



COVID-19 Guidance for Religious Services V2.7 28.04.2021

Version	Date	Updates
2.7	28/04/2021	Added in updated recommendation that use of face coverings should be replaced with surgical face masks for certain cohorts within the general public.
2.6	05/03/2021	Removed the term 'vulnerable' when used in a clinical context and replaced with 'high risk' and 'very high risk' as appropriate
2.5	12/01/2021	Addendum for religious services during the holiday season (Christmas) reference removed
2.4	10/12/2020	Added information on soloist singing during worship
2.3	07/12/2020	Clarified type of wind-blown instruments allowed during services
2.2	04/12/2020	Added advice on appropriate building ventilation
		Added advice on dual-use of settings
		Added advice on cleaning
		Updated government road map text
		Updated information on funeral services

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Key points

- The gathering together of people indoors, such as in religious settings, has been associated with a
 higher risk of infection with COVID-19. This document outlines the measures that should be
 adopted in order to enable religious services to take place, in a safe manner.
- <u>Current Government Guidelines</u> must be adhered to. This includes the total number of worshippers allowed to congregate, dependent on the current level of restrictions.
- Key elements in organising and planning safe services:
 - Have a plan for dealing with religious leaders or members of the congregation who
 become ill during the service, and advise all congregants not to attend if ill
 - Undertake a risk assessment to determine how many people can attend within the requirements of social distancing, and to identify high risk points in the building, e.g. narrow entrance/exits. Display public health signs at entrances
 - Services should not exceed one hour (this includes entrance and exit times) with at least one hour between services to allow for cleaning and ventilation and to avoid crowding/overlap.
 - Explain clearly how the service will be conducted and what is expected of all members of the congregation when attending. Those at increased risk of severe illness from COVID-19 due to age or ill-health might participate via radio or webcam where available
 - Stagger entry and exit of the venue to allow for social distancing measures. Ensure congregants do not gather immediately outside the door before or after the service.
 Appoint stewards who can help congregants to maintain social distance
 - Provide <u>Alcohol-based hand rub</u> for use at entry, exit and other appropriate points within the space. Provide tissues and bins for safe disposal. Ensure hand-washing facilities, including soap dispensers and disposable towels, are well maintained.
 - Ensure all hard surfaces that are frequently touched, such as door handles, hand rails, taps and pews are cleaned regularly with a household detergent. Touching of surfaces should be minimised.

- Ensure social distancing of 2 metres (in all directions) is maintained during all services/gatherings, including by those leading or contributing to the performance of religious rites. Mark off the seating arrangements, where possible.
- Congregants should wear cloth face coverings or masks during indoor services and ceremonies. A mask provides better protection than a visor, which should not be used unless there are specific problems with using the face mask. Please note the use of surgical masks rather than face cloth coverings is now recommended to be worn by people who are in <a href="https://distribution.org/linearing-new-masks-
- The religious leader should wear a cloth face covering or mask during the service, except when delivering an address e.g. preaching or giving a sermon, and only if she/he is more than 2 metres from any participant.
- Choral performances and audience participation (e.g. carol singing) are not permitted, as they increase the risk of transmission of COVID-19.
- Musical instruments that are physically blown into should not be used, e.g. wind or brass instruments. This does not include pipe organs, and these and other forms of musical instruments (e.g. string, percussion) are allowed during the service if adopting appropriate public health measures
- Ensure adequate ventilation of any indoor spaces, either through mechanical means (e.g. central air-conditioning unit) or natural ventilation (i.e. opening windows and external doors).
- Remove communal items, such as religious books, prayer mats or leaflets.
- For religious gatherings that require performance of ablutions before prayer, people should be asked to perform ablutions at home rather than at the place of worship if this is possible.

This guidance document should be read and interpreted in conjunction with the Irish Government COVID-19 "<u>Resilience and Recovery 2020-2021: Plan for Living with COVID-19</u>" risk management strategy.

Purpose of this guidance

This guidance document provides advice for religious leaders and organisers of religious ceremonies and events, and provides information for those attending services about preventing the spread of COVID-19. Some aspects of the guidance are specific to certain denominations but the guidance in general is intended to be relevant to all religious groups. If any religious groups find that this guidance does not address their religious practices adequately, more specific guidance can be developed for these situations.

Information on COVID-19

COVID-19 is an illness, identified in late 2019, caused by a new coronavirus SARS-CoV-2. The virus is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks, sings or laughs. In some closed indoor settings, the infection can spread through the air.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance <u>available</u>.

We must do everything we can to prevent the spread of the disease in the community. It can take up to 14 days for symptoms of COVID-19 to show. Infection can spread from people before they get symptoms. Some people with infection have no symptoms, or have symptoms that are so mild that they take little notice of them, but they can still spread infection.

Symptoms

The <u>symptoms</u> of COVID-19 include:

- Cough
- Shortness of breath or difficulty breathing
- Fever (high temperature)
- Loss or change in your sense of smell or taste

COVID-19 can result in more severe illness requiring hospitalisation and, in some cases, death. Severe illness is more common in older people and in people who have existing health conditions.

See: https://www2.hse.ie/conditions/coronavirus/symptoms.html

General recommendations for all

How COVID-19 virus is spread

COVID-19 virus can be picked up if you come into close contact with someone who is shedding droplets containing the virus, when they talk, laugh, cough, sing, shout or sneeze. Surfaces and objects can be contaminated when droplets from an infected person fall onto them. You can therefore also get infected if you touch - with your hands — a surface or object (for example a table top or a religious item) contaminated with virus, and then you touch your mouth, nose or eyes without having washed or sanitised your hands thoroughly. The virus is also transmitted more effectively in crowded indoor spaces with poor ventilation.

The Health Information and Quality Authority (HIQA) has identified situations where COVID-19 is more likely to spread from one person to another. These include being indoors, having high numbers present or crowding, and poor ventilation. Spread is also more likely if cloth face coverings or masks are not being used properly, and if those present are singing or shouting. A superspreader is a person who spreads infection to many more other people than usually happens. Superspreading has been seen in religious settings as well as in other locations such as restaurants, clubs and gyms.

Reducing the spread of infection – religious leaders and congregation

You should always practice good hand hygiene and respiratory hygiene to reduce the spread of disease, including COVID-19. Social distancing is also very important to help slow the spread of COVID-19.

Hand hygiene

<u>Clean your hands</u> regularly. Wash your hands with soap and water when hands are visibly dirty. If your hands are not visibly dirty, wash with soap and water or use an <u>alcohol-based hand rub</u>. You should clean your hands:

Before eating or drinking

- after coughing or sneezing
- after using the toilet
- when hands are dirty
- after using public transport
- when you get home

See HSE guidance at: https://www.hse.ie/handhygiene

Respiratory hygiene & mask use

Cover your mouth and nose with a clean tissue when you cough or sneeze and then promptly dispose of the tissue in a bin and wash your hands. If you don't have a tissue, cough or sneeze into the bend of your elbow and not into your hands.

Posters on preventing spread of infection are available on the HPSC website. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/

The Government recommends that people wear cloth face coverings or masks at all times when indoors in places of worship. A cloth face covering or mask provides better protection than a visor, which should not be used unless there are specific problems with using the cloth face coverings or masks. Please note the use of surgical masks rather than face cloth coverings is now recommended to be worn by people who are in high risk and very high risk cohorts and older age groups when in confined community spaces. Further guidance on the use of face coverings for the general public can be found here.

See the Health Protection Surveillance Centre website for <u>posters</u> and guidance on the use of cloth face coverings and masks by the general public.

Actions for those with symptoms

If members of the congregation, religious leaders (e.g. priests) or others involved in religious services feel ill and may have COVID-19, even if their symptoms are mild, they should stay at home and follow this advice:

If you feel unwell with symptoms of possible COVID-19 you should:

- Isolate yourself i.e. stay separate from other people
- Phone your GP without delay. If you do not have a GP, phone the Emergency Services on 999
 or 112 and ask for the National Ambulance Service. Tell your GP or Emergency Services about
 your symptoms.

It is important that you PHONE your GP first and talk to them, rather than arriving at the GP surgery without contacting them, so that you do not put staff or other patients at risk of infection.

Information on when and how to self-isolate is available on the HSE website: https://www.2.hse.ie

People who have been in contact with anyone who has symptoms of COVID-19 should not attend religious services until they have received medical advice that it is safe to do so. They should <u>restrict</u> <u>their movements</u>. Information is available on restricting movements on the HSE website: https://www.2.hse.ie

High risk groups and very high-risk groups

COVID-19 can make anyone seriously ill but for some people the risk of serious illness is higher.

People should take care to follow the advice on how to protect themselves and others from infection.

Those considered to be at high risk for COVID-19 include:

- People aged 60 years and older even if they are fit and well
- People with long-term medical conditions for example, heart disease, lung disease,
- People with diabetes or liver disease or who have cancer or are obese.

Those considered at very high risk for COVID-19 include:

- People who are over 70 years of age even if they are fit and well
- People with organ transplants, severe respiratory conditions, undergoing active chemotherapy for cancer and those on certain immunosuppressant medications.

Further information on https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html. Please note the use of surgical masks rather than face cloth coverings is now recommended to be worn by people who are in high risk and <a href="https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html . Please note the use of surgical masks rather than face cloth coverings is now recommended to be worn by people who are in high risk and very high risk cohorts and older age groups when in confined community spaces. Further guidance on the use of face coverings for the general public can be found here.

Actions for churches and congregational settings where religious services take place COVID-19 is easily spread between people and we need to exercise extreme caution to limit the spread of the virus. This guidance applies to congregational settings and places of worship including churches, synagogues, mosques and temples. The measures below are aimed at minimising the risk of COVID-19.

- <u>Current Government Guidelines</u> must be adhered to. This includes the total number of worshippers allowed to congregate, dependent on the current level of restrictions.
- Remind religious leaders and members of the congregation to stay away from services if they are ill with symptoms of COVID-19 or other infectious disease, or if they have been in contact with a person with COVID-19 in the last 14 days
- Appoint a COVID-19 Officer if feasible.
- Have a plan for dealing with religious leaders or members of the congregation who
 become ill with symptoms of COVID-19 during a service, including isolating them from
 other people and seeking medical advice without delay (e.g. phone a GP or Emergency
 Services). Have contact numbers for emergency services readily available.
- Explain clearly how the service will be conducted and what is expected of all members of the congregation when attending a service.

- Services should not exceed one hour (this includes entrance and exit times) with at least one hour between services to allow for cleaning and ventilation and to avoid crowding/overlap.
- Suggest that those who are at increased risk of severe illness from COVID-19 due to age or ill-health might participate via radio or webcam where available.
- A risk assessment should be carried out for each premises to determine how many people
 can attend within the requirements of social distancing, and to identify high risk points in
 the building, e.g. narrow entrance/exits. The number permitted to attend should be
 clearly displayed at each entrance.
- Public Health signage should be displayed at entrances to places of religious worship taking care not to cause obstruction or delay for those entering or leaving.
- Where possible, separate points of entrance and exit should be identified and clearly marked to allow for one-way traffic.
- In so far as possible (may vary with weather) keep entrance doors propped in an open position for arrival and departure to minimise the need for people to touch the door handles, or have doors that can be pushed open with the shoulder.
- Staggering the entering and exiting of the venue should be considered to allow for social distancing measures. Members of the congregation should be asked to ensure that they do not gather immediately outside the door. Congregants need to maintain social distance before they arrive at the place of worship and also when they leave. They should stay well clear of the door to facilitate others leaving the building. They should not congregate in advance of, or after the service. Stewards should be available to assist to ensure compliance with this measure.
- Alcohol-based hand rub should be provided. These should be placed outside of the place
 of worship for use prior to entry and after exit, and at appropriate points within the space
 where the religious service is held.
 - Any spillage of alcohol-based hand rub should be cleaned up immediately to prevent falls.

- Alcohol based hand rubs should not be used near heat or a naked flame.
- Toilet facilities need to be regularly cleaned, supplied with liquid soap, and have a working hand dryer or paper towel dispenser.
- Ensure social distancing of 2 metres is maintained during all services/gatherings, including by those leading or contributing to the performance of religious rites.
- Seating /standing places/places for mats should be arranged or marked off to maintain social distancing of 2 metres in all directions. Members of the same household can sit closer together but 2 metre social distancing must be otherwise observed.
- Physical guides such as signs or markings on the floor should be used to ensure persons attending are aware of the distance required to maintain social distancing
- Congregants should wear cloth face coverings or masks during indoor services and ceremonies. A cloth face covering or mask provides better protection than a visor, which should not be used unless there are specific problems with using the cloth face coverings or masks. Please note the use of surgical masks rather than face cloth coverings is now recommended to be worn by people who are in high risk and weety high risk cohorts and older age groups when in confined community spaces. Further guidance on the use of face coverings for the general public can be found here.
- The religious leader should wear a cloth face covering or mask during the service, except when delivering an address e.g. preaching or giving a sermon, and only if she/he is more than 2 metres from any participant.
- Ensure adequate ventilation of any indoor spaces, either through mechanical means (e.g. central air-conditioning unit) or natural ventilation (i.e. opening windows and external doors). Further information on <u>building ventilation</u> is available at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/
- Communal items, such as religious books or leaflets, should be removed. Members of the congregation should be invited to bring their own religious reading material if required.
- For gatherings that use prayer mats or similar items, members of the congregation should be asked to bring their own prayer mats to avoid sharing of items.

- For religious gatherings that require performance of ablutions before prayer, people should be asked to perform ablutions at home rather than at the place of worship if this is possible.
- Tissues should be provided. At the same time, people should be strongly encouraged to bring their own tissues to services. Provide bins for safe disposal of tissues.
- Ensure hand-washing facilities, including soap dispensers and disposable towels, are well maintained.
- Ensure all hard surfaces that are frequently touched, such as door handles, hand rails, taps
 and pews are cleaned regularly with a household detergent. Touching of surfaces should
 be minimised. See below for more detail.
- Collection boxes should not be passed amongst members of the congregation.
- Members of a congregation should be advised that there is a risk of infection if they share a private vehicle with members of another household. Where possible, co-travel with members of another household in a single vehicle should be avoided. If this is not possible, members should ideally share the transport with the same family each time. Occupants of the vehicle should maintain distance as much as possible, for example by sitting in the back passenger seat. They should follow guidance for public transport and wear a cloth face covering or mask. Keep windows of the vehicle open to allow for ventilation, subject to weather conditions and personal comfort. The vehicle should be cleaned between journeys using standard cleaning products, particularly areas of high usage, for example the door handles.

Cleaning of the congregational setting

For general cleaning and disinfection:

Frequently touched surfaces, particularly in public spaces, should be cleaned as often as
possible (at least daily and if possible more frequently). Examples of these surfaces are door
handles, pews, armrests, hand rails, table tops, light switches, etc.

- If participants in a service (e.g. leader and readers) are using a rostrum or pulpit, surfaces that are touched (e.g. microphone on/off switches) should be cleaned between use by different persons.
- The use of a neutral / normal household detergent for the cleaning of surfaces in general premises (i.e. not for premises where a possible, probable or confirmed case of COVID-19 has been) should be sufficient.
- Cleaning staff should wear rubber gloves when performing cleaning activities. They should wash the gloves while still wearing them, then wash their hands after they take them off.
- All those working indoors cleaning the place of worship should wear cloth face coverings or masks
- The cleaning material (cloths, mops, etc.) should be properly cleaned in warm water and detergent at the end of every cleaning session.
- Hand hygiene should be performed using soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Waste material produced during the cleaning should be placed in the general rubbish bin.
- Toilet facilities at the place of worship need to be regularly cleaned. Pay attention to all frequently touched surfaces; ensure that liquid soap rather than a bar of soap is available; a working hand dryer or a dispenser with paper towel; keep the window open, and have a packet of disposable wipes available for use by individuals who wish to use them to wipe down surfaces when using the facilities.
- Carpeted areas should be vacuumed weekly or daily, depending on footfall. Ideally a vacuum
 with a high efficiency particulate air (HEPA) filter should be used. Carpeted areas should
 undergo steam or shampoo cleaning annually.
- Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids, can be cleaned thoroughly as normal
- If a symptomatic individual attended a service at a place of worship, the cleaning regime as set out in <u>Prevention and Control guidance for Early Learning and Care and School Age</u>
 <u>Childcare settings during the COVID-19 Pandemic guidance should be followed.</u>

Physical interaction during religious services

COVID-19 can spread easily between people and can be spread from an infected person even before they develop any symptoms. For this reason, physical interaction during religious services, including hand shaking (e.g. sign of peace) or standing in direct contact, should be avoided.

Choirs, music groups and other liturgical music

Performance and practice by choirs and musical ensembles has been associated with spread of COVID-19 due to the increased expulsion of droplets associated with singing and wind-blown musical instruments that are played by mouth, e.g. clarinet, trumpet, etc.

Congregational singing, choir singing and carol singing is not permitted, due to the increased risk of spreading virus to others present at the service. Solo singing in a religious setting such as a church or place of worship can only be done as part of an essential act of worship, and only if deemed appropriate following risk assessment. In order to sing without a face covering, the soloist should be physically located behind a plexiglass screen as far away as possible (more than 2 metres in all directions) from the congregation and other individuals, including the musical accompanist and the celebrant. Extended physical distancing (more than 3 metres) should be considered if possible. Any screen used should be cleaned regularly.

If singing from an organ loft, it is essential that the organ loft is large enough to allow a minimum of 2 metres distance in all directions between the singer and the organist. Extended physical distancing (more than 3 metres) should be considered if possible. If the loft is situated above the congregants, the soloist should be placed behind a plexiglass screen so that the risk of droplet transmission from the soloist over the edge of the loft and onto the congregation below is minimised. Any screen used should be cleaned regularly. Music sheets, stands or microphones should only be used by the individual singing and not shared during the performance. These items and any surfaces that are touched during the performance should be cleaned between use if used by different persons. The

singer and organist should be placed back to back, or side to side, rather than facing each other. It is important that the congregation is made aware that they should not sing along with the solo singer or other instrumental music.

Playing musical instruments that are physically blown by mouth (e.g. wind and brass instruments) should also be avoided. Pipe organs, however, can played as long as all the appropriate public health measures are in place.

Playing other instrumental music (e.g. string, percussion) is possible. A risk assessment should be completed before the musicians/ musical group practices and performs during the service. A COVID Officer should oversee strict adherence by musicians and all present to social distance, cloth face coverings or masks and hand hygiene measures, and to raise awareness of the potential risk to members, in particular for members who are at increased risk of severe illness from COVID-19.

In addition, adequate and appropriate ventilation measures must be in place before, during and after the instrumental music is played as part of the religious service. Further information on building ventilation is available at https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance

Fonts for holy water

Because COVID-19 spreads easily between people, holy water fonts should not be used. Members of the congregation should be reminded not to touch empty fonts. Posters should be displayed to alert people not to touch the fonts due to the risk of spread of infection, or the fonts should be covered with an appropriate cloth to prevent touching.

Touching or kissing objects/icons/symbols

Because COVID-19 spreads easily between people, members of the congregation should be reminded not to touch or kiss objects/icons or symbols. Posters should be displayed to alert people not to

touch or kiss these items due to the risk of spread of infection, or these items should be covered with an appropriate cloth to prevent touching.

Ritual objects used as part of a religious service should only be touched by one celebrant, while following strict adherence to hand hygiene. All objects should be regularly cleaned and disinfected, especially prior to and after use during the religious service.

Sharing items /equipment

Because COVID-19 spreads easily between people, members of the congregation should be reminded not to share items such as beads, mats, or materials used for ablutions or candle lighting.

Candle lighting by the public should be suspended and display stands removed or cordoned off.

Shared water sources for the purpose of rituals should be suspended (e.g. for ritual communal washing). Members of congregations should be instructed to use individual sources of water that are disposed of appropriately, with regular disinfection of any objects or containers used to bring water to ritual locations.

Sacrament of reconciliation

The use of confined spaces such as confessional boxes should be suspended and spaces closed off.

Any alternative arrangement must be compliant with social distancing requirements.

Holy Communion

- Members of the congregation should be told how the distribution of Communion is going to be managed and of the potential risk so that they can make an informed choice.
- Those who are distributing Communion should wear a protective cloth face covering or mask,
 and not a visor. It is recommended that those who are high risk, very high risk and older age

groups should wear a surgical face mask rather than a cloth face covering. Further information is available here.

A mask provides better protection than a visor, which should not be used unless there are specific problems with using the face mask._They could in addition stand behind a screen that protects their face when distributing Communion.

- Everyone distributing Communion should wash their hands or <u>use alcohol-based hand gel</u>
 both before and after distributing Communion. Priests should sanitise their hands after
 administering Communion to themselves before distributing to communicants. Alcohol based
 hand rub should be available close to where the priest or minister is distributing Communion
 to facilitate re-sanitising of the hands if necessary during the distribution.
- Those receiving Communion should perform hand hygiene before receiving. Alcohol based
 hand rub should be available at appropriate places to allow for use prior to, or while
 approaching to receive, Communion. Members of the congregation can be encouraged to
 bring their own hand gels.
- Social distancing should be maintained while approaching and returning from receiving
 Communion. A one-way system should be used, where possible.
- Alternatively, where more appropriate to a particular setting, Communion can be distributed
 to members of the congregation remaining in their seats and maintaining social distance
 while priests or ministers make their way through the congregation.
- Communion should be distributed into the hands and NOT onto the tongue. The host should be placed in the hand of the recipient in such a way as to avoid hand contact. Priests and Ministers should be trained in the technique of placing the host in the recipient's hand in a manner that avoids hand contact. Communicants should be told how the Communion host will be delivered.
- The elements of Communion can also be placed in individual disposable cups or containers
 and left separated on a tray or table for collection. Communicants could then approach and
 pick up an individual container for themselves while making sure not to touch any other
 hosts. The disposable cups or containers should be placed in a designated receptacle
 afterwards.

- Use of communal vessels should be suspended. For example, during Holy Communion in Christian religious services only one celebrant should drink from a chalice. No one else should drink from that particular chalice – this includes other priests, ministers of the Eucharist and members of the congregation.
- Concelebration should be suspended for this period.

Funeral services

There is an increased risk of transmission of COVID-19 where families and communities come together following the death of a loved one, from any cause. Whilst recognising the importance of these rituals and gatherings, it is strongly advised that the actions detailed in the following section are taken to reduce the spread of infection.

- Family members, mourners, religious leaders, and funeral staff (e.g. funeral director, hearse attendant, etc) should not attend a funeral if they have COVID-19, or if they have symptoms of COVID-19, are awaiting a COVID-19 test result, or have been in close contact with a confirmed COVID-19 case in the past 14 days. This includes close contact with the deceased if the cause of death was COVID-19 related.
- Encourage the use of microphones or similar equipment to minimise natural noise volume
- Try to facilitate remote participation in the service, for example, via live-streaming
- Avoid singing, shouting, chanting and raising of voices, as this may increase the risk of airborne transmission of the virus; if possible, encourage the use of microphones or similar equipment to minimise voice volume.
- If a person at increased risk of severe illness from COVID-19 is attending the funeral, other
 mourners should be made aware of this, and asked to respect the person's need to avoid
 close contact.
- Where possible, mourners should travel in a car by themselves. If car sharing, the advice given above about travel should be followed.
- Families and mourners organising and attending funerals should pay particular attention to the directions of funeral directors for the safe organisation and conduct of the funeral

- service in line with appropriate public health and government guidance, which includes a limit to the number of mourners allowed, dependent on the current Level of restrictions.
- The funeral director should avoid direct contact with any family member who has been
 identified by public health authorities as being a close contact of a deceased person who was
 a suspect of confirmed case of COVID-19. This can be established by telephone before
 meeting individual family members.
- Families may consider delaying a memorial service until a later date when COVID-19 restrictions have been lifted.
- Any physical interactions including shaking of hands and hugging should be avoided. People should not shake hands to offer condolences at a funeral service.
- Queueing to pay respects should be avoided. Any paying of respects must be compliant with the 2 metres social distancing requirements.
- Signing of Books of Condolences should be suspended due to the risk of spread of infection.
 Alternatives include issuing condolences through social media, online websites, text or by letter.
- In order to minimise the risk of large groups gathering, arrangements should not be
 advertised in papers and online (The funeral notice can be placed but the arrangements
 should not appear). Families can advise relatives privately of the funeral arrangements. See
 below for suggested wording:
 - 'A private funeral will take place due to government advice regarding public gatherings. Those who would have liked to attend the funeral, but who due to current restrictions cannot, please leave a personal message in the section below 'Condolences'.'

- In the papers, a similar message can be written with reference to www.rip.ie or the religious organisation's website to offer the family condolences.
- Carrying the coffin poses a particular concern because it requires 4 to 6 people to stand close to
 each other. As per the government's current advice, carrying of coffins should be suspended
 during the current phase.
- Guards of Honour must observe social distancing requirements.
- Those gathering at the graveside must observe social distancing. Consideration should be given to keeping graveside private to families and close friends.
- Mourners should not sing or play musical instruments that are wind-blown by mouth, as this
 may increase the risk of transmission of the virus. Consider using instrumental music or
 recordings as an alternative to wind-blown instruments and live singing
- Funeral parlours and places of repose, including family homes, must adhere to controlled access and social distancing requirements.
- Hand hygiene should be performed after any contact with the deceased

Arrangements for parochial activities/social religious gatherings

Parochial activities/social religious gatherings on church premises should follow Government general guidance on social gatherings. If permitted, these gatherings should use sensible practices and follow guidance on hand hygiene, respiratory hygiene and the wearing of face coverings.

Posters/notices formally stating any guidance or changes in practice should be clearly displayed.

Dual use of religious facilities

Where religious facilities are being used for non-religious purposes outside of normal religious operating times (e.g. community hall for day-care, support groups for those recovering from addiction), the Government guidelines relevant to the activity in question should be consulted to determine what additional measures to those mentioned above should be implemented. The setting should be thoroughly cleaned and ventilated between uses, with at least 15 minutes of fresh outside air circulating in the emptied room before the next activity begins, either by mechanical (e.g. non-recirculating central air conditioning unit) or natural means (i.e. open windows).

Further information on COVID-19

Further information on COVID-19 is available from the following links:

- HSE-HPSC: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/
- HSE: https://www2.hse.ie/coronavirus/
- Irish Government Website: www.gov.ie
- Department of Health: https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/
- Return to Work Safely Protocol: https://www.gov.ie/en/publication/bb7fd-work-safely-protocol/
- Symptoms of coronavirus: https://www2.hse.ie/conditions/coronavirus/symptoms.html
- Posters on prevention of spread of coronavirus: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/
- How to wash your hands: https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html
- Hand Hygiene poster: https://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf
- How to use alcohol hand rub poster:
 https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/resources/alcoholhandr
 ubposter.pdf
- Use of face masks by the general public: <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useoffacemasksbythegeneralpublic/Guidance%20on%20use%20of%20face%20masks%20by%20general%20public.pdf
- Efficacy of masks versus visors in non-healthcare settings: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/employersemployeesguidance/Current
 %20evidence%20on%20the%20use%20of%20face%20coverings.pdf
- Non-healthcare building ventilation: <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/employersemployeesguidance/Guidance/employersemployeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/Guidance/employeesguidance/employeesguidance/Guidance/employeesguida
- Environmental cleaning in non-healthcare facilities:

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

• Self-isolation at home: https://www2.hse.ie/conditions/coronavirus/self-isolation/how-to-self-isolate.html

Groups at higher risk from COVID-19:

https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html

 COVID-19 Guidance for older people and others at risk of severe disease on reducing risk of COVID-19 infection: https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/residentialcarefacilities/Guidance%20For%20Older%20People%20and%20Others-Reducing%20COVID-19%20Exposure%20Risk.pdf