

What can research evidence tell us about:

Safety Considerations for Standard Operating Procedures for Places of Worship during the COVID-19 pandemic

Key messages

People need to access places of worship because they provide spiritual solace, guidance, stability and meaning which are paramount in such situations. The danger in accessing places of worship in such times is that we could easily create new unmanageable clusters of COVID-19 which can have regrettable consequences. There has to be standard operating procedures (SOPs) that places of worship have to follow to minimise the risk. The SOPs might contain:

- Washing hand with soap and water at least 20 seconds or sanitizing hands using an alcohol based hand sanitizer of at least 60%
- Maintaining a good cough etiquette
- Screening all congregants for fevers before they access the places of worship
- Wearing an appropriate face mask well at all times
- Intensifying cleaning of high-touch areas
- Maintaining an the recommended physical distance among congregants
- Minimizing sharing worship materials
- Using visual aids to guide the congregants on what to do
- Making sure staff are trained in safety precautions
- Making sure all sick congregants stay home
- Keeping a record of all people who participate in religious activities
- Eliminating singing from the religious proceedings

Where did this Rapid Response come from?

This document was created in response to a specific question from a policy maker in Uganda in 2020.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative

+ Included:

- **Key findings** from research
- **Considerations about the relevance** of this research for health system decisions in Uganda

✗ Not included:

- Recommendations
- Detailed descriptions



Short summary

Background:

There have been several outcries from believers and leaders of religious sects in Uganda for the government to allow places of worship to reopen to the public describing them as essential because they provide spiritual solace and guidance they give to congregants. There are questions however, of how places of worship will be able to observe public safety guidelines against COVID-19. Here we summarise evidence to inform considerations for standard operating procedures for places of worship when they finally reopen.

Question: What safety measures should be considered in Standard Operating Procedures (SOPs) for places of worship during the COVID-19 times?

Findings:

People need to access places of worship because they provide spiritual solace, guidance, stability and meaning which are paramount in such situations. The danger in accessing places of worship in such times is that we could easily create new unmanageable clusters of COVID-19 which can have regrettable consequences. There has to be standard operating procedures (SOPs) that places of worship have to follow to minimise the risk. The SOPs might contain:

Healthy hygiene practices

- Washing hand with soap and water at least 20 seconds or sanitizing hands using an alcohol based hand sanitizer of at least 60% before accessing places of worship
- Maintaining a good cough etiquette like coughing in a tissue or inside a flexed elbow

Face coverings

- Wearing an appropriate face mask well at all times. Only people with face masks should be allowed to access places of worship. All people who can't use face masks due to different reasons should stay home.

Cleaning, disinfection and ventilation

- Intensifying cleaning of high-touch areas. This might be done in-between services.

Physical distancing

- Maintaining an the recommended physical distance among congregants in all proceedings of services. Physical guides should be in place to ensure individuals stick to the recommended distances.

Other measures

- Minimizing sharing worship materials like song books, prayer rugs, offertory baskets.
- Using visual aids to guide the congregants on what to do. They should be placed in highly visible places to ensure all people see them.
- Making sure staff are trained in safety precautions
- Making sure all sick congregants stay home
- Keeping a record of all people who participate in religious activities
- Eliminating singing from the religious proceedings
- Screening all congregants for fevers before they access the places of worship

Conclusion:

Standard operating procedures for places of worship should be comprehensive and customized culture and proceedings of before, during and after service in the respective religions.

Background

Uganda is a religious country. Of the entire population, 99.8% of subscribe to a religion [1]. Due to COVID-19 public health guidelines limiting crowding, most religious activities including mass prayers were cancelled to ensure public safety [2]. Different religious institutions have been innovative and are hosting services via Television stations, radio, websites, YouTube and social media. However, only a few believers, mostly in urban areas, are able to access these services; and for those who have access, it doesn't feel as close to their God as it is when they congregate in their places of worship [3].

In the wake of efforts to return to a semblance of normalcy, in a phased approach, the government is loosening Covid-19 restrictions. Curfew has been extended from 19:00 hours to 21:00 hours, shopping arcades and malls are now operational, public and private transport means are now allowed, and salons have been allowed to work, among others [4]. There have been several outcries from believers and leaders of religious sects in Uganda for the government to allow places of worship to open [5-9]. Some leaders and believers have gone ahead to describe places of worship as essential because they provide spiritual solace and guidance in times of crises like these [6]. Leaders of different religious sects in Uganda have expressed their dissatisfaction with the government for not considering the houses of worship as some of the institutions that should open to the public yet other places that present a potentially higher risk for COVID-19 transmission have been allowed open [9]. People have become desperate and are taking desperate measures to push for reopening of places of worship. They have gone as far as staging demonstrations [10]. There are questions however, of how places of worship will be able to observe public safety guidelines against COVID-19. In this brief, we summarise evidence to inform considerations for standard operating procedures for places of worship when they finally reopen.

Rapid Response Question: What safety measures should be considered in Standard Operating Procedures (SOPs) for places of worship during the COVID-19 times?

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

www.evipnet.org/sure/rr/methods

Summary of findings

The good side of Places of Worship during the pandemic

This evidence applies to prayer services and doesn't necessarily extend to other religious gatherings (e.g. funerals, weddings, religious education classes, youth events, support groups and any other programmes associated with the faith institution). Similar precautions should be applied even if places of worship are opened only for private prayers.

It has been documented that spirituality/religion gives people stability and meaning. It plays an important role when people lose loved ones, it helps in coping and recovery from such situations. Desperate situations like this and other forms of mental suffering call for a more compassionate type of healthcare,

which involves “walking” with people amidst their pain, like counselling and guidance [11]. This is what places of worship provide.

The Danger in reopening places of worship

Places of worship attract large numbers of people to congregate and allowing them to reopen now can have pivotal consequences. The greatest danger is creating new clusters of COVID-19 cases. It has been documented that religious gatherings have initiated chains of COVID-19 transmission among congregants which have gone to spread far and wide within and beyond jurisdictional borders. In France, a single church, now referred to as the coronavirus ground zero in France, initiated a chain of coronavirus transmission in France and across Europe and it is blamed for scores of deaths due to COVID-19 [12-14]. Similar patterns have been reported in the US, Singapore and South Korea [15, 16].

It would need a clear system of contact tracing to limit the spread of the virus to contacts of the congregants in case a cluster of new cases springs from houses of worship. Uganda has had limited community testing for coronavirus and so the true picture of the extent of spread of coronavirus might not be known.

In some countries where houses of worship have been reopened, there have sprung new clusters of cases associated with congregating. In Germany, within a few days of reopening, there were 43 new COVID-19 cases in a single church despite reportedly following all the safety guidelines that were put in place by the government. To make matters worse, the religious institution did not know the identities and number of people who attended their service in just two weeks [17]. Similar occurrences are observed in US with over 650 cases of COVID-19 linked to reopening of places of worship [18].

Standard Operating Procedures SOPs for places of worship [17, 19-21]

Below are considerations for what might be considered when coming up with SOPs for places of worship. Given that most places of worship belong to different religions with different cultures and structures, by default, it means their proceedings are different. This calls for standard operating procedures customised to the culture and practices of different religions or places of worship.

These considerations should be considered with precaution. They have been adopted from places where places of worship have been allowed to reopen and from guidelines issued by the government of Uganda. No formal study with robust/rigorous methods*** has been carried out to assess their effectiveness in preventing COVID-19 transmission in places of worship.

Healthy hygiene practices

- All people including congregants, staff and all prayer leaders should maintain good hygiene. Before entering prayer houses/spaces, everyone should wash their hands with water soap for enough time as recommended by each jurisdictional authority (e.g. 20 seconds for Uganda) or sanitise using an alcohol-based sanitiser of the right concentration, still as recommended by each jurisdictional authority (e.g. at least 60% for Uganda).
- All people should maintain a good cough etiquette. In case of a sneeze or cough, congregants should cover their nose and mouth with a tissue, dispose of the tissue and wash/sanitise their hands. Alternatively they can sneeze inside their elbow.

Face coverings

- All congregants should use appropriate face coverings like Face masks or as recommended by the ministry of health. Face coverings are most essential when physical distancing (often referred to as social distancing) is difficult to achieve. It is safer that only individuals who are able to put on face coverings attend religious services. The rest should stay home – this includes children below six (6) years of age because they are not prescribed to put on face masks. Individuals aged 70 and above are at a higher risk for COVID-19. It is safer that they also stay at home [20].

Cleaning, disinfection and ventilation

- Worship houses should intensify cleaning and disinfecting surfaces that are frequently touched by multiple people. To be more systematic and ensure this observed, schedule for cleaning and disinfection should be drawn. Items that cannot be easily cleaned (including disinfection and sanitising) should be avoided for use in the facility like those made out of cloth. When using disinfectants and sanitisers, it is important that correct application is observed, that is, the right concentrations should be used and for the right amount of time. For facilities with multiple services in a day, the services should be scheduled far enough apart to allow for enough time for cleaning (disinfecting and sanitising) “high-touch surfaces” before another group of people comes in to use the facilities.
- Worship houses should ensure that they are well ventilated. As directed by the President of the Republic of Uganda [22], no air conditioning should be permitted, rather, windows and doors should be opened to allow circulation of outdoor air as much as possible.

Physical distancing

- Leaders of religious communities should devise ways of reducing the number of congregants in a single service. To ensure many congregants attend service, many short services (not more than 30 minutes each) should be arranged.
- Congregants should seat at least 1.5 – 6 metres apart. Physical guides such as tape on floors or walkways, stickers on pews, signs on walls should be in place to ensure all people observe a safe predetermined distance. All clergy, staff and congregants should observe social distancing guidelines.
- If tradition allows, services might be held outdoors in large spaces but still observe the rest of safety guidelines.
- There shouldn't be any kind of physical contact. No shaking hands, no hugging and definitely no kissing.

Sharing worship materials

- There should be deliberate efforts to minimise or even eliminate sharing of items including all worship items, prayer rugs, offertory baskets, “holy” water at entrances of places of worship, books and other printed materials among others. Congregants should be encouraged to carry their own items is possible. If possible, contents of shared material should be projected using electronic projectors.

Signage

- Religious facilities should post signs in highly visible places (e.g. entrances, washrooms) with information promoting protective measures and describing how to stop the spread of the virus (e.g. washing hands, sanitising, wearing an appropriate face covering)
- To ensure that a predetermined physical distance is observed, facilities should mark positions on pews or floors which individuals are supposed to occupy.

Staff and Training

- All staff (including volunteers) and clergy should be trained in the safety precautions adopted- many a time they will be directing congregants on what to do. During training, safety guidelines set forth by each jurisdiction authority should be observed.
- There should be a person responsible for responding to COVID-19 concerns. They should know well all policies as regards mass gatherings set by the jurisdiction authorities. This person should be known to everyone in the religious community. They should as well know how to contact them.

Other measures

- Establish communication with the religious community or believers to inform them about guidelines set forth so that they know what to do before, when at and after service for respective places of worship – to reduce on inconveniences that might be caused.
- Offertory/financial contributions should be done at the end of the service. if it is has to be done in. Temporary modifications in the collection the traditional collection methods (dropping contributions in shared mobile collection boxes or baskets) might be considered. Collection points should be disinfected after every service. Houses of worship might consider a single stationary collection box or modern electronic platforms like Mobile Money for receiving financial contributions to institution. Physical gifts should be avoided or stopped for now.
- If a service involves Holy communion, the bread (or whatever symbolizes it) should be received by hand not tongue and congregants should observe the recommend physical distance when receiving the communion.
- All staff and congregants who are sick with COVID-19 or who are contacts of a person with COVID-19 should not come to places of worship. In case any person exhibits symptoms of COVID-19 during service or hours of operation, there should be a separate area/room where such a person will be isolated from. Places of worship should work with public health authorities to set up mechanisms of how to communicate about such cases and arrange for transportation to the appropriate health facilities where they can be tested and treated if found positive for COVID-19. All premises should be closed off until they are cleaned and disinfected as recommended by local authorities.
- All places of worship should keep a record of all people who come to congregate (all particulars that can Identify a person and where they live): so that in case of a cluster of infection springs up, all the people at high risk of infection can be traced and appropriate steps taken.
- No choirs or singing should allowed because it is hard to keep a social distance among choir members. Singing also propels large droplets and aerosols from the mouth in a jet-like fashion even when in a mask. This might lead to exposure of a large number of people to COVID-19 in case some of the people singing have the coronavirus [21].
- All persons, without exception, should have their temperatures checked to ensure all persons with fevers (37°C and above) are isolated and referred to appropriate facilities. It is important to remember that having a normal body temperature doesn't mean a person doesn't have the coronavirus. All other safety measures should be maintained.

Conclusion

Standard operating procedures for places of worship should be comprehensive and airtight. They should be customized cover every aspect of proceedings before, during and after service in the respective religions (or places of worship for those that are independent). Healthy hygiene, use of face

masks, environmental cleaning, physical distancing, sharing, knowledge among leaders and visual directions aspects should be considered while drafting SOPs. Places of worship should be monitored to ensure that the set SOPs are followed.

References

What is Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation.

<http://bit.do/eNQG6>

ACRES' collaborators:



Regional East African Community
Health Policy Initiative

**Regional East African
Community Health Policy
Initiative**



EVIPnet

Glossary

of terms used in this report:

www.evipnet.org/sure/rr/glossary

1. *National Population and Housing Census 2014 - Main Report*. 2016; Available from: https://www.ubos.org/wp-content/uploads/publications/03_20182014_National_Census_Main_Report.pdf.
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Conflicts of interest

None known.

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For more information contact

Pastan Lusiba

plusiba@acres.or.ug