



CATHOLIC BISHOPS' CONFERENCE OF ENGLAND AND WALES

Covid-19 Route Map: Step 4 Guidance

Introduction

This Guidance is offered to the Dioceses of England and Wales as the country moves into Step 4 (19th July) of the Government Covid-19 Response Roadmap published in February 2021. This date has been delayed by 5 weeks as the Government wanted to ensure that a greater proportion of the public had received the vaccine before moving to this point.

It is important to reiterate that as Step 4 is reached, the general principles of continuing to create a safe environment in places of worship and their ancillary buildings are not abandoned. Indeed, the way forward must be a collective endeavour of all involved in the daily life of the Church in England and Wales. Recognition of the presence of the virus in the population means that certain preventative practices will still be required, and this is important to ensure that Diocesan trustees are seen to be discharging their Health and Safety duties.

The Health and Safety Executive have issued new guidance for employers and for organisations, and this makes clear that a duty to keep premises safe continues beyond the removal of any covid-19 legislation.¹ Indeed, the Government has stated that changes moving forward would be on a risk-based approach for all organisations with the responsibility to ensure appropriate measures to safeguard public health sitting with the management of the organisation.

Although any measures adopted locally will not have the “rule of law,” there is a strong emphasis on common sense and risk averse activities to continue to mitigate against the transmission of the virus which is still prevalent in society.

General Principles

This guidance has been prepared following discussions with officials from Public Health England and HM Government Places of Worship Task Force. Key to implementation of this guidance is the Government’s understanding of moving away from centralised detailed regulation to prudent local judgements adopting a continuing cautious approach to easements. The key watchwords for the future steps are discernment of local prevailing conditions and careful consideration of what mitigations are needed in the light of these.

The following general principles apply:

1. Prevailing Local Conditions

All places of worship should always consider the prevailing local conditions for the virus. Special consideration should be given to rates at which people are being vaccinated in the locality, the prevalence of new variants of the virus, the local rates of hospital admissions and any local public health advice. These data can be obtained from the Director of Public Health at the local authority (in England) or the Local Health Board (in Wales), or the local Environmental Health Department , and it is important to have knowledge of these figures.

¹ <https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm>

2. Mitigations

It is important to mitigate against the risks of virus transmission. Although the vaccine rollout programme is very successful to date, over 85% of adults having had one dose and 64% two doses, the risk of transmission is still live and there are enough people not protected by vaccination to result in significant hospitalisations. However, HM Government has clearly stated that the progression from infection to hospitalisation and ultimately to deaths has been appreciably reduced through the vaccine programme. Most people admitted to hospital currently are only partially vaccinated or not vaccinated at all and communities should continue to encourage people to participate in the vaccination programme.

Churches should continue to provide hand sanitiser at entrances and exits and face coverings are strongly recommended to be worn by those in church. General cleaning to a good standard, using commonly available cleaning fluids and detergents, with attention to frequent touchpoints is the standard to continue. This is consistent with the advice from Public Health England. While the virus can land on surfaces and can infect people if they touch those surfaces and then touch their mouth, nose or eyes, this risk is significantly lower than the risk from aerosol or droplet spread which is mitigated against with good ventilation and a face covering.

There are key actions which churches and parishes have been doing, and should continue to do, even after 19th July which significantly reduce this risk. These are noted in Appendix 1.

3. Social Distancing and Capacity of Churches

From 19th July, there will be no legislation on social distancing in England but regulations will continue in Wales for now, and thus churches may increase their capacity, recognising that for the time being different rules apply for England and Wales.

Care has to be taken to ensure that churches continue to be places where people feel safe to gather to worship. Each local community should examine the local conditions regarding the virus, and adopt an attitude of care for the people who desire to celebrate Mass in church. Suggestions to help this include (but are not limited to):

- a. In large churches, designating an area of the church where there will be set places, socially distant from each other, and where those seated there will be required to wear a face covering.
- b. In places which cannot do this, considering whether one Mass over the weekend schedule would continue providing a reduced capacity with social distancing.
- c. Producing simple cards with a phrase such as “Please leave a Space” which people can pick up on entry to church and put beside them so that a space can be left to allow for distancing.

The adoption of methods such as these will build confidence in the people that the church remains a safe place to enter and worship.

Each church should continue to assess the local situation regarding the virus and adapt as necessary to the local conditions. This may mean that in areas of very high transmission, churches may have tighter measures than in areas of lower transmission.

4. Congregational Singing

Indoor congregational singing will be permitted from 19th July. The use of cantor groups and other choirs is now permitted. It is recommended that singing should be phased in gently as

part of worship over the summer period and that face coverings should be worn by members of the congregation whilst singing together, until infection levels reduce.

Acts of Worship

As the restrictions are lifted public acts of worship can return to normal practice, with some exceptions for the time being. All of the above mitigations in creating safe spaces should be considered by the local communities as means of promoting public confidence in the covid security of churches. In addition the following are recommended as good practice.

1. Opening of Churches

Churches can be left open and unsupervised for individual prayer during times when there are no public acts of worship. QR codes (or other means of attendee identification) should be clearly signposted at entrances and those entering encouraged to use them for test, track and trace purposes. Hand sanitiser should still be made prominently available for people to use.

2. Test, Track and Trace

As long as the NHS Test, Track and Trace system is in operation, churches should continue to make available the means for people to sign in for acts of worship using the NHS app and the associated QR codes (or other means of attendee identification). If an online Mass Booking system is in place, this too could be adapted to the new capacities of the churches and continue to be used so that attendees are known.

3. One-way systems and movement of people

It is no longer necessary to have one-way systems or other restrictions on movement in churches from this time onward. People should exercise good responsible behaviour especially when moving to receive Holy Communion during Mass and should avoid getting too close to each other.

4. Stewards

The deployment of stewards will no longer be necessary to show people to designated seats etc (except when a community has decided to employ social distancing as part of a scheduled Mass). However, a welcoming presence at the church door is a valuable sign of hospitality, and stewards can assist in the cleaning of frequently used touch points within the church building.

5. Anointings as part of the Liturgy

Moving forward, elements of the liturgy which involve anointing can be addressed in two ways. If there is a single subject (like a single child baptism or the anointing of a sick person) the thumb can be used providing it is cleaned and sanitised before and after each application (for example using an antiviral wipe). If there are multiple subjects (as in a confirmation) then a cotton bud for each candidate should be used. Again, local judgement has to be applied in each situation.

A. Celebration of Holy Mass

The following is recommended for the celebration of Holy Mass from the 19th July within the churches and communities in England and Wales:

- At this time, it is not recommended that Holy Water stoups are refilled. Should people wish to receive holy water, it is recommended that a container with a tap is provided so that small bottles can be filled which can then be taken home.

- All usual ministers for the celebration of Holy Mass can be deployed such as servers, cantors, Ministers of the Word and Extraordinary Ministers of Holy Communion.
- The offertory collection can be resumed in church with baskets and pouches, however, it is encouraged to promote online or contactless giving in the churches if possible
- It is recommended that the physical Sign of Peace remain suspended as it is not an integral part of the Mass, and its omission will help to reduce physical contact between people during the celebration.
- Holy Communion will continue to be under one kind and the ministers will continue to sanitise their hands beforehand and wear a face covering whilst distributing. Communion is recommended to be distributed in the hand but those who wish to receive on the tongue may do so. There should be care on the part of the minister to avoid physical contact with the hand or the tongue of the communicant when distributing Holy Communion. In the event of contamination the minister should sanitise their hands before further distribution.
- Concelebration is permitted and Holy Communion by the concelebrants should be by intinction (including the principal celebrant), and the consumption of the remaining sacred species and cleansing of the chalice should be performed by the principal celebrant alone.

B. Celebration of Holy Baptism

Baptisms now have no restrictions on numbers attending however it is recommended that single families should have children baptised at any one celebration. Baptisms involving multiple families and children should be avoided for now.

C. Celebration of Confirmation

Confirmations can be celebrated as usual with the caveat that the laying on of hands should be by the celebrant extending the hands over the *confirmandi* and the Sign of Peace be a gesture without any physical contact.

D. Celebration of the Sacrament of the Sick

If this takes place in a hospital or care home, then the minister should take advice regarding the level of PPE required from the institution. The laying on of hands should be by extension over the sick person and the anointing can be done as indicated in (5) above. The Sign of Peace should be a gesture without touch.

It is also important to note that Government regulations have now been introduced requiring people who regularly visit care homes to be vaccinated in England. This will include sick visitors from parishes and clergy. The legislation is likely to come into force in October 2021. A separate note will be produced on this in due course.²

E. Celebration of Ordination

The Bishop and those who lay hands on the one to be ordained should sanitise their hands before and after the action. The anointing should be done as per (5) above by the bishop. Care should be observed to minimise the number of people handling the symbols of ministry which are given and received as part of the rite. The Sign of Peace should be a gesture without touching.

² The Government has made a statement regarding this development at : <https://www.gov.uk/government/news/everyone-working-in-care-homes-to-be-fully-vaccinated-under-new-law-to-protect-residents>

F. Celebration of Marriage

There is no restriction on the number of people that can attend marriages in the Church. Marriages in the form of a Nuptial Mass should observe the recommendations for the Celebration of Holy Mass. Those within a Marriage Service outside of Mass should apply the usual norms.

G. Celebration of the Sacrament of Reconciliation

A physical barrier, such as a Perspex sheet or heavy curtain, should cover the grille between the confessor and the penitent. Good ventilation of the penitent's side of the confessional should be deployed to prevent stagnation of air.

Confessional boxes should be cleaned after the period of confessions has ended, and the doors left open to facilitate good ventilation.

H. Celebration of Funerals

There is no restriction on the number of people that can attend funerals in the Church however, good collaboration with Funeral Directors over the local conditions and regulations regarding the place of committal should continue. Funerals in the form of a Requiem Mass should observe the recommendations for the Celebration of Holy Mass. Other funeral services should follow the ritual as published.

Home Visits

Home visits can now take place by priests, deacons and Extraordinary Ministers of Holy Communion and other volunteers. The minister to the sick or housebound person must take care to ensure that a minimum number of visits takes place to different homes in a single session of visiting. There are three important steps to avoid possible spread of the virus, especially if someone is infected but asymptomatic:

- It is recommended (outside hospital and hospice chaplaincies who have infection control in place) that only one morning and one afternoon visit is made in a day to minimise risk of infection.
- The use of regular freely available covid-19 home test kits is recommended for those doing pastoral visits, to ensure they are not potential vectors of infection to those who are sick and medically vulnerable. These can be obtained through www.gov.uk/find-covid-19-lateral-flow-test-site
- Careful hand sanitisation and minimising of exposure times indoors are important considerations as well.

Social Activities

Parish social activities can be resumed from 19th July. It is strongly recommended that a risk assessment for both the activity and the space is completed for the gathering. Government guidance for the use of multi-purpose facilities is referenced (NB this has not been updated since 17 May).³

Catechetical Groups/Formation Groups/Prayer Groups

It is recommended that a blended mode of catechesis takes place moving forward, with a combination of both in-person meetings for those involved as well as online sessions. The requirements for covid security should be determined locally, following any Government guidance that becomes available.

³ <https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities>

Rev. Canon Christopher Thomas
FINAL
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Appendix 1

Recommended Key Mitigating Actions against Virus Transmission in Churches which should continue post 19th July 2021

1. Sanitising hands on entry to churches as in current church guidance reduces risk.
2. Ensuring people wear face coverings properly will reduce aerosol or droplet spread.
3. Ventilating buildings well (especially during and between services) remains important.
4. Maintaining a good general standard of routine cleaning using usual cleaning detergents is sufficient for regular use:
 - a) Cleaning high frequency touch points in buildings after each act of worship.
 - b) Thoroughly cleaning the church once a week.
5. Clearing spillages of body fluids (faeces, blood, vomit etc) should always follow specific higher standards not just because of SARS-CoV-2 but because of other pathogens. This guidance is reproduced in Appendix 2, again for ease of reference. If your own cleaners have a specific protocol in existence for body fluid spillages, then follow that.
6. If someone has tested positive for covid-19 who has used your building in the last 24 hours, and you are aware of this, then you should clean thoroughly using ordinary detergents. That does **not** mean a “deep clean”, which is not necessary. See footnote for a link for more detailed guidance.⁴
7. The risk of surface contamination while generally low is higher where there is long exposure time in the building, ventilation is poor, there is a high throughput of people, and where there is greater aerosol generation. Mitigating against these reduces risk.

⁴ <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

Appendix 2

Cleaning spillages of body fluids in all situations

Guidance has been in place for some time on cleaning spillages of bodily fluids to prevent spread of pathogens such as Hepatitis, E Coli, Norovirus and so on. You may already have guidance in place for this from your health and safety adviser or insurer, in which case this should be followed.

Body fluid spillage kits are strongly advisable, especially those which have granules which can absorb fluids and prevent splashes on those cleaning the spillage or others. They provide materials and instructions for safe cleaning and disposal and can be obtained from good cleaning suppliers. Following manufacturer's instructions on these is important because the content of kits differ. Such kits also contain cleaning fluids which are less likely to cause harm to surfaces than making up solutions of hypochlorite bleach.

Spillages of body fluids such as blood, sputum, vomit, faeces or urine can present an infection risk for a variety of infections and should be cleaned up immediately. Cleaners should treat every spillage of body fluids or body waste as potentially infectious.

Specific guidance applies from government to play groups for children.

Cleaners should wear protective gloves and aprons and use disposable wipes wherever possible. Eye protection is advised if there is risk of splashing.

For a spillage of blood, a 10,000ppm hypochlorite solution (1:10 chlorine releasing eg bleach to water) should be used. Staff should follow the procedure below. Even better is to use a body fluid disposal kit which has granules in it which absorb and solidify the spillage.

1. Put on disposable gloves and apron (protective goggles should be used if there is danger of splashing) and ensure that the area of the spillage is well ventilated and clear of service users, other staff and visitors.
2. If using a hypochlorite solution, prepare it in accordance with the manufacturer's instructions — if using granules apply directly to the spill.
3. Cover the spillage with paper towels.
4. Carefully wipe up the spillage with more towels soaked in hypochlorite.
5. Dispose of the waste in a clinical waste bag.
6. Wash hands in soap and water.

Solid or semi-solid matter (eg faeces) in the spillage should be removed first as this can inhibit the disinfectant.

Note:

Chlorine releasing disinfectants such as hypochlorite should never be used directly on urine spills as this can release irritant chlorine gas. Urine should be cleaned up using towels and the area cleaned with detergent before applying disinfectant.