

# Reframed COVID-19 Guidance for the Greater Northwest Area

We have been well served by our two option “[Stepping forward safely in love and trust](#)” framework released in May 2021, which gave authority and trust to our ministry settings to make safe and faithful decisions about their COVID-19 mitigation practices. But now, as we approach COVID endemicity, the time has come to revisit, reframe, and recontextualize that plan for the future.

**TO BE CLEAR:** we are **not** changing our fundamental guidance, only reframing its context. No ministry is required to make changes to its protocols based on this reframing document. We hope that this reframing will guide us all into the future.

There are two parts to this reframing:

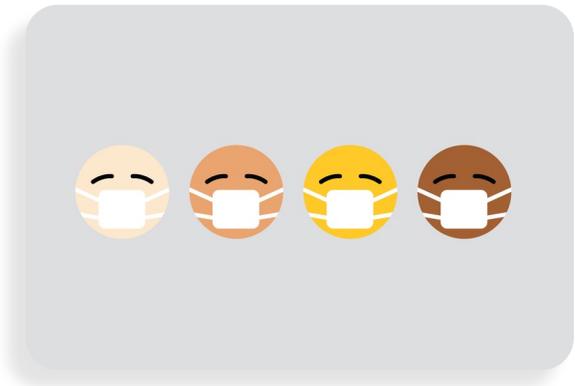
1. Removal of the distinction between Option 1 and Option 2 churches/ministries.
2. We are adding considerations of risk tolerance to our existing guidance, including sample mitigation strategies for multiple levels.

## Option 1 Ministries:

Effective with the release of this document, we are removing the distinction between the two options in the “Stepping Forward” plan, allowing all churches and ministry settings to determine their COVID mitigation strategies. That does not mean that a current Option 1 ministry must change its practices, only that it is now free to do so; the Option 1 protocol is still a valid and safe option for all GNW churches and ministry settings.

## Risk Tolerance Update:

Along with releasing our Option 1 churches, we are also reframing our sample protocols to include sensitivity to risk tolerance and the COVID risk itself. As with the release of our Option 1 sites, this change does not require ministry sites to change their protocols; our existing protocols for Option 1 and our current sample protocols for Option 2 are still safe and valid, especially for congregations or ministries with low risk tolerance. We hope this new reframing will reflect the ongoing changes in the virus and our societal norms.



## Moving Forward Together

Over the last two and a half years, we have endured much in trying to stop the spread and devastation caused by the SARS-2/COVID virus. That included a complete closure of our buildings for a time, along with lockdowns and other restrictions in our communities. The larger community goal was to protect life; hospitals were overwhelmed, approximately 1 in 100 diagnosed cases resulted in death, and there were no treatments or vaccines. As time has passed, we and our communities, both secular and sacred, have begun learning to live with this virus. We have come to understand the key methods of spread and how to mitigate that spread; we have vaccines, though imperfect, and we have treatment options. But COVID still kills. COVID still disrupts life, including the potential for long-term complications from even minor cases.

Each of us has had to wrestle with how much risk we are prepared to incur as we go about our daily lives. Many with a high risk tolerance, willing to risk that they may become infected with COVID, have abandoned most or even all precautions, feeling that the risk of harm from the continued precautions outweighs the

risk of the disease. Others with very low willingness to tolerate the COVID risk continue to take significant precautions, wearing N-95 masks indoors, using rapid tests before gathering with extended family indoors and limiting interactions with those outside their families and pods. Many fall somewhere in between.

Our churches and ministries operate within this sea of varied risk tolerance. Some churches are attended by those with a high tolerance for COVID risk, perhaps in areas with high vaccine uptake or a younger demographic. Some ministries are primarily comprised of elders or the very young, who are at significantly higher risk of a negative outcome should they contract COVID. Most churches will have a mix of risk tolerances among their regular attendees.

The existing GNW sample protocols were crafted in a time when a majority had a low risk tolerance, and the primary goal was to avoid getting or spreading COVID. We recognize that many of our ministry sites and most of our communities are no longer in that place.

We recommend, though do not require, that each church and ministry setting review its current protocols in that light. Where does your ministry fall on the spectrum of risk tolerance? Some questions to ask:

- Do you have health care providers in your mix? Health care providers are among those with high exposure risk outside your ministry, and we count on them to be there for us. They may have low tolerance for additional risk in your setting.
- Do you have attendees in congregate care settings? COVID spreads too easily if it gets into these facilities that attendees may be less tolerant of risk in your setting.
- Do you have active seniors (65+)? Like health care workers, these people are often the workers in your ministry; additionally, many have caregiver responsibilities. They may be less willing to risk exposure.
- Do you have pregnant women in your mix? The statistics on the impact of COVID during pregnancy and the first few months of new life are shockingly awful. These individuals may need lower risk options.
- Do you have unvaccinated or immune-compromised individuals in your mix? These individuals are much more likely to have a negative outcome from a COVID illness.
- Are your hospitals being severely impacted by COVID cases? When hospitals are overwhelmed, care for a severe case of COVID, or any other significant health issue, may be diminished, and attendees may be less willing to incur risk in your ministry setting.

If, after answering these and other similar questions, your church or ministry site chooses to operate with a higher risk tolerance (fewer mitigations, more risk that a COVID-positive individual in your midst spreads COVID), how do you plan to serve those with lower tolerance and include them in the life of your ministry? Be aware that for many low-tolerance individuals and families, simply being allowed to wear a mask is insufficient; other mitigations, such as requiring masks for all and increased ventilation, may be necessary to encourage these individuals to return to in-person activities.

### **Metrics for decision-making**

The GNW COVID-19 Response Team believes that the transmission metrics, case rates, infection rate, and test positivity best serve our faith communities in determining their mitigation strategies at any given time. These metrics measure the likelihood that someone COVID-positive is in your midst. Additionally, the COVID Response Team encourages you to consider the anecdotal evidence from within your church and its circles of connection; are you hearing about more cases in those circles relative to other times? As more infections are detected by antigen/rapid testing, the official numbers are understated and adding this qualita-

tive measure may assist you in making appropriate decisions. As well, adding on your local hospital metrics provides further insight and allows you also to consider the ability of your local healthcare system to respond in the event of further COVID spread. Bear in mind, though, that the hospital metrics are trailing metrics; by the time the hospital systems are moving toward crisis, COVID is running rampant in the community.

The sample protocols below use the familiar green, yellow, orange, red and maroon color-coding we have followed throughout the entire pandemic. Case rate, the key driver for this coding, is also listed with the protocols, expressed as cases/day/100K and cases/week/100K.

## Sample protocols that consider risk tolerance

*NOTE: These are sample applications of our guidance to show how cautious protocols might be applied differently by ministries with varied risk tolerance. They are not intended as requirements; each ministry should continue prayerfully considering, reviewing, and adapting protocols appropriate for their community.*

COVID RISK LEVEL	CASE RATE PER 100K	RISK TOLERANCE	INDOOR GATHERINGS	OUTDOOR GATHERINGS
<b>SEVERE/ EXTREMELY HIGH</b>	Over 75 per day;	Low	Limited to 10 or less, with masks, social distancing, maximum 30-minute duration, and minimum 60 minutes between gatherings.  No ensemble or congregational singing. Soloists and ensembles can gather to record music.	Gatherings with masks and social distancing, maximum 60-minute duration, minimum 30 minutes between gatherings.  Congregational singing is allowed with social distancing between households, and everyone masked.
	Over 525 per week	High	Gatherings limited to 25 people, with masks and social distancing, maximum 30-minute duration, minimum of 60 minutes between gatherings.  No congregational singing. Ensembles may sing during worship with singers vaccinated and masked.	Gatherings with masks and social distancing, no time limit.  Congregational singing with social distancing between households and everyone masked.
<b>VERY HIGH</b>	25-75 per day;	Low	Gatherings limited to 25 people, with masks and social distancing, maximum 30-minute duration, and minimum of 60 minutes between gatherings.  No congregational singing. Ensembles may sing during worship with singers vaccinated and masked.	Gatherings with masks and social distancing, no time limit.  Congregational singing with social distancing between households and everyone masked.
	175 to 525 per week	High	Gatherings limited to 50 people with masks and social distancing, no time limit.  No congregational singing. Ensembles may sing with singers vaccinated and masked.	Gatherings with masks optional (except where required by state/local authorities), but strongly encouraged, no time limit, except for singing.  Congregational singing with social distancing between households and everyone masked.

COVID RISK LEVEL	CASE RATE PER 100K	RISK TOLERANCE	INDOOR GATHERINGS	OUTDOOR GATHERINGS
ORANGE	10-25 per day;	Low	Gatherings limited to 50 people with masks and social distancing, no time limit. No congregational singing. Ensembles may sing with singers vaccinated and masked.	Gatherings with masks, no time limit. Congregational singing with social distancing between households and everyone masked.
	70 to 175 per week	High	Gatherings, with masks, no time limit. If singing, continue to practice social distancing. Congregational, solo and ensemble singing with masks and other mitigation strategies.	Gatherings, with masks optional (except where required by state/local authorities), but strongly encouraged, especially for singing, no time limit. Congregational singing with distancing between households and masks encouraged.
MEDIUM	1-10 per day;	Low	Gatherings, with masks, no time limit. If singing, continue to practice social distancing. Congregational, solo and ensemble singing with masks and other mitigation strategies.	Gatherings, with masks optional (except where required by state/local authorities), but strongly encouraged, especially for singing, no time limit. Congregational singing with distancing between households and masks encouraged.
	7 to 70 per week	High	Indoors, masks are optional (except where required by state/local authorities) but strongly encouraged, especially for congregational singing.	Outdoor settings are always preferred when practical, masks optional. Congregational singing is allowed, no masks or distance required.
LOW	Under 1 per day; Under 7 per week	N/A	Indoors, masks are optional (except where required by state/local authorities) but strongly encouraged, especially for congregational singing.	Outdoor settings are always preferred when practical, masks optional. Congregational singing is allowed, no masks or distance required.