



# Return to Church guide

Preparing a COVID-19 ready congregation

*Version 1*



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## FOREWORD

A novel type of virus that can cause respiratory disease is spreading and making people everywhere anxious. It has forced us to take a new 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 of time, religious gatherings have been banned, and any form of worship was banned – with the exception of funerals. The main reasons for this are mostly government bans on large assemblies, but also voluntary precautionary measures. The aim everywhere is to reduce the number of social contacts in order to protect the people by adhering to the social distancing rules. The purpose of this rule is to slow the spread of the virus and prevent an overburdening of our health care systems.

As regulations are eased, and we return to some normalcy, it is prudent to focus our attention on readying our church buildings to 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 with the principles, protocols and practices to ensure that our church buildings and places of worship comply with the necessary standards as outlined in the current regulations. The document is divided into four main sections:

A – Guidelines on the preparation of our places of worship to reduce the risk of coronavirus transmission in our congregations.

B – Guidelines for the management of incidents relating to COVID-19.

C – Guidelines for funerals, weddings, Sunday school, music, young people and soul care visits.

D – Guidelines on liturgical amendments.

For any further queries, please contact AP Gerome Mintoer @ [G.Mintoer@nac-sa.org.za](mailto:G.Mintoer@nac-sa.org.za)



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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 around the person. 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.
- DO NOT attend any religious activity if you do not feel well.
- Adherence to the New Apostolic Church's protocols and practices and obeying all posted placards is mandatory.
- Attendees will be screened before gaining entry to any place of worship.
- Wearing of a face mask is compulsory.
- Attendees must practice physical distancing by keeping a distance of at least 1.5m (2 arms' lengths) from others.
- Attendees to ensure hand washing with soap and water or hand sanitising with alcohol-based hand sanitiser (at least 70% alcohol) for 20 seconds.
- Attendees must practice respiratory hygiene by sneezing 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 this guideline and procedure. 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 is a hazard as it 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 risk assessment must be done by any personnel trained and deemed competent to do so. 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 existing control measures efficacy 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 any other place of worship used for gatherings will be subjected to a screening process which will involve the completion of a risk screening questionnaire, attendance record and temperature scanning.*

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

- Limiting the amount of entry points to reduce multiple areas to manage but not as 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. 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".
- Isolating any individuals and following the incident management protocol where an individual responds "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 be worn at all times. 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 cover both the nose and mouth at all times.
  - washing hands thoroughly after taking off the mask.
  - wash the cloth mask in warm water and iron it every day.
  - if members need to take off their mask during the divine service for any reason and is then required to put it on again, care must be taken to only handle the masks by the strings.

The use of surgical gloves is not advised except for cleaning teams and those counting of 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.*



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. 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 by:
  - 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.
- Mothers rooms seating.
- Sacristy – Only the officiant and 1 other minister is allowed in the sacristy.

## **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 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.
- Congregations should consider toilet and urinal flushing practices with consideration given for "toilet plume".

#### 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, as well as additional PPE for certain COVID-19 cleaning scenarios.
- 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. (Available on MIS).
- 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 door handles, communion cups and offering boxes.
- 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*

- 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.
- Further queries relating to waste management can be forwarded to the post-COVID-19 committee at [COVID@nac-sa.org.za](mailto:COVID@nac-sa.org.za).



#### **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 3 categories:

1. COVID-19 infection in a congregant.
2. COVID-19 infection in a congregant/worshipper who attended a congregation gathering while infected.
3. COVID-19 infection in a congregant/worshipper who did NOT attend a congregation gathering while infected.

### **1. COVID-19 INFECTED CONGREGANT**

If a congregant at a place of worship becomes infected with COVID-19, it is very important to assist the infected individual as well as other congregants, and re-evaluate what can be done to stop the further spread of the coronavirus, whether at the place of worship or the homes of everyone connected with the infected individual.

#### **1.1 Support to COVID-19 infected congregant**

Since he/she tested 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 14 days. However, sometimes there are miscommunications around this and your member might still be at the place of worship.

#### **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 is able to effectively self-isolate or if isolation at a public facility would be required. If a public facility is required, make sure to mention this when contacting the Department of Health.
- Determine whether the congregant is able to travel home or travel to a public isolation facility without the risk of infecting other members of the public; e.g. they should not be using public transport. If not, assist the congregant to be safely transported home.

**If the congregant is at home or at a quarantine facility, then:**

- Assist the congregant to follow the advice from the Health Department regarding isolation required to protect their family, friends and congregants.
- Assist with establishing if the congregant is able to effectively self-isolate at home or if isolation at a public facility would be required. If a public facility is required, make sure to mention this when contacting the Department of Health.

**1.2 Support to other congregants:**

- Reassure congregants that you are handling the situation following advice from the Health Department and that you are supporting the infected congregant.
- Inform congregants that with the assistance/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 what 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 compliance coordinator of any incident at a congregation.
- Inform your congregational, district and Apostle Area pastoral leaders.
- For further information contact the NCID on 0800029999.

### **1.4 Establish how the congregant got infected**

- The congregant could have been infected by fellow congregants or by someone within their home or social circle. Therefore, it is important to:
  - Assist the congregant to identify if he/she came into contact with anyone who had symptoms of a throat and chest infection.  
These symptoms include:
    - Coughing
    - Sore throat
    - Shortness of breath
    - Loss of smell
    - Loss of taste
    - fever, weakness, 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**

- Any individuals the congregant came into 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 symptom onset). These could be:



- Other congregants.
  - Visitors to the place of worship.
  - Regular congregants/worshippers.
  - 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 Assist with tracing and quarantining**

- The Health Department will provide guidance on how to interview all these contacts to determine whether the level of exposure is sufficient for them to have become infected, and hence whether they need to be quarantined or not.
- Quarantine means that people who are at high risk of being infected with the coronavirus are separated from other people for 14 days from the date that they were exposed to their infected congregant, so that they cannot infect others.
- Depending on their home circumstances, they can be quarantined either at home or a specially prepared quarantine facility.
- To be allowed to quarantine at home they need to have a room in which they can stay alone, separate from the rest of the household.
- Depending on how many congregants are involved, it may become necessary to temporarily close the place of worship while they are in quarantine. Please discuss this with your Apostle.

### **1.7 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 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 the religious institution via screening to identify others that may develop symptoms.
- All congregants should be screened if they access the place of worship.
- If a congregant develops symptoms, they should not come to the place of worship but should instead report this to the Rector. They may also contact the NCID on 0800029999 who could advise them on screening for the coronavirus.

### **1.8 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 or a section of the institution may need to be temporarily closed depending on the following factors:

- If the number of congregants who have symptoms is large, because of the time needed to investigate and determine if they should be tested for the coronavirus or not.
- If the number of congregants who are contacts of the congregant/s with coronavirus is large, because of the time needed to investigate and determine if they need to be in quarantine or not.
- If the area at the religious institution that needs to be cleaned is large, because of the time required to complete this important task.
- If the number of congregants diagnosed with COVID-19 infection and therefore needing isolation is large, since there may be insufficient ministers for the place of worship to continue its activities.



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

- Rapidly cleaning and disinfecting the surfaces and items that were contaminated.
- Completing the screening of other as yet unaffected congregants timeously.
- Preventing infection of congregants with 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.

### **1.9 Re-opening of the place of worship**

In order 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 (and 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, as well as 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.

### **1.10 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 the kitchen, sacristy,



congregant area of worship, tea room, toilet facilities, door handles, foyer, microphones, computers and offering boxes, among others.

- 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 rubbergloves.
  - 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, 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%).
    - Alcohols i.e. Ethanol (70%).
    - Quaternary ammonium compounds.
    - Hydrogen peroxide (3%).
    - Peroxyacetic acid (0.5%).
    - Phenolic i.e. carbolic soap.
    - Iodophors i.e. iodines (1%).



## **2. COVID-19 INFECTED AND ATTENDED**

When the Church becomes aware of a congregant who attended a congregation gathering being diagnosed with COVID-19, the following steps are required to be taken by the Rector:

- Provide support to the infected individual remotely and ensure that the individual receives the appropriate medical care and is isolating either in his/her home or in an appropriate facility.
- Contact the NCID on 080 002 9999 to inform them about the infected individual and for further advice/assistance in managing the outbreak.
- Assistance with contact tracing (under the guidance of the Health Department) may be required.
- Determine the date of onset of symptoms, the date of testing and the date of last attendance at the religious institution in order to direct further actions.
- Identify who (volunteers, congregants) the infected person may have come into close (face to face) contact with at the institution. If the infected person had symptoms of COVID-19, you have to consider all the people they may have come into contact with from 2 days before their symptoms began until their last visit to the institution. If the person did not have any symptoms (i.e. asymptomatic), consider all the people they came into contact with from 2 days before they tested until their last visit to the institution.
- Use the attendance register to identify the name, surname, address and contact number for all people who may have come into contact with the infected individual.
- Clean and then sanitise all areas/surfaces/objects that the infected person may have come into contact with. (See guidance provided above).
- Temporary closure of the place of worship may be necessary to allow time for contact tracing and cleaning. (See detail provided above).

## **3. 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 religious counsel to the infected individual and family.
- Assisting the individual to adhere to isolation requirements.



## C - OTHER ACTIVITIES

### 1.1 Sunday school

- No Sunday school until further notice.
- Teachers to continue engaging with children via homeschooling and electronic means.
- Rectors and teachers to place a special focus on confirmands.

### 1.2 Music

- No choir practice until further notice.
- No congregational singing.
- No backup / 2<sup>nd</sup> organist to play.

### 1.3 Soul care visits (SCV's)

- SCV's will continue to be a source of spiritual guidance, instruction and teaching.
- Virtual platforms for SCV's preferred during the COVID-19 pandemic, especially in high endemic areas.
- SCV's 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 SCV's:
- Wash or sanitise hands.
- Maintain social distancing as far as possible (no hugging or touching).
- No SCV if either the minister or family present with flu-like illness (*refer to screening tool*).
- Wear a mask at all times.
- Be cognizant of those members who are unable to utilize virtual platforms.
- Refreshments are discouraged.



## **2. Guideline for funerals**

1. Given ~~the current~~ level 3 of lockdown, all active church ministers are considered as essential workers and therefore do not require special police clearance to perform a funeral divine service.
2. Funeral attendance is legally limited to 50 maximum attendees. This includes the officiant and duty team, such as the doorkeeper and organist. (Limit of 50 attendees applies to the graveside as well)
3. The family is responsible to identify who is invited to the funeral service and members should be discouraged to attend unless invited.
4. 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.
5. 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. (A suggested sample of the attendance register is attached.)
6. 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.
7. Night vigils and other pre/post-funeral gatherings are prohibited in terms of the lockdown regulations.
8. 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.
9. Social distancing:
  - a. Funeral attendees must maintain social distancing of 1.5 metres 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 all times 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.

#### 10. Personal protection

- a) Wearing of face masks or face shields is compulsory for the duration of the funeral service activity.
- 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.

#### 11. 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!).
- 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 are sanitised before and after every funeral.

- 12. Funeral services may be live-streamed (e.g. via Zoom, Skype, and YouTube) to loved ones and friends.



### 3. GUIDELINES FOR WEDDINGS

1. NAC marriage officers (MO's) are allowed to solemnize legal marriages as per level 3 lockdown regulations.
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) affords control over the number of attendees in order 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 choose not to officiate, he is at liberty to decline.
5. Wedding celebrations or ceremonies are prohibited by current COVID-19 regulations.
6. The current regulation allows for a maximum of 5 persons **only** (a marriage officer, the couple and two witnesses).
7. 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.
  - c) 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. (A suggested sample of the attendance register is attached.)
8. The solemnization must be limited to 30 minutes. Attendees must disperse immediately after the solemnization.
9. Spiritual preparation:
  - a) It is advisable that spiritual leaders also prepare couples requesting marriage for their marital life. Online platforms to be utilized for such preparatory sessions.
10. Personal protection:
  - a) Couples and their witnesses must wear face masks at all times. 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.

11. Sanitisation:

- a) During the signing of the register, all surfaces to be sanitised. It is preferable that 5 pens are made available for each of the attendees. Alternatively, the pen needs to be sanitised after every individual signs 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) There are sufficient quantities of hand sanitiser available at the entrance of the church, which all attendees are required to use.
- e) There are 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 sanitised before and after the solemnization;
- g) There is no sharing of equipment, drinking utensils, pens (where possible);

12. All areas such as toilets, sacristy, door handles, handrails, electronic equipment, Bibles, marriage registers and books are sanitised before and after every solemnization;

13. NO singing of hymns or solo performances (vocal or instrumental).

14. Such legal solemnizations may be live-streamed (eg. via Zoom, Skype, and YouTube) to loved ones and friends.

## D - LITURGICAL AMENDMENTS

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

The first step is based on the assumption of a return to divine service with no Holy Communion. The subsequent celebration of Holy Communion will be advised.

## E - ANNEXURES – *available on MIS*

- 1 Risk assessment tool
- 2 Screening questionnaire and attendance register
- 3 High-risk categories
- 4 Compliance checklist
- 5 Audit checklist