



Return to Church guide

Preparing a COVID-19 ready congregation

Version 2 – Lockdown level 1



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FOREWORD

A novel type of virus that can cause respiratory disease is spreading and making people anxious everywhere. It has forced us to look at hygiene measures such as washing our hands. However, we must also keep our spiritual health in mind.

South Africa has been under a national lockdown since 27 March 2020. Over time, the government has introduced a risk-adjusted strategy and provided various regulations to control and/or curb the spread of the virus. During this period, gatherings of congregations were banned, except for funerals.

The aim everywhere is to reduce the number of social contacts to protect the people and to adhere to the social distancing rules. The purpose of this rule is to slow the spread of the virus and prevent an overburdening of our healthcare systems.

As regulations are eased, and we return to some normalcy, it is prudent to continue focusing our attention on ensuring our places of worship comply with the necessary guidelines and protocols. This is to ensure a safe and healthy environment for congregants to worship in.

This guide aims to provide local leaders and congregants with the principles, protocols and practices to ensure that our places of worship comply with the necessary standards as outlined in the relevant regulations. The document which is divided into four main sections, provides guidelines for:

A – PREPARING OUR PLACES OF WORSHIP

B – MANAGEMENT OF COVID-19 INCIDENTS

C – OTHER ACTIVITIES

D – GUIDELINES FOR LITURGICAL AMENDMENTS

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A – PREPARING OUR PLACES OF WORSHIP

1. HOW THE VIRUS SPREADS

The coronavirus which causes COVID-19 can be passed on from fluid droplets when coughing, sneezing, shouting, talking, chanting, preaching and singing. The fluid droplets leave the nose and mouth and get onto hands and nearby objects or surfaces. The coronavirus is then spread by their hands touching the hands of others and touching objects such as door handles, tables, chairs, books, etc. When someone touches their eyes, nose and/or mouth after they have touched other people's hands and objects with the coronavirus on it, then they can become infected. The coronavirus can survive on surfaces for several days.

2. GUIDING PRINCIPLES TO CURB THE SPREAD OF CORONAVIRUS

COVID-19 continues to impact our livelihoods and way of worship. For this reason, we have implemented 'RETURN TO CHURCH' guiding principles to curb the spread of the coronavirus in our church buildings:

- Fighting COVID-19 is our collective responsibility.
- Attendance of any religious activity where a person is symptomatic is not permitted.
- Adherence to the protocols and practices of the New Apostolic Church and obeying all posted placards are mandatory.
- Completing a screening questionnaire and attendance register before entering the place of worship.
- Wearing of a face mask is compulsory.
- Physical distancing of at least 1.5m (2 arms' lengths) from others.
- Handwashing with soap and water or hand sanitising with alcohol-based hand sanitiser (at least 70% alcohol) for 20 seconds.
- Practising respiratory hygiene by sneezing and coughing into your bent arm or a tissue.
- Regular and frequent disinfection of all surfaces, common touchpoints and equipment.
- Ventilation: maximizing ventilation by keeping doors and windows open wherever possible.

These principles will help us achieve our goals while keeping ourselves, our fellow congregants, and our communities from being overwhelmed by the pandemic.



3. ROLES AND RESPONSIBILITIES

The Rector remains accountable for the execution of these guidelines and procedures. He should appoint a suitably qualified COVID-19 compliance coordinator who will take full responsibility for the implementation of this Return to Church guide. The COVID-19 coordinator will, in conjunction with the Rector, appoint various teams to execute the different tasks as set out in this document.

4. PROTOCOLS AND PRACTICES FOR CHURCH

4.1 Conducting a risk assessment

The coronavirus as a hazard has the potential to cause harm to a person. The coronavirus only becomes a risk if a person is exposed to it through droplets or touching contaminated surfaces. The risk assessment (RA) is a structured approach to identifying, evaluating and controlling health risks at church associated with exposure to the virus.

Some key points to note:

- The risk assessment of each task must clearly demonstrate that exposure is unavoidable, and all methods of control are reasonably practical.
- There is no prescribed method for assessing risk and the tools or checklists differ by institution, however, this document aims to provide guidance on a tool provided as an example.
- The congregational COVID-19 compliance coordinator, together with a multidisciplinary team, should perform this function.

The risk assessment should at the minimum consist of these 5 basic steps:

1. Identify the task/activity and/or area that would introduce the risk.
2. Decide who might be harmed and how.
3. Evaluate the likelihood and consequence of exposure to the identified risk.
4. Evaluate the efficacy of the existing control measures and review if inadequate – use the hierarchy of controls as a guide.
5. Review the implementation of controls and assess risks periodically.



Risk assessments are important to:

- determine if a prevention and control programme is required for the identified risk
- evaluate the effectiveness of existing control measures or implementation of additional measures
- comply with legal requirements where applicable
- aid decision-making, in prioritizing risk in the context of limited financial resources and
- promote a culture of health and safety improvement.

The risk assessment should cover the parking area, entrances, foyer area, mothers' rooms, sacristy, bathroom facilities, the main hall and any other common areas or touchpoints of the church building.

4.2 Entrance protocol

Attendees to any activity within a New Apostolic Church building, or other place of worship used for gatherings, will be subjected to a screening process which will involve the completion of a risk screening questionnaire and an attendance register.

Ensure that the entrance protocol process to screen every individual prior to entering any church building is in place. This process should include:

- Limiting the number of entry points to reduce multiple areas to manage but not to increase the risk of exposure – physical distancing to be maintained.
- The completion of a written questionnaire at the venue to be completed by designated person/s on behalf of attendees, or an electronic document completed at the venue or prior to the activity for the prescribed questionnaire and attendance register to be used. Note social distance and confidentiality at this point. These records should be kept for 6 months after the event.
- Providing access to individuals who have fully completed the screening questionnaire and attendance register and answered all questions as “NO”. Attendees should preferably answer the questionnaire at home to decide whether to attend a divine service or not.
- Isolating any individuals and following the incident management protocol where an individual answered “YES” to any of the questions on the questionnaire.
- Ensuring that all individuals are in possession of and wearing a face mask (*No mask, No entry*).
- All individuals to sanitise hands at the entrance through a contactless sanitiser station or by a designated person with a dispenser spray bottle.



4.3 Correct use of Personal Protective Equipment (PPE)

Cloth face masks are compulsory and must always be worn. Serving ministers at the altar and a soloist or instrumentalist performing a musical piece may remove their mask, provided a 2.5m distance with others is adhered to.

Serving ministers who removed their masks must follow the liturgical guidelines during the serving of Holy Communion for the use of the face mask and sanitising practices.

Members should:

- have at least 2 cloth face masks - one is available for use while the other is being washed.
- be educated on the correct use of the face mask by:
 - washing hands before putting on the mask.
 - comfortably fitting mask and avoid touching it again.
 - ensuring that the mask should always cover both the nose and mouth.
 - washing hands thoroughly after taking off the mask.
 - washing the cloth mask in warm water and ironing it after wearing it.
 - handling the masks by their strings if they need to take off their mask during the divine service for any reason and is then required to put it on again.

The use of surgical gloves is not advised except for cleaning teams and those counting offering as per the guidelines.

4.4 Physical distancing

A physical distance of 1.5m between you and others should be maintained before, during and after any activity. Serving ministers at the altar and a soloist or instrumentalist performing a musical piece may remove their mask provided a 2.5m distance with others is adhered to. Indicate new seating capacity on noticeboard.

Ensure that the church building is demarcated so that physical distancing can be maintained. Demarcation could be highlighted with painted lines, stickers, markers or posted placards detailing physical distancing requirements. Members of the same household may sit together.



Demarcation should include:

- Parking area to guide members to the screening area.
- Screening area to preserve physical distancing.
- Foyer area and aisles to guide individuals to seats.
- Main hall:
 - Aisle to guide to seats.
 - Exact seats and placement to be used to maintain physical distancing.
 - Position for Priests to stand for the serving of Holy Communion.
 - Position for the member to stand when receiving Holy Communion.
 - Flow for Holy Communion – which may include members being served in their seats.
 - Exit routes.
- Bathroom facilities:
 - Should be restricted to absolute urgent need for it.
 - Closing off urinals or washbasins that are too close and do not allow for 1,5m spacing.
 - Indicating the maximum number of individuals allowed inside the bathroom area at one time.
- Seating in mothers' room. See 4.5.3 for waste management.
- Sacristy – The officiant and other minister(s) given distance and ventilation principles.

4.5 Hand-and-surface hygiene

4.5.1 *Hand sanitising*

Hands should be regularly washed with water and soap for 20 seconds or sanitised using an alcohol-based hand sanitiser of at least 70% alcohol.

- Ensure that contactless hand-sanitiser stations are available at the entrance of and in strategic places within the church venues. Where such dispensers are not feasible or obtainable, ushers should be appointed to spray the sanitiser onto the hands of all people entering and exiting the facility, rather than multiple people handling the sanitiser bottle.
- Members should be encouraged to bring their own hand sanitiser and sanitise their hands before the celebration of Holy Communion. The option of an usher spraying sanitiser on individuals' hands could also be used.
- Bathroom facilities should have sufficient soap available and only paper towels must be used for drying of hands.
- Congregants should consider toilet and urinal flushing practices. First close the toilet lid before flushing. Note social distance between urinals.



4.5.2 *Surface hygiene*

- All surfaces, touchpoints and common areas must be cleaned.
- This can be done with water and soap/detergent and then dry wiped with disinfectant. Suitable disinfectants include hypochlorite solution at a concentration of 1000ppm (e.g. 30 ml of standard 3.5% bleach mixed per litre water), or 70% alcohol surface cleaner.
- Cleaning teams should wear routine PPE, and additional PPE for certain COVID- 19 cleaning scenarios should be available.
- Clean and disinfect the venue after every divine service or activity at church venues (e.g. once per shift if applicable) with an appropriate checklist.
- If the surfaces cannot be cleaned with soap and water, then they should be wiped carefully with disinfectant.
- Take care to clean and disinfect frequently touched surfaces. These include, but are not limited to, door handles, communion cups and offering boxes etc.
- Any equipment which is shared should be disinfected with 70% alcohol-based sanitiser or soap and water after each use.

4.5.3 *Waste management*

- Remind members to act responsibly when they use tissues and sweet wrappers.
- Empty all bins and common waste after every divine service.
- All tissue papers lying around should be picked up immediately and discarded using the necessary PPE.
- NO hand towels allowed.

4.6 High-risk individuals

Where possible, high-risk individuals should be identified and discouraged from attending divine services or any church activity.

4.7 Audit

The congregation COVID-19 compliance coordinator should audit all systems and practices and present a report to the Rector to sign off. These audit reports should be filed together with attendance lists and all checklists for a period of 6 months.



B – MANAGEMENT OF COVID-19 INCIDENTS

This section will cover the management of COVID-19 infection in 2 categories:

1. COVID-19 infection of a congregant who attended a congregation gathering.
2. COVID-19 infection of a congregant who did NOT attend a congregation gathering while infected.

1. COVID-19 INFECTED CONGREGANT

If a congregant at a place of worship displays symptoms of COVID-19 or confirms that he or she tested positive, such a member should be isolated and not allowed to enter the venue.

1.1 Support to COVID-19 infected congregant

Since he/she tested positive for the coronavirus, your member is likely to be in quarantine and would have been notified by a doctor or nurse that they are infected and need to be isolated for 10 days.

If the congregant is at the place of worship then:

- Immediately separate him/her from other congregants preferably by placing the person in a well-ventilated room.
- Ask him/her to wash their hands thoroughly.
- Provide him/her with a surgical mask if you have one. If not, then continue using a cloth mask.
- Ensure that your congregant is counselled and in a reasonable mental state to follow other instructions.
- Assist the congregant to follow the advice from the Health Department regarding isolation.
- Assist with establishing if the congregant can effectively self-isolate or if isolation at a public facility would be required.

1.2 Support to other congregants:

- Reassure congregants that you are handling the situation, adhere to confidentiality obligation, following advice from the Health Department and that you are supporting the infected congregant.
- Inform congregants that with the advice of the Health Department you will assist in facilitating screening of affected congregants to determine possible exposure to the virus and will advise on which further steps to take.



- Keep an eye on the mental health and stress levels of all congregants and be mindful about the potential stress congregants will experience with the infection of a fellow congregant and the possibility that they may have been exposed.
- Have a communication plan in place to ensure that congregants receive the correct information.

1.3 Informing the leaders

- Inform your AP Area COVID-19 compliance coordinator of any incident at a congregation.
- Inform your congregational, district and Apostle Area pastoral leaders.
- For further information contact the NICD (National Institute for Communicable Diseases) www.nicd.ac.za on 0800 029 999 or Whatsapp on 0600 123 456 (save the number in contacts and say "Hi" to start chat).

1.4 Prevent the spread of the virus at our places of worship

- If proper screening is done and all adhere to the regulations, the risk of spread should be minimal. Therefore, it is important to:
 - Assist a congregant to identify if he/she came into contact with anyone who had symptoms of a throat and/or chest infection.
These symptoms include:
 - Coughing
 - Sore throat
 - Shortness of breath
 - Loss of smell
 - Loss of taste
 - Fever, fatigue, muscle aches, diarrhoea.
- Similarly, it is important to directly identify if any other congregants have any of the symptoms listed above. Amongst these could be the person or persons who originally infected the congregant and may still be unknowingly spreading the virus amongst other social circles.
- Depending on how many congregants have been infected, it may be necessary to temporarily close the place of worship while these investigations are underway. Please discuss this with your Apostle.



1.5 Identify who the congregant came into close contact with (Contact Tracing)

- Any individuals the congregant had contact with since he/she became ill could also be infected by the virus and needs to be separated from congregants by going into quarantine.
- Ask the congregant who he/she was in close contact with (i.e. face-to-face contact within 1 metre or shared an enclosed space with the affected congregant in the 48 hours before onset of symptoms). These could be:
 - Other congregants
 - Visitors to the place of worship
 - Regular congregants
 - People in their neighbourhood
 - People they travel with
 - People at social gatherings
 - Family members
- Make a list of all these congregants and other contacts (use the congregant rosters) as they may have to be quarantined to prevent further spread of the virus. Include the name, surname, contact number, email and residential address of these individuals where possible.
- Depending on how many congregants are involved as contacts, it may be necessary to temporarily close the place of worship while these investigations are underway. Please discuss this with your Apostle.

1.6 Continue screening

- It is possible that some of the people who were in contact with the infected person were not identified during the processes described above. Also, some people can be infected with the coronavirus and yet be completely well, only becoming ill later. It is possible that such people could still be participating in worship activities and that they may even be the original source of the coronavirus in the congregation.
- Therefore, all congregants should be monitored by answering the screening questions to identify others that may develop symptoms.
- All congregants must be screened if they want to access the place of worship.
- If a congregant develops symptoms after they have attended a divine service, they should not come to the place of worship but should instead report this to the Rector.



1.7 Possible temporary closure of the place of worship

- The Health Department may advise to close the place of worship temporarily, due to the public health risk posed by remaining open.

The place of worship may need to be temporarily closed depending on the following factors:

- The number of congregants who have symptoms is large, and the time needed to investigate and determine if they should be tested for the coronavirus or not.
- The number of congregants who are contacts of the congregant/s with coronavirus is large, and the time needed to investigate and determine if they need to be in quarantine or not.
- The area to clean at the place of worship is large as well as time constraints.
- The number of congregants and/or ministers diagnosed with COVID-19 infection needing isolation is large, there may be a shortage of ministers to attend to the congregation.

Temporary closure of the place of worship can be prevented by:

- Thoroughly cleaning and disinfecting the entire venue. The use of professional service is not mandatory.
- Completing the screening of others, as yet unaffected congregants, timeously.
- Preventing infection of congregants with the coronavirus by following the prudent steps outlined in the first section of this document.
- Training congregants on how to prevent coronavirus infection and communicating this regularly to congregants.

1.8 Cleaning of the contaminated area

- Clean all surfaces/objects that the infected person/s may have come into contact with. The area to be cleaned will be specific to each case and includes, but are not limited to, the kitchen, sacristy, congregant area of worship, tearoom, toilet facilities, door handles, foyer, electronic equipment and offering boxes. Therefore, it is advisable to clean the entire venue.
- PPE must be worn during cleaning and cleaning teams must wash their hands thoroughly before and after cleaning.
- The following PPE should be worn during cleaning:
 - Heavy-duty rubber gloves
 - Face mask
 - Visor or goggles
 - Apron
 - Closed shoes



- The following materials should be used for cleaning and disinfecting:
 - Green household soap should be used to clean all equipment and environmental surfaces that can tolerate it (e.g. walls, floors, windows, blinds and surfaces) prior to disinfecting.
 - Disinfectant (6 teaspoons i.e. 30ml of bleach per litre of water) should be used after cleaning to disinfect all equipment and surfaces.
 - If the area/surface cannot be cleaned with soap and water, wipe down with a 70% alcohol solution.
 - Common disinfectants that could be used include:
 - Bleach i.e. Sodium hypochlorite (0.1%)
 - Alcohol i.e. Ethanol (70%)
 - Quaternary ammonium compounds
 - Hydrogen peroxide (3%)
 - Peroxyacetic acid (0.5%)
 - Phenolic i.e. carbolic soap
 - Iodophors i.e. iodine (1%)

1.9 Re-opening of the place of worship

For the place of worship to be re-opened, the following minimum requirements should be in place:

- An assessment of the circumstances which resulted in the exposure of the congregant(s) to the coronavirus.
- A description of steps that will be taken to remedy any shortcomings in prevention activities uncovered during the assessment.
- Full training (as well as refresher training) of congregants on coronavirus prevention activities has been achieved.
- Cleaning and disinfection of all surfaces and objects that have been contaminated have been done.
- The assessment and description of any steps taken should be compiled into a report and kept on record, which should be made available to the Health Department.
- Procedures are in place to implement all the prevention activities listed above.

If a place of worship was closed upon instructions from an inspector of the Department of Health, then formal compliance needs to be demonstrated before it will be permitted to re-open.



2. COVID-19 INFECTED WHO DID NOT ATTEND

When the Church becomes aware of a congregant who did not attend a congregation gathering being diagnosed with COVID-19, the Rector may provide support remotely by:

- Providing pastoral care to the infected individual and family.
- Assisting the individual to adhere to isolation requirements.



C – OTHER ACTIVITIES

1.1 Sunday School

- Confirmation classes may resume under strict adherence to the necessary safety protocols.
- Teachers to continue engaging with children via electronic means. Home schooling will continue to be done by parents.

1.2 Music

- No choir/orchestra practice until further notice.
- No congregational/choir singing before, during or after service is permitted, including the threefold “Amen”.
- Musical performances (before, during & after service) are limited to:
 - a) Keyboard playing (organ or piano).
 - b) Vocal solos, *i.e. under no circumstances should vocalists perform as part of an ensemble.*
 - c) Wind instrumental solos (including a recorder), *i.e. under no circumstances should wind instruments perform as part of an ensemble.*
 - d) Ensemble playing is limited to string instruments only, provided a 1,5m distance is maintained between players and masks are worn.
 - e) No backup / 2nd organist to play.

1.3 Soul-care visits (SCVs)

- SCVs will continue to be a source of spiritual guidance, instruction and teaching.
- Virtual platforms for SCVs preferred during the COVID-19 pandemic, especially in high endemic areas.
- SCVs to be done on a request basis whereby the member requests a visit. This should be in exceptional circumstances and as a last resort (agreement between both minister and family).
- Strict hygiene and PPE protocol applies for SCVs:
 - Wash or sanitise hands.
 - Maintain social distancing as far as possible (no hugging or touching).
 - No SCV if either the minister or family presents with flu-like illness.
 - Wear a mask at all times.
 - Be cognizant of those members who are unable to utilize virtual platforms.
 - Refreshments are not allowed.



1.4 Young People

- The preferred interaction with Young People is to continue via electronic means.
- Limited gatherings for Young People outside of divine services can take place with full compliance of all COVID-19 protocols and approval by local pastoral leadership.
- There should be due consideration on whether a gathering should take place by weighing up whether the value of the activity outweighs the potential risk of the gathering.
- Precautions to consider include: actions to prevent transmission between people, the chosen venue and how it can be modified to make a safer environment.
- Awareness must also be directed towards the trend that even though there may be reduced health risks for young people if infected by the virus, there may be an increased potential risk of spreading the virus to other groups who are more at risk.
- Cancelling a planned event should always be considered, especially in case of non-essential events or when precautions cannot be implemented or if arrangements are not adequately communicated.
- Any activity must always comply with regulations and guidelines when planning an event and should comply with the principles and protocols of chapter A and B of the Return to Church guidelines.
- Young People must be informed about precautions before the event starts; during the event, with reminders of these precautions and a process to ensure they are followed.
- It is recommended that outdoor venues are used over indoor spaces – if it is indoors, then it must be ensured that the area is well-ventilated.
- Minimize crowding by staggering arrivals and departures, regulating entries, designating seats/places and marking the floor to ensure physical distancing between people of at least one and a half meter.
- There must be access to all necessary supplies – hand hygiene stations, hand sanitizer or soap and water, distance markers, masks.

2. Guidelines for funerals

1. Funeral attendance is legally limited to 100 maximum attendees. This includes the officiant and duty team, such as the doorkeeper and musicians. (Limit of 100 attendees applies to the graveside as well).
2. The family is responsible to identify who is to be invited to the funeral service and members should be discouraged to attend unless invited.
3. Prior to the funeral, an attendance register must be completed. This serves two purposes:
 - a. to indicate who is allowed to attend the funeral, and
 - b. in the event of an attendee testing positive for COVID-19, people can be traced via the attendance register.
4. The attendance register must contain the following details: full names, contact number and/or physical address of the attendee. Names of children attending must also be recorded. The Rector must keep the register in a safe place for at least 6 months after the funeral.



5. The funeral service must be limited to 45 minutes. Attendees must disperse immediately after the hearse exits the church premises. The traditional "tea" after the service for family and friends is strongly discouraged.
6. Night vigils and other pre/post-funeral gatherings are prohibited in terms of the lockdown regulations.
7. As is already the NAC policy, no viewing of the body is allowed at the church. In addition, viewing of the body at a private home is legally prohibited under COVID-19 regulations.
8. Social distancing:
 - a. Funeral attendees must maintain social distancing of 1.5 metre apart before, during and after service. It is advised that seating spots be marked with tape on benches before the service. Take into consideration the 1.5 metre distance in front and behind the taped spot as well.
 - b. There must be no physical contact between attendees at the church (no hugs, handshakes, etc.).
 - c. The singing of hymns is limited to **solo performances** (vocal or instrumental) before, during and after service. The distance between the performer and the nearest attendee must be at least 2.5 metres.
 - d. Officiants may preach without a face mask, provided a distance between the officiant and the nearest attendee is at least 2.5 metres.
9. Personal protection
 - a) Wearing of a face mask is compulsory for the duration of the funeral service.
 - b) Any person handling and counting offerings must sanitise their hands before, during and after the counting and must ensure that he or she does not touch his or her face during the process. Again, face masks must be worn during this counting process.
10. Sanitisers, disinfectants and other measures

A hand sanitiser must have at least 70% alcohol content or be a generic alternative with a similar sanitising effect. Every congregation should ensure that

 - a) There are sufficient quantities of hand sanitiser available at the entrance of the church, which all attendees are required to use.
 - b) There are facilities for the washing of hands with water and soap (**NO** cloth hand towels should be used, only paper towels).
 - c) All surfaces and equipment are sanitised before and after the funeral service.
 - d) There is no sharing of equipment, drinking utensils, hymnals or instruments.
 - e) All areas such as toilets, foyers, door handles, handrails, organ, electronic equipment, Bibles, hymnals, altar literature and bookstands etc. are sanitised before and after every funeral.
11. Funeral services may be live streamed via social media.



3. Guidelines for weddings

1. NAC marriage officers (MOs) are allowed to solemnize legal marriages.
2. Only solemnization of marriages is allowed. **NO** wedding blessings.
3. Such gatherings should take place in compliance with COVID-19 regulations and may be conducted at a church building or a member's home. Church buildings are advisable instead of homes of members for the following reasons:
 - a) Controlled sanitisation protocols.
 - b) Social distancing can be adhered to from a space perspective.
 - c) Afford control over the number of attendees to comply with current regulations.
4. No marriage officer should feel forced to solemnize legal marriages. Should a marriage officer feel at risk of contracting COVID-19, and chooses not to officiate, he is at liberty to decline.
5. Prior to the solemnization, a screening attendance register must be completed. This serves two purposes:
 - a) to indicate who was present at the solemnization, and
 - b) in the event of an attendee testing positive for COVID-19, people can be traced via the attendance register.
6. The attendance register must contain the following details: full names, contact number and/or physical address of the attendee. The Rector must keep the register in a safe place for at least 6 months after the solemnization.
7. The solemnization must be limited to 30 minutes. Attendees must disperse immediately after the solemnization.
8. Spiritual preparation:
 - a) It is advisable that spiritual leaders also prepare couples requesting marriage for their marital life. Where possible, online platforms are to be utilized for such preparatory sessions.
9. Personal protection:
 - a) Couples and their witnesses must always wear face masks. This includes the marriage officer. **No** mask – **No** entry.
 - b) Any person handling and counting offerings must sanitise their hands before, during and after the counting and must ensure that he or she does not touch his or her face during the process. Again, face masks must be worn during this counting process. Electronic offering is to be encouraged.
10. Sanitisation:
 - a) During the signing of the register, all surfaces to be sanitised. It is preferable that 5 pens are made available for: the couple, witnesses and marriage officer. Alternatively, the pen needs to be sanitised after every individual signed the register.
 - b) Both the marriage officer as well as the couple to sanitise hands before and immediately after taking of fingerprints.



- c) A hand sanitiser must have at least 70% alcohol content or be a generic alternative with a similar sanitising effect.
 - d) Sufficient quantities of hand sanitiser must be available at the entrance of the church, which all attendees are required to use.
 - e) There must be facilities for the washing of hands with water and soap (**NO** cloth hand towels should be used, only paper).
 - f) All surfaces and equipment are to be sanitised before and after the solemnization.
 - g) There must be no sharing of equipment, drinking utensils, pens (where possible).
11. All areas such as toilets, sacristy, door handles, handrails, electronic equipment, Bibles, marriage registers and books, etc. are sanitised before and after every solemnization.
 12. NO singing of hymns or solo performances (vocal or instrumental).
 13. Such legal solemnizations may be live streamed via social media.

4. Guideline for celebrating Holy Communion during lockdown level 1

4.1 Cleaning protocol

- Sanitise chalices and fill with wafers. Same applies for mini-chalice to serve members at home.
- Communion wafers should not be touched while filling the chalices.
- Communicate to all congregants/members beforehand what has been done to prepare the venue and chalices in order to ensure their safety.

4.2 Social distancing

- Social distancing is to be observed for altar seating; ministers are to serve at marked serving positions; aisle indicators will guide members as to the direction they must walk and Priests and members are to stretch their arms when serving and receiving Holy Communion.
- Ministers are to ensure that there is one queue per aisle.
- Members are to walk through the first bench/row of chairs, alternatively, clearly marked where members must stand before receiving Holy Communion.

4.3 Personal Protective Equipment (PPE)

- Serving ministers are not to wear gloves as it creates a false sense of safety.
- Emphasis should be placed on regular sanitisation and/or washing of hands.
- Both Priest and member must wear a mask when communion is served.



4.4 Procedure

- When the officiant announces: “*And now we shall celebrate Holy Communion ...*” Designated minister(s) responsible to open and close the chalices must sanitise their hands before opening
- the chalices and again after he/they close the chalices.
- The chalices are uncovered, and the officiant opens the two chalices on the altar.
- The second cup on the altar will not be used to serve Holy Communion.
- Before the consecration, the officiant puts on his mask, sanitises his hands, opens the cup, does the consecration, takes a wafer, places the cup away from him, serves himself (saying the words “The body and blood...”), ingests the wafer, prays, and sanitises his hands.
- This is followed by the minister taking the same cup and proceeds to serve the Priestly ministers.
- Priests must sanitise their hands before and after being served.
- This is followed by each Priest taking a chalice from the table with his non-serving hand.
- There is to be no sharing of cups. Serving ministers may only use single cups.
- A designated person is responsible to sanitise the hands of members prior to being served.
- Members ingest wafer at their seat. (Note: Some members have their own sanitisers and must be allowed to use it.)
- After serving Holy Communion, serving ministers return the chalices to the table and each one closes the chalice himself.
- Thereafter, the serving minister must sanitise his hands and takes his seat.
- The officiant then proceeds to close the two cups on the altar once all congregants have been served and the organ stops playing.
- Note to Priestly ministries:
 - If a Priest accidentally touches the hand of a member, he must stop serving and sanitise his hands before continuing to serve.
 - Should a communion wafer fall on the floor, a Deacon should pick it up, proceed to throw it away and sanitise his hands afterwards.



D – LITURGICAL AMENDMENTS

The liturgical amendments are clearly stipulated on the relevant liturgical sequence which will be further clarified by your Apostle.

E – ANNEXURES

- available on MIS – <https://mis.nac-sa.org.za/pastoral/documentation>.
- On website - <https://www.nac-sa.org.za/>
 - for announcements and important information during the time of COVID-19.