



Guidance for Houses of Worship During the COVID-19 Crisis

During these challenging times, government and faith communities throughout Texas need to work together to love our neighbors and slow the spread of Coronavirus. To facilitate this collaboration, State and local governments must clearly articulate their directives aimed at mitigating spread of the virus. This updated joint guidance from the Office of the Attorney General and the Office of the Governor is the official guidance regarding the effect of Executive Order GA 18 on religious services conducted in churches, congregations, and houses of worship.

The government must give special consideration to houses of worship when issuing orders related to the COVID-19 crisis.

The First Amendment to the United States Constitution and Article I of the Texas Constitution protect the right of Texans to worship and freely exercise their religion according to the dictates of their own consciences. In addition, the Texas Religious Freedom Restoration Act (“RFRA”) provides additional protections to faith communities, and government must ensure that it complies with RFRA when it acts, even during a disaster. Thus, when state or local governments issue orders prohibiting people from providing or obtaining certain services, they must ensure that these orders do not violate these constitutional and statutory rights.

Houses of worship provide “essential services.”

By executive order, Governor Abbott has defined essential services to include “religious services conducted in churches, congregations, and houses of worship.”¹ Institutions providing these essential services can provide them under certain conditions described in Executive Order GA 18 and local orders by counties or municipalities that are consistent with GA 18. To the extent there is conflict between Executive Order GA 18 and local orders, GA 18 controls. Local governments may not order houses of worship to close.

Houses of worship should conduct as many activities as possible remotely, and should follow the minimum health protocols listed in these guidelines when providing services in person.

Houses of worship should conduct as many of their activities as possible remotely. Services that houses of worship do not conduct remotely should be conducted in accordance with the following minimum health protocols described in this document

¹ Exec. Order No. GA 18 at 3 (Apr. 27, 2020).

and guidance from the White House and the Centers for Disease Control and Prevention (“CDC”).²

Minimum Health Protocols for Houses of Worship

In accordance with Governor Abbott’s executive order GA-18, the following are the minimum recommended health protocols for all churches, congregations, and houses of worship in Texas. Churches, congregations, and houses of worship may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all Texans. The same minimum standard health protocols would apply to funeral services, burials, and memorials.

We know now that the virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. Churches, congregations, and places of worship should stay informed and take actions based on common sense and wise judgment that will protect health and support economic revitalization. Churches, congregations, and places of worship should also be mindful of federal and state employment laws and workplace safety standards.

Health protocols for serving your attendees:

1. Strongly encourage the at-risk population³ to watch or participate in the service remotely.
2. Designate an area inside the facility reserved for the at-risk population, or offer a service for at-risk population attendees only.

² Ctr. for Disease Control, Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) (Apr. 9, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>; The President’s Coronavirus Guidelines for America, 30 Days to Slow the Spread (Mar. 31, 2020), https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

³ At-risk population are those who are 65 or older, especially those with chronic lung disease; moderate to severe asthma; chronic heart disease; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; or weakened immune system.

3. Ensure proper spacing between attendees:
 - a. Keep at least two empty seats (or six feet separation) between parties in any row, except as follows:
 - i. Two or more members of the same household can sit adjacent to one another, with two seats (or six feet separation) empty on either side.
 - ii. Two individuals who are not members of the same household but who are attending together can sit adjacent to one another, with two seats (or six feet separation) empty on either side.
 - b. Alternate rows between attendees (every other row left empty).

Health protocols for your employees and volunteers:

1. Train all employees and volunteers on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
2. Screen employees and volunteers before coming into the church, congregation, or place of worship:
 - a. Send home any employee or volunteer who has any of the following new or worsening signs or symptoms of possible COVID-19:
 - i. cough,
 - ii. shortness of breath or difficulty breathing,
 - iii. chills,
 - iv. repeated shaking with chills,
 - v. muscle pain,
 - vi. headache,
 - vii. sore throat,
 - viii. loss of taste or smell,
 - ix. diarrhea,
 - x. feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit, or

- xi. known close contact with a person who is lab confirmed to have COVID-19.
 - b. Do not allow employees or volunteers with the new or worsening signs or symptoms listed above to return to work until:
 - i. in the case of an employee or volunteer who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed *since recovery* (resolution of fever without the use of fever-reducing medications); and the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 7 days have passed *since symptoms first appeared*; or
 - ii. in the case of an employee or volunteer who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
 - iii. if the employee or volunteer has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
 - c. Do not allow an employee or volunteer with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14-day self-quarantine period from the last date of exposure (with an exception granted for healthcare workers and critical infrastructure workers).
- 3. Have employees or volunteers wash or sanitize their hands upon entering.
- 4. Have employees or volunteers maintain at least 6 feet separation from other individuals. If such distancing is not feasible, then other measures including face covering, hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced.
- 5. Consistent with the actions taken by many churches, congregations, and places of worship across the state, consider having employees, volunteers, and attendees wear cloth face coverings (over the nose and mouth). If available, they should consider wearing non-medical grade face masks.

Health protocols for your facilities:

1. Regularly and frequently clean and disinfect any regularly touched surfaces, such as doorknobs, tables, chairs, and restrooms.
2. Disinfect seats between services.
3. Disinfect any items that come into contact with attendees.
4. Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available.
5. Place readily visible signage to remind everyone of best hygiene practices.
6. If a church or place of worship provides meals for employees, volunteers, or attendees, they are recommended to have the meals individually packed for each employee, volunteer, or attendee.
7. Maintain rigorous sanitation practices like disinfection, handwashing, and cleanliness when preparing or serving anything edible.

Houses of worship should help slow the spread of the virus.

Houses of worship play an important role in slowing the spread of COVID-19, and can use their creativity to help protect their communities. For example, a church could hold “drive-in” style services. Or because Executive Order GA 18 permits drive-thrus to provide goods and services, a house of worship may, according to their faith practices, provide communion or a blessing through a similar drive-up service.

These guidelines do not violate the religious liberty of houses of worship.

Under the extraordinary circumstances in which we temporarily live, these guidelines provide that houses of worship may remain open. The guidelines make only recommendations to houses of worship. They do not violate the religious liberty of houses of worship because the government has a compelling interest in recommending this guidance (stopping contagion) and the guidance is the least restrictive means of serving that compelling interest (allowing houses of worship to stay open for ministry, but suggesting ways that help slow the spread of COVID-19).