess your visitor and guest policies** to maximize the sacred experience while limiting occupancy as part of physical distancing practices.
- › **If you have recreational space, review fitness/physical education practices.** To maintain physical distancing, you may need to reconsider the use of fitness equipment and, if you elect to even open the gym, to limit the number of members permitted to use the gym at one time. Consider closing the gym altogether or close throughout the day for a thorough cleaning. Provide appropriate disinfecting supplies for members and staff to use before and after they use the equipment. No one who is ill should be allowed to enter the gym.
- › **Change transportation procedures.** Limit the number of people on the bus at any one time. Use markings on the seats to limit seat occupancy to ensure social distancing. Disinfect seats as they are vacated, and frequently disinfect handrails and other surfaces.
- › **Do not allow use of water fountains and ice makers.** Use bottled water instead.
- › **Reduce air recirculation** and increase the amount of fresh air introduced into environments by opening windows whenever possible. Minimize the speed of airflow in conditioned spaces.
- › **Use wisdom, judgment and an abundance of caution when it comes to organizing missionary and volunteer work** depending on how hard hit their area is/has been with COVID-19. Also consider asking senior missionaries (60+) to be relieved of service duties.

Faith-Based Rituals

Worship Services

- › Educate membership on what the process will be upon returning (i.e., mask wearing, hand washing, screening protocols before arrival at services).
- › Have a virtual and/or outdoor option if possible.
- › Consider having multiple services to allow for smaller size groups and social distancing of 6 feet per family with adequate cleaning time between services*.
- › Consider separate services for the immunocompromised and at-risk populations.
- › Avoid shaking hands or hugging during passing of the peace or other greetings. Consider an alternate salutation like putting hand over heart or peace sign to avoid physical contact.
- › Consider replacing hymnals, Bible and sacred texts with words on a large screen or single-use disposable sheets. Remove other items that could be passed between people such as pens and offering envelopes.
- › Children's ministries can use the daycare CDC protocols guiding size of groups, hygiene, etc. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- › Clean microphones, headphones, computers, laptops, etc. after every use. Keep a record of when each item was cleaned.
- › Use physical guidelines (tape on the floor to mark off spaces) and one-way traffic patterns when possible to maintain distances.
- › Most experts continue to support that singing together without maintaining strict social distancing is dangerous. This includes both choir and congregational singing. At the very least, non-valved, multilayer face masks should be worn over the nose, mouth and chin, and physical distance maintained.

Offering

- › Do not pass the plate. Have a basket at entry or a safe place.
- › People that count the money should wash their hands thoroughly after and not touch their face.

- › No envelopes. Encourage online giving.

Anointing of the sick

- › Priest/Pastor should not be immunocompromised or in a high-risk category.
- › Hospitals will allow PPE, but education to donning/doffing need to be completed to prevent self-contamination.
- › Contact the hospital's spiritual care department to discuss options for anointing of the sick.

Communion

- › Consider having families bringing their own components or purchase individual prepackaged components.
- › Denominations have developed their own guidelines around who can bless the host and how it can be dispensed safely.
- › Suspend drinking from communal cup and reception of communion directly on the tongue.

Baptism

- › Several denominations have developed ritual specific guidelines around age and types of baptism (immersion, pouring, sprinkling) and who can baptize as a proxy in an emergency.
- › For immersion, follow the EPA guidelines for maintaining your specific water facility with an EPA-approved aquatic disinfectant specific to eradicating SARS-CoV-2 and follow the manufactures instructions. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Islam: Cleansing the body, Wudu ritual

- › Perform the ablution/wudu at home, when possible, prior to entering into your congregation.
- › When ablution/wudu needs to be done at the mosque's (or center's) restroom, do not congregate in the restroom. Limit the capacity and ensure proper distancing.
- › Ensure regular cleaning of the restroom and/or area where ablution/wudu is performed.

Faith-Based Rituals

Mass gatherings: bris, bar mitzvah, first communion, weddings and funeral protocol

- › Travel and non-essential gatherings should be postponed.
- › Consider outdoor and open spaces, not limited or confined venues.
- › Limit numbers, and have considerations for vulnerable (immunocompromised or elderly) guests, such as video feeds of the event, or an isolated place where they can watch separately.
- › Rabbi should mask during the circumcision.
- › Encourage graveside services when possible.
- › Consider using funeral homes as they are more equipped to maintain protocols.
- › Visit <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html#plan-prepare> for more information.

Community meals and feeding the homeless

- › Follow CDC guidelines for restaurants and bars, which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-restaurants-bars.html>.
- › Consider curbside pickups or drive through.
- › Consider boxed foods to go.
- › Picnic style eating with families together.
- › Encourage outdoor seating when possible.
- › Best practices from the FDA: <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-up-delivery-services-during-covid-19>

What to do if one of your staff or congregants is diagnosed with COVID-19?

- **Isolate the symptomatic individual** and any person who may have come into contact with the individual. Known contacts should be tested for COVID-19 and quarantine for a period of 14 days unless they are fully vaccinated and meet guidelines set forth by the CDC.
- **Send home any faith leaders or staff with symptoms of COVID-19** and instruct them to self-isolate for 14 days from the onset of symptoms, as recommended by the CDC. They should also be instructed to follow-up with a healthcare provider for appropriate testing and treatment.
- **Instruct faith leaders and staff to contact their manager immediately** if they notice that a colleague is exhibiting symptoms of COVID-19.
- **Report confirmed cases of COVID-19 immediately** as required by local health authorities. Reach out to your local health department with any questions.
- **Close areas used by infected individuals until they have been properly sanitized.** These areas should be closed until enhanced cleaning with EPA-approved disinfectants can be accomplished according to CDC guidelines. Ensure that whoever cleans the building and its equipment follows requirements and guidelines from the CDC and any local governing bodies that may have jurisdiction, and wears appropriate PPE.
- **Clean surfaces and equipment thought to be contaminated,** if possible, with EPA-approved disinfectants that are appropriate for the surface in accordance with CDC guidelines. As viruses survive for different periods of time, consider the surface type when determining the amount of time it cannot be used. If a surface cannot be cleaned, the CDC recommends isolating porous surfaces for 24 hours, and hard surfaces for a period of 7 days before handling.

The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of **March 23, 2021**. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

About Cleveland Clinic

Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education. Cleveland Clinic was founded in 1921 by four renowned physicians with a vision of providing outstanding patient care based upon the principles of cooperation, compassion and innovation. Today, Cleveland Clinic is one of the largest and most respected hospitals in the country. *U.S. News & World Report* consistently names Cleveland Clinic as one of the nation's best hospitals in its annual "America's Best Hospitals" survey. Each year thousands of patients travel to Cleveland Clinic from every state in the nation and more than 180 countries around the world.

Cleveland Clinic AtWork is registered in the U.S. Patent Office. Cleveland Clinic has been partnering directly with employers for more than 50 years with programs focused on executive health, wellness and expert second opinions. If you are interested in learning more about Cleveland Clinic's Employer Solutions, please visit: <https://my.clevelandclinic.org/departments/employer-healthcare-solutions>.

For more information about how to cope with the COVID-19 pandemic, visit clevelandclinic.org/copingwithcovid19.

