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Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. More information on Are you at higher risk for serious illness?

This interim guidance is based on what is currently known about the Coronavirus Disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

Summary of Recent Changes

Revisions were made on March 21, 2020 to reflect the following:

- Clarification of appropriate mitigation strategies based on level of community transmission of COVID-19 and when a person with confirmed COVID-19 has been in the facility.
- Consistency with guidance for other community settings (e.g., schools).
- Additional considerations regarding:
  - when to cancel, postpone, or modify gatherings;
  - examples of how to modify religious services;
  - providing support to the local community (e.g., mental and spiritual health, social services); and
  - your organization's contribution to addressing rumors, misinformation, fear, and anxiety.

Community- and faith-based organizations (CFBOs), working together with schools, businesses, healthcare systems, and state, local, tribal, and territorial health departments, have an important role in slowing the spread of diseases, especially among high risk populations.

- Guidance for CFBOs is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission.
- Guidance is also provided for what to do when a person who is a confirmed COVID-19 case has been in your facility, regardless of the level of community transmission.
- All decisions about implementing these strategies (e.g., alteration or reduction of services, event cancellations, other social distancing measures) should be made locally, in collaboration with local health officials who can help determine the level of transmission in the community. Information about level of transmission is available in CDC's framework for mitigation [10 pages].

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This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

Get Email Updates

To receive email updates about COVID-19, enter your email address:

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What's this? Submit

When there is substantial community transmission

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance.

Health officials are working to prevent COVID-19 from entering and spreading in US communities. CFBOs play an important role in this effort. In coordination with local health departments, CFBOs can share information about the disease, how it spreads, and who is at higher risk of getting very sick from COVID-19. CFBOs should take steps to help prevent the spread of COVID-19 when needed.

CFBOs should review, update, or develop and implement emergency plans for the organization, with special consideration for individuals at increased risk of severe illness. Organizational emergency plans should complement other community mitigation strategies to protect high risk populations, avoid overwhelming the healthcare system, minimize disruption to essential services, and protect individuals from social stigma and discrimination. Plans should build on everyday practices (e.g., encouraging healthy hygiene practices, cleaning frequently touched surfaces, communicating clearly and regularly). Strategies should be based on whether a confirmed COVID-19 case has been in your facility, the level of community transmission, characteristics of the community, and the local capacity to implement strategies.

Who is this guidance for?

This interim guidance is intended for administrators and leaders of CFBOs – congregations and places of worship (churches, synagogues, mosques, temples, etc.), voluntary social service agencies and other nonprofit organizations, and community organizations.

Why is this guidance being issued?

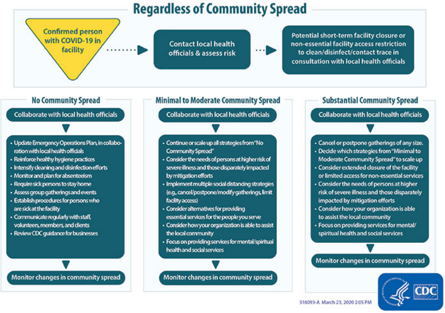
This guidance is intended to help CFBOs prevent the transmission of COVID-19 within their facilities and communities. CFBOs need to be able to react quickly if there is a confirmed COVID-19 case among staff, volunteers, the people they serve, or visitors. The guidance includes considerations to help administrators and leaders plan for the continuity of services depending on level of community spread of COVID-19.

What is the role of CFBOs in responding to COVID-19?

CFBOs, working together with schools, businesses, healthcare systems and state/territorial and local (and, if applicable, tribal) health departments, have an important role in slowing the spread of diseases, especially among high risk populations. It is important to realize that government, communities, and individuals must work together to prepare for and respond to COVID-19. A CFBO is one part of a community, local, regional, and national collaborative effort. CFBOs often serve those who are most vulnerable, such as older people and those with serious underlying health conditions – like heart disease, lung disease, and diabetes – who are at higher risk of developing severe COVID-19 illness. This may include members and regular attendees or people they serve as well as persons from the broader community.

How should CFBOs prepare for, and respond to, COVID-19?

CFBOs should be prepared for situations when there is local community transmission of COVID-19 and when a confirmed COVID-19 case has been in the facility, regardless of level of community transmission. The following diagram summarizes mitigation strategies that may be most appropriate for these situations.


Regardless of Community Spread
Confirmed person with COVID-19 in facility
Contact local health officials & assess risk
Potential short-term facility closure or non-essential facility access restriction to clean/disinfect/contact trace in consultation with local health officials
No Community Spread
Collaborate with local health officials
Monitor changes in community spread
Minimal to Moderate Community Spread
Collaborate with local health officials
Monitor changes in community spread
Substantial Community Spread
Collaborate with local health officials
Monitor changes in community spread
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No Community Spread

- Update Emergency Operations Plan, in collaboration with local health officials
- Reinforce healthy hygiene practices
- Intensify cleaning and disinfection efforts
- Monitor and plan for absenteeism
- Require sick persons to stay home
- Assess group gatherings and events
- Establish procedures for persons who are sick at the facility
- Communicate regularly with staff, volunteers, members, and clients
- Review CDC guidance for businesses

Minimal to Moderate Community Spread

- Continue or scale up all strategies from "No Community Spread"
- Consider the needs of persons at higher risk of severe illness and those disparately impacted by mitigation efforts
- Implement multiple social distancing strategies (e.g., cancel/postpone/modify gatherings, limit facility access)
- Consider alternatives for providing essential services for the people you serve
- Consider how your organization is able to assist the local community
- Focus on providing services for mental/spiritual health and social services

Substantial Community Spread

- Cancel or postpone gatherings of any size.
- Decide which strategies from "Minimal to Moderate Community Spread" to scale up
- Consider extended closure of the facility or limited access for non-essential services
- Consider the needs of persons at higher risk of severe illness and those disparately impacted by mitigation efforts
- Consider how your organization is able to assist the local community
- Focus on providing services for mental/spiritual health and social services

When there is no community transmission (preparedness phase)

The most important thing to do before community transmission occurs is **plan and prepare**. CFBO administrators and leaders should reinforce healthy hygiene practices among their staff, volunteers, members, the people they serve, and visitors. As the global outbreak evolves, CFBOs should prepare for the possibility of community-level outbreaks. CFBOs need to **be ready** if, and when, COVID-19 appears in their communities. Here are some strategies:

✓ **Review, update, and implement emergency operations plans (EOP).** This should be done in collaboration with local health departments and other relevant partners. Many CFBOs already have an EOP designed for a wide range or emergencies (e.g., natural disasters, fires). Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

- Assign key leadership staff with the authority to develop, maintain, and act upon the EOP.
- Outline what the organizational structure will be during an emergency; review periodically, and revise as needed. Identify key contacts (including full-time, part-time and unpaid or volunteer staff) needed to carry out your organization's work, with multiple back-ups. Define role and responsibilities and who is supposed to report to whom.
- Set up policies for flexible work hours, working from home, and non-penalized staff leave for personal illness or care for sick household members or children in the event of school dismissals.
- Understand the roles of federal, state, local, tribal, and territorial public health agencies and emergency responders and what guidance and assistance they can provide.
- Assign a point of contact to maximize communication between your organization and your state and local public health systems.
- Find out if your local government has a private-public emergency planning group. Build strong alliances with other community leaders, faith leaders, local businesses, schools, and other partners before local community transmission. Your input will help ensure the completeness and representativeness of your local government's emergency operations plan.
- Identify and meet with these potential partners to learn about their planning and to educate them about the CFBOs' plans and capabilities. Many hospital and healthcare systems, law enforcement and emergency responder organizations, schools, and businesses are also actively preparing for and/or responding to COVID-19. For example, hospitals are planning for potential large numbers of people who become very ill simultaneously and businesses are planning for how to continue operating during an emergency. However, many of these groups may be unaware that a CFBO could offer valuable resources to its communities during the COVID-19 response.
- Partner with congregations or organizations within existing associations, networks or denominations, and neighborhoods. Methods for collaborative efforts—such as large organizations supporting smaller ones or several smaller organizations working together—need to be developed to keep organizations running during an emergency. State, local, tribal, or territorial government will be able to help CFBOs coordinate with other national and local efforts.

- Update the emergency communication plan for distributing timely and accurate information.
    - Identify everyone in your chain of communication (e.g., staff, volunteers, and key community partners and stakeholders) and establish systems for sharing information.
    - Maintain up-to-date contact information.
    - Identify multiple methods, such as a hotline, automated text messaging, a website, email, and/or mail to help disseminate information to those inside and outside your organization. Having back-up methods is important in case services are interrupted, such as when internet access is down.
    - Designate an experienced person or persons who can take calls. Ask persons who might normally respond to calls for your organization to volunteer during an emergency, to facilitate the best use of their skills and experience.
- Develop information-sharing systems with partners, including local health officials.
- Ensure the EOP includes mitigation strategies such as social distancing; altering, reducing, or suspending services; and facility closure that may be used to stop or slow the spread of COVID-19. The plan should include strategies for continuity of all essential services in the event of facility closure or other community-wide mitigation strategies.
    - Identify services and activities (e.g. religious worship services, meetings, and classes) that might need to be limited or temporarily discontinued during an outbreak. Find alternative solutions that will ensure continuity for the people you serve, especially vulnerable populations such as older adults, persons with underlying health conditions, and persons with disabilities.
    - Identify ways to address social, emotional, spiritual, physical, and safety needs that may be impacted by community mitigation strategies.
- Ensure the EOP emphasizes everyday preventive actions. These include, for example, avoiding close contact with people who are sick; staying home when sick, except to get medical care; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often.
    - CDC has workplace resources such as posters about staying home when sick [1 page] and how to avoid spreading germs at work [1 page].
    - Religious leaders should decide whether to modify specific religious rites, rituals, and services, consulting with local health officials as needed. Examples of specific preventive actions include:
        - Nodding, bowing, or waving instead of shaking hands, hugging, or kissing.
        - Avoiding holding hands during the service/prayers.
        - Modifying the method for collecting regular financial contributions – using a stationary collection box, the mail, or electronic methods – instead of passing a collection tray.
        - Considering modification of practices that are specific to particular faith traditions. For example, congregations that practice Communion could consider modifying or suspending this practice. Modifications could include:
            - Ensuring that religious leaders always wash their hands or use a hand sanitizer that contains at least 60% alcohol prior to conducting the service and Communion.
            - Placing the Communion elements in the recipient's hand, not on their tongue, and avoiding use of a common cup.

Teach and reinforce healthy hygiene practices.

- Train staff and volunteers on healthy hygiene practices.
- Communicate the importance of healthy hygiene practices with members and visitors.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits. Consider hanging signs in bathrooms as an extra reminder.
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

✓ **Intensify cleaning and disinfection efforts.**

- Routinely (at least once per day, if possible) clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here . Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Provide EPA-registered disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down.
- Ensure adequate cleaning and disinfection supplies.

✓ **Monitor and plan for absenteeism. Require sick staff and volunteers to stay home.**

- Require staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family or household members or care for children in the event of school dismissals. Develop flexible telework policies as appropriate.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff to help ensure that essential jobs will be covered if people must miss work.
- Identify jobs that can be performed at home. A system using emailed or telephoned messages to homebound staff and volunteers can be used to relay work assignments.
- Set up flexible work hours and schedules (e.g., staggered shifts) for essential jobs to limit the number of people who must gather at the workplace at one time.
- Determine what level of staff and volunteer absenteeism will disrupt continuity of services.
- Review the usual absenteeism patterns at your organization among staff, volunteers, and regular members and people you serve.
- Alert local health officials about large increases in absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to COVID-19).

✓ **Determine when to cancel or postpone non-essential gatherings and events.**

- Follow the directions of your state and local authorities.
- Guidance from the White House as of March 21, 2020 states that for the next 15 days beginning March 16, 2020, avoid social gatherings of 10 or more people.
    - https://www.whitehouse.gov/briefings-statements/coronavirus-guidelines-america/
    - Be sure to regularly review the latest recommendations from the White House and CDC for all types of gatherings.
        - https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html
    - General considerations for making decisions about cancelling, postponing, or modifying gatherings:
        - Local health officials can inform decisions, which should be based on directions of state and local authorities as well as level of community transmission or impact of COVID-19, size of the gathering, and participation by high risk populations .
        - Consider which gatherings (e.g., youth events, religious services, religious education, support groups) might put persons in close proximity to each other as well as which gatherings would include persons traveling from locations with moderate to substantial community transmission.
        - Encourage high risk populations not to attend and offer alternative (e.g., phone, online, or recorded) ways for them to participate.
        - Consider small gatherings with inclusion of additional participants via phone or online (live or recorded) options.
        - Modify all gatherings to incorporate social distancing measures.

✓ Establish procedures for persons who are sick at the facility.

- Establish procedures to separate persons who show up sick or become sick at the facility from others, until they can safely leave and/or seek medical care.
- Have a supply of disposable facemasks, if possible. Note: Disposable facemasks are for persons with respiratory symptoms. A person who becomes sick should be given a clean disposable facemask to wear until they can safely leave and/or seek medical care.
- If needed, arrange transportation for persons who need medical care.
    - Notify the transporter and the receiving healthcare facility that the person has signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken.
    - Provide the sick person with a disposable facemask, if available, and keep them separated from others as much as possible.
    - Use ventilation in the vehicle by opening car windows or using the ventilation system on non-recirculated mode.
    - Do not use public transportation, ridesharing, or taxis to transport the ill person.
- Remember that non-healthcare CFBOs are not expected to screen persons to identify potential cases of COVID-19. If a community (or more specifically, a CFBO) has cases of COVID-19, local health officials will help identify those persons and will follow up on next steps.
- Share resources with staff, volunteers, members, and the people you serve to increase understanding of when to stay home. Provide instruction to call their clinicians if they are sick, and 911 for emergencies.
- For organizations that assist with or oversee homeless shelters or similar facilities, review COVID-19-related guidance for homeless shelters for additional planning considerations.

✓ Create and test communications for staff, volunteers, members, and the people you serve.

- Consult with local health officials to ensure dissemination of accurate and timely information.
- Consider sharing information about steps being taken by the CFBO to prepare and how additional information, such as notice of facility closure, will be shared.
- Reiterate steps individuals can take to stay healthy and guidance that they should stay home if sick. Address the concerns of staff, volunteers, members, and the people you serve who are at higher risk for COVID-19 complications.
- Consider sharing the following fact sheets and information sources:
    - Information about COVID-19 available through state and local health departments
    - General CDC fact sheets to help staff and students' families understand COVID-19 and the steps they can take to protect themselves:
        - *What you need to know about coronavirus disease 2019 (COVID-19)*
        - *What to do if you are sick with coronavirus disease 2019 (COVID-19)*
        - *Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19*
    - CDC information for individuals who have recently traveled or plan to travel to areas where CDC has identified community spread of COVID-19:
        - *Coronavirus Disease 2019 Information for Travel*
        - *FAQ for travelers*
- Test communication methods periodically to make sure you are effectively reaching staff, volunteers, members, and the people you serve.
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information. Examples of communications resources include reaching people of diverse languages and cultures and communicating to workers in a crisis . Messages, materials, and resources from academic sources may need to be framed or adapted so they are culturally appropriate for your audience, easy to understand, and presented in the context of shared values and honored traditions.
- Consider your organization's contribution to addressing rumors, misinformation, fear, and anxiety.
    - CFBOs play a vital role in maintaining community morale and cohesion, especially if large gatherings and other community assemblies are cancelled. People will need to be able to receive timely, reliable information from their religious and community leaders.
    - Advise staff, members, and persons in the communities you serve to review

    - and follow information provided by public health authorities—state, local, tribal, and territorial health departments, emergency management agencies, and CDC.
    - Address and counteract fear and anxiety that may result from rumors or misinformation. For more information, see:
        - https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html
        - https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html
- Help counter stigma and discrimination in your community. Engage with stigmatized groups and speak out against negative behaviors. For more information, see: https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html.

✓ **Review CDC's guidance for businesses and employers**.

- Review this CDC guidance to identify any additional strategies the organization can use, given its role as an employer.

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When a person who is a confirmed COVID-19 case has been in the facility, regardless of community transmission

Any CFBO should be prepared to close temporarily, regardless of whether there is community transmission, if a person who is a confirmed COVID-19 case has been in the facility. If this happens, CDC recommends the following procedures:

✓ **Coordinate with local health officials.** Once learning of a person with confirmed COVID-19 who has been in the facility, immediately notify local health officials. These officials will have guidance for administrators and leaders to determine a course of action, which may include tracing contacts of that person.

- Local health officials can offer guidance for closing the facility or restricting access (who can enter or what areas of the facility can be accessed). An initial short-term closure may be recommended to allow time for the local health officials to gain a better understanding of the COVID-19 situation.
    - Implement flexible telework and leave policies, if possible, and provide instructions about how and when to safely return to work.
    - During this time, make decisions in consultation with local health officials as to whether group activities that would have been held in the facility should be moved to alternate locations.

✓ **Clean and disinfect thoroughly.**

- At a school, daycare center, office, or other facility that does not house people overnight:
    - It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
    - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- At a facility that does house people overnight:
    - Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed.
    - It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
    - In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes focusing on cleaning and disinfecting common areas where

    - staff/others providing services may come into contact with ill persons, but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.
    - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

✓ **Implement strategies to continue essential services for the people you serve.**

- **Consider the needs of persons at higher risk of severe illness and those who may be more impacted socially or economically.** Identify ways to ensure the safety and social well-being of groups that may be especially impacted.
    - Ensure availability of meal programs and other assistance for the people you serve, including transportation services.
        - Consider options such as "grab-and-go" bags or delivery; avoid distribution of food or other household essentials in settings where people might gather in a group or crowd.
- **Follow recommended precautions for caregivers (i.e., outreach workers and others who visit persons with COVID-19 symptoms) in a nonhealthcare setting:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions
    - Consider working with the local health department, a local hospital, healthcare agency, or service organization, such as the American Red Cross, to provide infection control training to caregivers who will serve your members or clients.
- **Implement alternative meeting and service options.**
    - Provide phone and online (live or recorded) meeting and service options, if possible. Determine how to:
        - train staff and volunteers to use the necessary technology;
        - triage technical issues if faced with limited IT support and staff; and
        - address the potential lack of access to computers and the Internet among members and people you serve.
    - Mailed newsletters, prerecorded messages from trusted leaders on a designated call-in telephone number, and printed copies of daily teaching guides may be options, especially to reach those without internet access.
    - For religious services, give people the option to watch online (live or recorded), if possible.
        - In addition to technology, this involves permission from religious leaders that it is acceptable to not attend religious services in person. Viewers can send a comment via the online/livestream platform or an email or text to let you know they were watching.
        - This also may involve permission or guidance about the use of electronic devices at times when that practice is usually not permitted, such as Jewish Sabbath.
    - For additional guidance on cancelling, postponing, or modifying your meetings, worship services, and other events and community services (such as childcare), refer to the section of this document, "When there is minimal to moderate community transmission."

✓ **Communicate with staff, volunteers, members, and the people you serve.**
Coordinate with local health officials to communicate closure decisions, alterations to services, and the possible COVID-19 exposure. CFBOs play a vital role in maintaining community morale and cohesion, especially if large gatherings and other community assemblies are cancelled. People will need to be able to receive timely, reliable information from their religious and community leaders.

information from their religious and community leaders.

- In such a circumstance, it is critical to maintain confidentiality of the person who is a confirmed COVID-19 case.
- Address the concerns of staff, volunteers, members, and the people you serve who are at higher risk for COVID-19 complications.
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to the community you serve. Examples of communications resources include reaching people of diverse languages and cultures and communicating to workers in a crisis . Messages, materials, and resources from academic sources may need to be framed or adapted so they are culturally appropriate for your audience, easy to understand, and presented in the context of shared values and honored traditions.
- Plan to include messages to counter potential stigma and discrimination.

Make decisions in consultation with local health officials about extending the closure of, or limited access to, the facility. This is a strategy to stop or slow the further spread of COVID-19 in communities.

- CFBO administrators and leaders should work in close collaboration with local health officials to make these decisions after gaining a better understanding of the situation related to a person who is a confirmed COVID-19 case having been in your facility.
  - If the facility opens or opens in a limited manner, follow the recommended strategies in this guidance specific to the level of COVID-19 transmission occurring in the community.
  - Be prepared for the scope of recommended mitigation strategies to change as the local situation evolves.
- Staff and volunteers who are sick or who are well but are taking care of, or share a home with, a person who is a confirmed COVID-19 case should follow instructions from local health officials to determine when to return to the facility.

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When there is minimal to moderate community transmission

If local health officials report that there is a minimal to moderate level of COVID-19 transmission in the community, CFBOs need to implement additional strategies in response to prevent spread. These additional strategies include:

Coordinate with local health officials. This should be a first step in making decisions about responses to the presence of COVID-19 in the community. Health officials can help a CFBO determine which set of strategies might be most appropriate for the organization's situation.

Continue using strategies from the preparedness phase (when there was no community transmission). Implement the emergency operations plan, scaling mitigation strategies up or down depending on the evolving local situation. Be aware of school dismissals and other community-wide mitigation strategies in your area because these may affect your staff and volunteers as well as the needs of members and the people you serve.

Implement multiple social distancing strategies. Select strategies based on feasibility given the unique space and needs of the organization. Not all strategies will be appropriate or feasible for all organizations. Administrators and leaders are encouraged to think creatively about all opportunities to increase the physical space between individuals and limit interactions in large group settings. Consider ways to accommodate the needs of individuals at higher risk for severe illness from COVID-19 in all strategies.

- **Cancel or postpone in-person gatherings or move to smaller groupings.**
  - Follow the directions of your state and local authorities.
  - Guidance from the White House as of March 21, 2020 states that for the next 15 days beginning March 16, 2020, avoid social gatherings of 10 or more people.

        - https://www.whitehouse.gov/briefings-statements/coronavirus-guidelines-america/
        - Be sure to regularly review the latest recommendations from the White House and CDC for all types of gatherings.
            - https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html
        - General considerations for making decisions about cancelling, postponing, or modifying gatherings:
            - Local health officials can inform decisions, which should be based on directions of state and local authorities as well as level of community transmission or impact of COVID-19, size of the gathering, and participation by high risk populations .
            - Consider which gatherings (e.g., youth events, religious services, religious education, support groups) might put persons in close proximity to each other as well as which gatherings would include persons traveling from locations with moderate to substantial community transmission.
            - Encourage those at high risk of severe illness to not attend and offer alternative ways (e.g., phone, online, or recorded) for them to participate.
            - Consider small gatherings with inclusion of additional participants via phone or online (live or recorded) options.
            - Modify all gatherings to incorporate social distancing measures.
        - Religious leaders should discuss with members the potential postponement of large events, such as celebrations (e.g., weddings, bar or bat mitzvahs, and baptisms), funerals, and holiday gatherings – or limiting to a small number of family and friends, ensuring protection of vulnerable populations, hand hygiene, and social distancing.
- **Cancel or modify smaller gatherings (e.g., religious education classes), where persons are likely to be in close contact.**
    - Encourage high risk populations not to attend and offer alternative ways (e.g., phone, online, or recorded) for them to participate.
    - If high risk populations attend any type of gathering in person, try to **limit total attendance to 10 people**.
    - Modifications to gatherings for social distancing might include:
        - holding the event in a large, well-ventilated area, maintaining about 6-foot distance between individuals by having members sit in alternating rows or otherwise spread out;
        - offering a phone or online (live or recorded) meeting or worship service option, especially for high risk individuals; and
        - providing additional times for meetings or worship services with limited attendance at each.
    - If implementing phone or online (live or recorded) meeting and service options, determine how to:
        - train staff and volunteers to use the necessary technology;
        - triage technical issues if faced with limited IT support and staff; and
        - address potential lack of access to computers and the Internet among members and the people you serve.
    - Mailed newsletters, prerecorded messages from trusted leaders on a designated call-in telephone number, and printed copies of home study or prayer may be options, especially to reach those without internet access.
        - For religious services, give people the option to watch your service or other services online (live or recorded).
            - In addition to technology, this may require special guidance from religious leaders that not attending religious services in person is acceptable. If leaders want to keep up with attendance, viewers can send a comment via the online/livestream platform or an email or text to let you know they were watching.
            - This might also involve special guidance about the use of electronic devices at times when that practice is usually not permitted (e.g., Jewish Sabbath).
- **Postpone or cancel trips that could expose staff, volunteers, members, or the people you serve to potential community spread of COVID-19.** Persons returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.
- **Minimize face-to-face interactions with people with respiratory symptoms.** Use physical barriers to protect staff who interact with the people you serve. For example, install a sneeze guard at the check-in desk or place an additional table between staff and the people you serve to increase the distance

between them.

- **Increase the space between staff members' desks.** Rearrange desks to maximize the space between staff members. If in the same room, seat staff to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets from talking, coughing, or sneezing.
- **Limit access to the facility by non-essential visitors.** Limit the presence of non-essential volunteers and other visitors, when possible.

✓ **Consider alternatives for providing essential services for the people you serve.**

- **Consider the needs of persons at higher risk of severe illness and those who may be more impacted socially or economically.** Identify ways to ensure the safety and social well-being of groups that may be especially impacted.
  - Get to know which staff, volunteers, members, people you serve, and neighbors might need extra assistance due to social isolation and economic hardships if staying at home for an extended period.
    - Consider the needs of those who have disabilities, especially those who live alone. Remember to account for employees and volunteer staff who may be unavailable because they need to stay home to care for disabled family or household members.
- **Ensure availability of meal programs and other assistance for the people you serve, including transportation services.**
  - Persons with COVID-19 and their household members who need to stay at home for an extended period will need basic necessities (e.g., food and household essentials).
  - Consider options such as "grab-and-go" bags or delivery; avoid distribution of food or other household essentials in settings where people might gather in a group or crowd.
  - Help neighbors, staff, volunteers, members, and the people you serve keep up-to-date lists of medical conditions and medications, and periodically check their supply of regular prescription and over-the-counter drugs to make sure they will have a sufficient supply.
  - Encourage people, especially those at higher risk of severe illness, who live alone to seek out a "buddy" who will check on and help care for them if they get sick or are staying at home during an outbreak.
  - Coordinate with local health officials on ways to ensure care and services for special populations. Congregations and organizations with experience working with underserved communities (e.g., inmates of prisons and jails; homeless persons; immigrants; refugees; those with limited English proficiency; single-parent families; public housing residents; migrant-, farm-, and other low-wage workers) can work with local health officials to ensure these groups receive appropriate care and services.
- **Follow recommended precautions for caregivers (i.e., outreach workers and others who visit persons with COVID-19 symptoms) in a nonhealthcare setting:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions
  - Consider working with the local health department, a local hospital, healthcare agency, or service organization, such as the American Red Cross, to provide infection control training to caregivers who will serve your members or clients.

✓ **Consider focusing your organization's efforts to provide services that are most needed during the emergency, such as mental health, spiritual health, or social services.**

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When there is substantial community transmission

Enhanced strategies need to be considered when there is substantial transmission in the local community.

✓ **Continue to coordinate with local health officials.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they can provide guidance on the best course of action for CFBOs. Local public health officials will also provide recommendations for phasing out and ending COVID-19 community mitigation actions at the appropriate time.

✓ **Cancel or postpone community and faith-based gatherings of any size**.

- Consult with local health officials to determine when gatherings of any size can resume.

✓ **If the facility is open, determine which other mitigation strategies (of those recommended to be implemented when there is no transmission or minimal to moderate transmission) need to be scaled up and/or extended.**

✓ **Consider extended closure of the facility or limited access for non-essential services.** This longer-term strategy is intended to slow transmission rates of COVID-19 in the community, particularly when implemented in coordination with other closures in the community. Remember to implement strategies to ensure continuity of services to the extent possible, while also addressing increased social, emotional, spiritual, physical, and safety needs (e.g., meal programs, spiritual and social support), particularly for groups that may be more highly impacted.

✓ **Consider how your organization is able to support the local community.**

- Determine whether your organization can work with local health departments so that your facilities can be used as temporary care facilities; quarantine facilities; or central distribution sites for food, water, supplies, or medicine.
- Coordinate with local health officials on ways to ensure care and services for special populations. Congregations and organizations with experience working with underserved communities (e.g., inmates of prisons and jails; homeless persons; immigrants; refugees; those with limited English proficiency; single-parent families; public housing residents; migrant-, farm-, and other low-wage workers) can work with local health officials to ensure these groups receive appropriate care and services.

✓ **Consider focusing your organization's efforts to provide services that are most needed during the emergency, such as mental health, spiritual health, or social services.**

- **Provide spiritual and emotional care, including counseling and other ways to reduce stress.** CFBOs can play a vital role in maintaining community morale and cohesion, especially if large gatherings and other community assemblies are cancelled. People will need timely, reliable information and support from their religious and community leaders.
  - Clergy and volunteers may be asked to provide support to community members, especially ill persons, their family or household members, and emergency responders, who will be under increased stress. Those who have lost loved ones may need support working through the grieving process.
  - CFBOs can identify mental health or counseling resources. Trusted community leaders can work to decrease the stigma associated with using mental health resources and assure that materials are culturally and ethnically sensitive and are available in a variety of languages.
  - For more information, see:
    - https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html
    - https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html
    - https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html

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