

Making Choices About Returning to Activities in Church Buildings

As a community of Christian disciples, we are concerned about the safety of all those who contribute and take part in our shared life. Some are employed or paid stipends as office holders, many are volunteers, more are participants. We are expected to have particular responsibilities towards those we pay, but others may also value guidance about the choices involved in returning to activities in church buildings.

We are familiar with risks that have been around for a while, but COVID-19 is a new risk and we are still learning about who may be affected most. Already we know that certain groups of people are at greater risk than others. The Government has categorised some people into groups:

- the [clinically extremely vulnerable](#). The guidance for people who fall into this group may be different in [Wales](#) and [Scotland](#) and other jurisdictions, but the serious consequences of catching COVID-19 are the same. We assume they will still be cautious about gathering indoors with people from a number of households.
- the [clinically vulnerable](#), which includes all people over 70 and those with underlying health conditions.

Other groups have also been identified as more evidence about the effects of the virus is gathered. We may not know which individuals will catch COVID-19, but we can use some of the information about the risk of complications to help with the conversations people will have about returning to gatherings.

At the time of writing it is not clear whether surviving catching the virus gives immunity or for how long such immunity might last.

As well as trying to assess the risks of catching the virus and the appropriate action to take, we recognise that our attitude to risk varies: the risk that one person may be willing to take is too much for another. Living with someone who is at higher risk, affects the risks other household members are willing to take. When we are talking about gathering together, we need to be sensitive to these variations. When we are coping with new risks we may also be more sensitised to them in comparison to risks that we have coped with for many years. However, government policy is related to the general risk for the population which goes down as the number of the people with the virus goes down, whilst the potential impact of catching the virus for a vulnerable individual remains the same until there are additional treatments and a vaccine.

When the lockdown restrictions were imposed, ministers were designated as key workers because of the fears of COVID-19 resulting in many more funerals. Some churches have also helped with essential food distribution or other essential services and ministers and volunteers have been involved in this work. The URC so far has echoed Government advice that ministers should work from home where possible. As restrictions change, it is time for ministers, volunteers and participants to consider their risks.

Catching the virus depends on the amount of virus you are exposed and for how long, and the risk of that happening during any activity depends on the circumstances. Those who are responsible for your church building will have been thinking about reducing these risks using 'Emerging into the New Normal'. There is evidence about which groups are at risk of more serious consequences if they do have COVID-19 disease and you can weigh up these personal risks.

The assessment 'tool' below helps you to see how different risk factors may combine to give serious health complications should you catch the COVID-19 virus. It does not include the factors that may make you clinically extremely vulnerable, where you should be following the guidance for those who are 'shielding'. It includes the factors where there is significant statistical evidence but does not include any rarer conditions which you may have, so this only offers a starting point. You may want to discuss the results with your doctor or with those who have expectations about your involvement with church life.

This should be read alongside other government or local advice about staying safe. We are not claiming medical expertise in sharing this way of scoring your risk but giving a way to show how serious catching the virus may be for you.

Circle the score next to each one that applies to you and add up your score.

| Risk Factor | | Score |
|------------------------------|---|----------|
| Age | 50-59 | 1 |
| | 60-69 | 2 |
| | 70-79 | 4 |
| | 80 and over | 6 |
| Sex at birth | Male | 1 |
| Ethnicity | Caucasian | 0 |
| | Black African Descent | 2 |
| | Indian Asian Descent | 1 |
| | Filipino Descent | 1 |
| | Other (including mixed race) | 1 |
| Diabetes & Obesity | Type 1 & 2 | 1 |
| | Diabetes Type 1 & 2 with presence of microvascular complications or HbA1c \geq 64mmol/mol | 2 |
| | Body Mass Index greater than or equal to 35 kg/m ² online BMI calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/ | 1 |
| Cardiovascular disease | Angina, previous heart attack, stroke or cardiac intervention | 1 |
| | Heart Failure | 2 |
| Pulmonary (lung) disease | Asthma | 1 |
| | Non-asthma chronic pulmonary disease | 2 |
| | Either of the above requiring oral corticosteroids in the last year | 1 |
| Malignant neoplasm (cancer) | Active malignancy | 3 |
| | Malignancy in remission | 1 |
| Rheumatological conditions | Active treated conditions | 2 |
| Immuno-suppressant therapies | Any indication | 2 |
| Total Score | | 3 |

A score of under 3 indicates a lower risk, but you should still be following the guidance for staying safe.

A score of 3-5 suggests a greater risk and you should consider ways of reducing your risk by taking additional precautions or avoiding some activities

A score of 6 or more suggests a high risk and indicates that you should continue to work or participate in church life from your home.

The scoring is based on a an [article](#) from the [British Medical Association](#) website.

Risk Stratification tool for Healthcare workers during the CoViD-19 Pandemic; using published data on demographics, co-morbid disease and clinical domain in order to assign biological risk:

David Strain, Janusz Jankowski, Angharad Davies, Peter English, Ellis Friedman, Helena McKeown, Su Sethi, Mala Rao
medRxiv 2020.05.05.20091967; doi:<https://doi.org/10.1101/2020.05.05.20091967>