



**Kansas City Public Health Interim Guidance**  
**For Communities of Faith**

COVID-19 pandemic is still in Kansas City, MO. The coronavirus is still deadly and capable of quickly taking many lives. As the City of Kansas City, MO moves into its reopening phases, all residents, business owners and employees must continue to observe and practice all COVID-19 physical distancing requirements. The Mayor’s Order has identified enforceable requirements. The following guidelines are based upon the Health Department’s recommendations and should be strongly considered as the minimum level of protective measures needed to prevent the spread of the virus.

<b>Audience</b>	<b>KCMO Health Department Recommendation</b>	<b>Other Mitigating Strategies</b>
Communities of faith, especially those that typically gather in person	<p>Reopen at 25% building capacity (indoors) and up to 250 individuals outside, maintaining social distancing and records of attendees</p> <p>Require that all individuals age 2 and older wear facial coverings indoors, and outdoors when it is not feasible to maintain social distance.</p>	<p><a href="#">CDC Guidance for Faith-Based Organizations</a></p> <p><b>Cancellations/Closure</b> Monitor local, state, and national reports to remain aware of community spread.</p>

Local and federal health authorities offer the following recommendations to help communities of faith continue their mission while keeping their staff and congregations safe. This guidance is not intended to infringe upon First Amendment rights as provided in the US Constitution. As all Americans are now aware, gatherings present a special risk for increasing spread of COVID-19 during this Public Health Emergency. ***These recommendations are intended to ensure that religious gatherings can be carried out as safely as feasible while preventing future outbreaks of COVID-19.***



**Warning: Scientific evidence clearly establishes that when groups of individuals gather together there is a higher risk of transmission of COVID-19. While this activity or gathering may be approved by the KCMO Health Department (KCHD) because it meets the minimum standards to provide protective measures, if actually followed, a risk still exists for transmission of the virus. All participants and event organizers need to understand the risks of gatherings and to personally assume those risks. KCHD does not guarantee the safety of participants and event organizers for this event with respect to the dangers of potential transmission of COVID-19.**

### **(Re) Opening**

- Establish and continue communication with local authorities to determine current mitigation levels in your community.
- Continue to offer services virtually (by remote viewing) or via drive-in options for vulnerable populations.
- Protect staff and congregants who are at higher risk for severe illness by encouraging the use of virtual options, if possible.
- Limit the size of in-person gatherings to 25% capacity indoors and up to 250 individuals for outdoor events, while maintaining social distancing, in accordance with the updated guidance and directives of local authorities. People who do not live together should be seated at least one row apart.
- Maintain records of attendees who choose to provide their contact information so that they can be informed of potential exposure in the event of an outbreak.
- Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis or refer them to other available resources.
- Encourage other entities using the facilities to also follow this guidance.
- If the facility offers childcare or educational programming for children and youth, follow [CDC guidance for youth-serving organizations](#).

### **Safety Actions**

#### **Promote healthy hygiene practices**

- Require the use of a [cloth face covering](#) at all gatherings and when in the building by everyone except children ages 2 or younger, due to the risk of choking. Not using a cloth face covering may also be appropriate at times for some individuals who have trouble breathing or need assistance to remove their mask/face covering.
- 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.



- Post signs that indicate 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, sanitize, and disinfect](#) frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day, 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 products 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, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.

**Based on what we know now from the CDC, [those at high-risk](#)\* for severe illness from COVID-19 are:**

- People **65 years and older**
- People who live in a nursing home or long-term care facility
- People who live or interact frequently with persons with not well controlled underlying medical conditions

***People of all ages with underlying medical conditions, particularly if not well controlled, including:***

- People with **chronic lung disease** or **moderate to severe asthma**
- People with **high-blood pressure**
- People who have **serious heart conditions**
- People who are **immunocompromised**
- **Many conditions can cause** a person to be immunocompromised, including **cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids** and other **immune weakening medications**
- People with **severe obesity** (body mass index [BMI] of 40 or higher)
- People with **diabetes**
- People with **chronic kidney disease undergoing dialysis**
- People with **liver disease**

***\*if more than one = very high risk***



- [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**

- Discourage attendees from hugging, kissing, or shaking hands. Request printed signs from the Health Department by contacting Amber Booker (email at [Amber.Booker@kcmo.org](mailto:Amber.Booker@kcmo.org) or call at 816-513-6362).
- Continue to provide video streaming or drive-in options for those who are particularly vulnerable to COVID-19 infection.
- If feasible, 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.
- Hold 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. Limit seating to alternate rows.
- Limited attendance and virtual options for attendance are strongly recommended for gatherings such as funerals, weddings, religious education classes, youth events, support groups and any other programming.
- Suspend the use of a choir or musical ensemble during religious services, practices, or other programming, as singing forcefully expels droplets from the lungs, and several outbreaks have been traced to choir practices and performances. Soloists should stand 12 ft. away from others while performing, use their own (dedicated) microphones, and avoid touching lecterns, podium, or other surfaces.
- Allow clergy to 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**

- Encourage congregants to bring their own worship aids, prayer books, and other texts to prevent the sharing of frequently touched objects whenever possible. Provide photocopies or electronic copies of these materials whenever feasible.
- Modify the methods used to receive financial contributions. Utilize a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Mitigate the risk of transmitting COVID-19 by limiting close physical contact among members of the faith community during religious rituals, as well as during times when members typically share ritual materials (e.g., communion cups).



- 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.

### **Train all staff**

- Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

## **Monitoring and Preparing**

### **Check for [signs and symptoms](#)**

- Encourage staff and 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 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 it after cleaning and disinfection; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as 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.
- These guidelines are subject to repeal or amendment at any time based on the evolving COVID-19 situation here in Kansas City! Please check the City's website frequently for updates ([www.kcmo.gov/coronavirus](http://www.kcmo.gov/coronavirus)).