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**1st Church of God Reno**

**Covid-19 Re-opening guidelines**

*Created: May 23, 2020*

*Revised:*

1. All common areas of the current church facility will be wiped down with an alcohol or bleach-based detergent or disinfectant, both prior to, and after, church gatherings in compliance with CDC guidelines pertaining to cleaning, disinfection, and ventilation:
2. [Clean and disinfect](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) frequently touched surfaces at least daily and shared objects in between uses.
3. Develop a schedule of increased, routine cleaning and disinfection.
4. Avoid use of items that are not easily cleaned, sanitized, or disinfected.
5. Ensure [safe and correct application](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) of disinfectants and keep them away from children. Use products that meet [EPA disinfection criteriaexternal icon](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
6. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
7. Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children or adults using the facility.
8. If your faith community offers multiple services, consider scheduling services far enough apart to allow time for cleaning and disinfecting high-touch surfaces between services.
9. [Take steps](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires’ disease](https://www.cdc.gov/legionella/about/index.html) and other diseases associated with water.
   1. Cleaning and Disinfecting Your Facility

* **Wear disposable gloves** to clean and disinfect.
* **Clean surfaces using soap and water, then use disinfectant.**
* Cleaning with soap and water **reduces number of germs, dirt and impurities** on the surface. **Disinfecting kills germs** on surfaces.
* **Practice routine cleaning** of frequently touched surfaces.
  + More frequent cleaning and disinfection may be required based on level of use.
  + Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
* **High touch surfaces include:**
  + Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
* **Recommend use of**[**EPA-registered household disinfectantexternal icon**](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**.**  
  **Follow the instructions on the label** to ensure safe and effective use of the product.  
  Many products recommend:
  + Keeping surface wet for a period of time (see product label).
  + Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
* **Diluted household bleach solutions may also be used** if appropriate for the surface.
  + Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  + Unexpired household bleach will be effective against coronaviruses when properly diluted.  
    **Follow manufacturer’s instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.  
    **Leave solution** on the surface for **at least 1 minute.**  
    **To make a bleach solution**, mix:
  + 5 tablespoons (1/3rd cup) bleach per gallon of water  
    OR
  + 4 teaspoons bleach per quart of water
* Bleach solutions will be effective for disinfection up to 24 hours.
* **Alcohol solutions with at least 70% alcohol may also be used.**

Soft surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

* **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
* **Launder items** (if possible) according to the manufacturer’s instructions.Use the warmest appropriate water setting and dry items completely.

OR

* **Disinfect with an EPA-registered household disinfectant.** [These disinfectantsexternal icon](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) meet EPA’s criteria for use against COVID-19.
* [**Vacuum as usual**](https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Cleaning-and-Disinfection)**.**

Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

* Consider putting a **wipeable cover** on electronics.
* **Follow manufacturer’s instruction** for cleaning and disinfecting.
  + If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

* Launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
* **Wear disposable gloves** when handling dirty laundry from a person who is sick.
* Dirty laundry from a person who is sick can be washed with other people’s items.
* **Do not shake** dirty laundry.
* Clean and **disinfect clothes hampers** according to guidance above for surfaces.
* Remove gloves, and wash hands right away.

Cleaning and disinfecting your building or facility if someone is sick

**Close off areas** used by the person who is sick.

* + Companies do not necessarily need to close operations, if they can close off affected areas.
* **Open outside doors and windows** to increase air circulation in the area.
* **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
* Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
* [Vacuum the space if needed](https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Cleaning-and-Disinfection). Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.
  + Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  + Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
* Once area has been **appropriately disinfected**, it **can be opened for use**.
  + **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
* If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  + Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

Cleaning and disinfecting outdoor areas

* Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection.**
  + Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  + High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  + Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
* **Sidewalks and roads should not be disinfected.**
  + Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

When cleaning

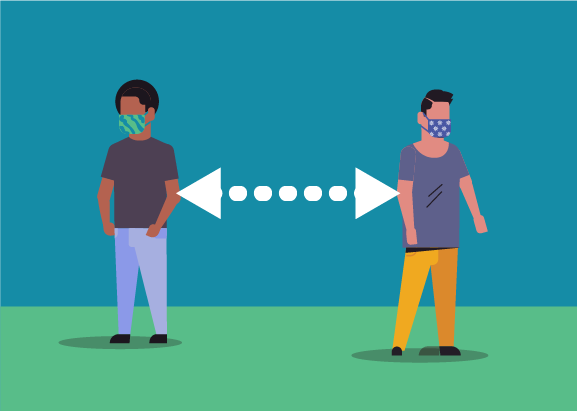
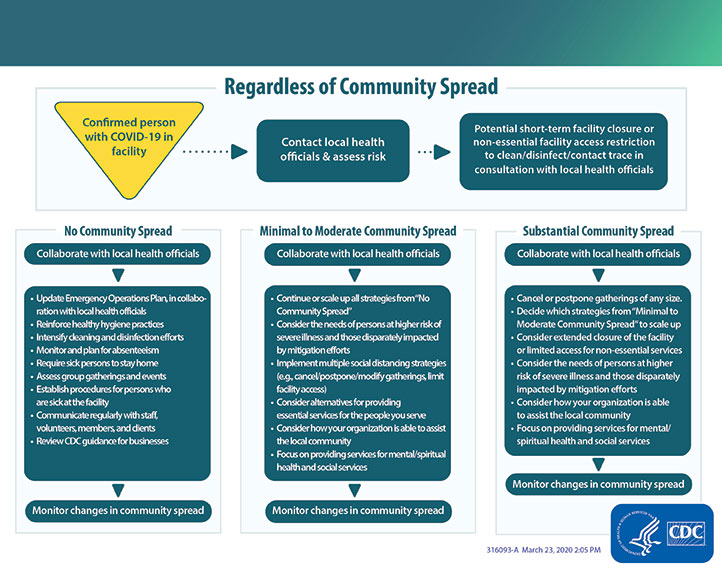
* **Regular cleaning staff** can clean and disinfect community spaces.
  + Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
* **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
  + Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  + Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
* **Wash your hands often** with soap and water for 20 seconds.
  + Always wash immediately after removing gloves and after contact with a person who is sick.
  + Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
* **Additional key times to wash hands** include:
  + After blowing one’s nose, coughing, or sneezing.
  + After using the restroom.
  + Before eating or preparing food.
  + After contact with animals or pets.
  + Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional considerations for employers

* **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
* Provide instructions on what to do if they develop [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html) within 14 days after their last possible exposure to the virus.
* **Develop** **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  + Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
* Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard ([29 CFR 1910.1200external icon](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200)).
* **Comply** **with OSHA’s standards** on Bloodborne Pathogens ([29 CFR 1910.1030external icon](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132external icon](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132)).

Alternative disinfection methods

* The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known.
  + EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
* CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
* CDC only recommends use of the [surface disinfectants identified on List Nexternal iconexternal icon](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) against the virus that causes COVID-19.

1. Face coverings will be required for those in high-risk health groups as well as all others during times when the six-foot social distancing guideline is difficult. Examples would be; gatherings after service in the kitchen or foyer, helping the pastor with set up and break down of church equipment and signage, and gatherings of close contact prior to service. This is in compliance with CDC guidelines pertaining to cloth face coverings:
   * 1. Encourage use of [cloth face coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) among staff and congregants. Face coverings are most essential when [social distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) is difficult. Note: [Cloth face coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance. [Cloth face coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.
        1. Social Distancing
        2. Keep Your Distance to Slow the Spread
        3. Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).
        4. What is social distancing?
        5. 
        6. Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:
        7. Stay at least 6 feet (about 2 arms’ length) from other people
        8. Do not gather in groups
        9. Stay out of crowded places and avoid mass gatherings
        10. In addition to [everyday steps to prevent COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html), keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.
        11. Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for [people who are at higher risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) for severe illness from COVID-19.
        12. Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19.  Please see the following guidance for additional recommendations and considerations for:
        13. [Households Living in Close Quarters: How to Protect Those Who Are Most Vulnerable](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html)
        14. [Living in Shared Housing](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html)
        15. [People with Disabilities](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html)
        16. [People Experiencing Homelessness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html)
        17. If you have been exposed or are sick
        18. [Separate from others to limit the spread of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html)
        19. [Take care of yourself while you’re sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)
        20. Why practice social distancing?
        21. COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.
        22. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.
        23. Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community.
        24. Tips for social distancing
        25. Follow guidance from authorities where you live.
        26. If you need to shop for food or medicine at the grocery store or pharmacy, stay at least 6 feet away from others. Also consider other options:
        27. Use mail-order for medications, if possible.
        28. Consider a grocery delivery service.
        29. Cover your mouth and nose with a [cloth face covering](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when around others, including when you have to go out in public, for example to the grocery store.
        30. Cloth face coverings should NOT be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
        31. Keep at least 6 feet between yourself and others, even when you wear a face covering.
        32. Avoid gatherings of any size outside your household, such as a friend’s house, parks, restaurants, shops, or any other place. This advice applies to people of any age, including teens and younger adults. Children should not have in-person playdates while school is out. To help maintain social connections while social distancing, learn [tips to keep children healthy while school’s out](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html).
        33. Work from home when possible. See additional information for [critical infrastructure workforceexternal icon](https://www.cisa.gov/critical-infrastructure-sectors) from Cybersecurity and Infrastructure Security Agency (CISA).
        34. Avoid using any kind of public transportation, ridesharing, or taxis, if possible.
        35. If you are a student or parent, talk to your school about options for digital/distance learning.
2. We will promote social distancing and require those who have flu-covid-related symptoms to stay home for a period of no less than 14 days. This is in compliance with CDC guidelines pertaining to social distancing and checking for signs and symptoms of Covid-19:
   * 1. Promote social distancing
     2. Take steps to limit the size of gatherings in accordance with the guidance and directives of state and local authorities.
     3. Promote [social distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) at services and other gatherings, ensuring that clergy, staff, choir, volunteers and attendees at the services follow social distancing throughout services, as circumstances and faith traditions allow, to lessen their risk. This may include eliminating lines or queues, if a 6-foot distance between attendees is hard to ensure. Use of cloth face coverings should be encouraged when social distancing cannot be maintained.
     4. Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
     5. Consider appropriate mitigation measures, including taking steps to limit the size of gatherings and maintaining [social distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html), at other gatherings such as funerals, weddings, religious education classes, youth events, support groups and any other programming, where consistent with the faith tradition. Use of cloth face coverings should be encouraged when social distancing cannot be maintained.
     6. Provide physical guides, such as tape on floors or walkways and signs on walls, to ensure that staff and congregants remain at least 6 feet apart in lines and at other times as needed (e.g. guides for creating “one-way routes” in hallways).
     7. Add additional services to weekly schedules to maintain social distancing at each service if appropriate and feasible. Consider video streaming or drive-in options for services and other gatherings and meetings.
     8. Consider suspending or at least decreasing use of a choir/musical ensembles and congregant singing, chanting, or reciting during services or other programming, if appropriate within the faith tradition. The act of singing may contribute to transmission of COVID-19, possibly through emission of aerosols.
     9. Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.
     10. Check for [signs and symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
     11. Encourage staff or congregants who are sick or who have had close contact with a person with COVID-19 to stay home. Share CDC’s criteria for staying home with staff and congregants so that they know how to care for themselves and others. Consider posting signs at entrances with this information.
     12. Plan for when a staff member or congregant becomes sick
     13. Identify an area to separate anyone who exhibits COVID-like [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) during hours of operation until they can be safely transported to their home or a healthcare facility. Ensure that children are not left without adult supervision.
     14. Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the [Americans with Disabilities Act (ADA)external icon](https://www.eeoc.gov/facts/pandemic_flu.html) or other applicable laws and in accordance with religious practices.
     15. Advise those with [exposure](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html) to a person diagnosed with COVID-19 to [stay home and self-monitor](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html) for symptoms, and follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html) if symptoms develop.
     16. Close off areas used by the [sick](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) person and do not use the area until after cleaning and disinfection. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct application](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) of disinfectants and keep disinfectant products away from children.
     17. Advise staff and congregants with [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) of COVID-19 or who have tested positive for COVID-19 not to return to the facility until they have met CDC’s [criteria to discontinue home isolation](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html).
     18. Maintain healthy operations
     19. Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible), and provide requested reasonable accommodation absent undue hardship to individuals with disabilities under the [Americans with Disabilities Act (ADA)external icon](https://www.eeoc.gov/facts/pandemic_flu.html) or other applicable laws and in accordance with religious practices.
     20. Monitor absenteeism and create a roster of trained back-up staff.
     21. Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19. This person should also be aware of state or local regulatory agency policies related to group gatherings and other applicable state and local public health guidance and directives.
     22. As volunteers often perform important duties (e.g., greeters, ushers, childcare), consider similar monitoring, planning, and training for them. Consider that volunteer and staffing may need to increase to implement cleaning and safety protocols and to accommodate additional services with reduced attendance.
     23. Communicate clearly with staff and congregants about actions being taken to protect their health.
     24. Encourage any organizations that share or use the facilities to also follow these considerations. If your community provides social services in the facility as part of its mission, consult CDC’s information for [schools](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) and [businesses and workplaces](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html), as relevant, for helpful information.
3. We will take steps to minimize community sharing of worship materials and other items by placing a collection plate in an open area instead of passing it around and by wiping off the church hymnals and disposing of left-over church bulletins and other media materials. This is in compliance with the CDC guidelines for minimizing the sharing of worship materials:
   * 1. Consistent with the community’s faith tradition, consider temporarily limiting the sharing of frequently touched objects that cannot be easily cleaned between persons, such as worship aids, prayer rugs, prayer books, hymnals, religious texts and other bulletins, books, shared cups, or other items received, passed or shared among congregants as part of services. Seek ways to uphold customs central to the practicing of one’s faith that limit shared exposure to congregants. Consider photocopying or electronically sharing prayers, songs, and texts via e-mail or other digital technologies.
     2. Modify the methods used to receive financial contributions. Consider a stationary collection box or electronic methods of collecting regular financial contributions instead of via shared collection trays or baskets.
     3. Consider whether physical contact (e.g., shaking hands, hugging, or kissing) can be limited among members of the faith community.
     4. If food is offered at any event, consider pre-packaged options, and avoid buffet or family-style meals if possible.
     5. Nursery/Childcare/Youth Groups
     6. If a nursery or childcare will be provided during services and events, refer to CDC’s information on [preventing the spread of COVID-19 in childcare settings](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html) and adapt as needed for your setting.
     7. Consider virtual activities and events in lieu of in-person youth group meetings and religious education classes, as feasible. If in-person events will occur, follow considerations for other types of gatherings and use several strategies to encourage behaviors that reduce the spread of COVID-19.
     8. If holding summer day camps, refer to CDC’s information on [youth and summer camps](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html) and adapt as needed.
4. We will require that anyone who presents symptoms of illness or Covid-19 while on-site, be separated from the rest of the congregation during the hours of operation until they can be safely transported to their home or health care facility. By law, we must notify local health officials if a person diagnosed with Covid-19 has been in the facility and/or been in contact with any staff or congregants. In the event that someone is diagnosed with Covid-19, we will fully clean and sanitize the surface areas that the person was in contact with. This complies with the CDC guidelines pertaining to the planning for when a member or congregant becomes sick:
5. Identify an area to separate anyone who exhibits COVID-like [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) during hours of operation until they can be safely transported to their home or a healthcare facility. Ensure that children are not left without adult supervision.
6. Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the [Americans with Disabilities Act (ADA)external icon](https://www.eeoc.gov/facts/pandemic_flu.html) or other applicable laws and in accordance with religious practices.
7. Advise those with [exposure](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html) to a person diagnosed with COVID-19 to [stay home and self-monitor](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html)for symptoms, and follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html) if symptoms develop.
8. Close off areas used by the [sick](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) person and do not use the area until after cleaning and disinfection. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct application](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) of disinfectants and keep disinfectant products away from children.
9. Advise staff and congregants with [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) of COVID-19 or who have tested positive for COVID-19 not to return to the facility until they have met CDC’s [criteria to discontinue home isolation](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html).
10. 
11. Misc.
    * 1. Please note that these guidelines are in place for your safety and for the safety of others during this current pandemic. There are a lot of uncertainties such as the amount of time that this virus remains on surfaces, amount of time virus particles remains in the air, amount of people diagnosed as infected vs. the amount of people who are asymptomatic, the amount of deaths from only Covid-19 vs. the amount of deaths from Covid-19 in conjunction with other health complications.
      2. These safety measures can be amended/added to/altered at any time, and in an effort of transparency, will be dated as such.
      3. Above all, if you feel uncomfortable with physical interaction, please stay home and watch the service through one of our social media platforms such as Facebook or YouTube.
      4. Upon the advice of our church legal counsel, a release of liability waiver must be signed prior to re-entering the current address of: 1100 Kietzke Lane, Reno, NV 89502 for the purposes of church worship.
      5. We thank God for the ability to worship Him freely and safely in our state and country.

*Source:* [*https://www.cdc.gov/coronavirus/2019-ncov/php/faith-based.html*](https://www.cdc.gov/coronavirus/2019-ncov/php/faith-based.html).

*Source:* [*https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html*](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html)*.*