



---

A Time of Challenge and Change  
A Plan for Churches during a Pandemic:

**All churches in the Diocese are in Stage 1B  
as of November 16, 2020.  
(No exceptions.)**

# Where We Are Today

---

You are here.



## **STAGE ONE-B: MOVING TO LIMITED OUTDOOR WORSHIP**

### **Public Health Indicators:**

The seven-day rolling average for percentage of positive COVID-19 tests is holding steady or declining.

All indoor in-person worship and gatherings are suspended.

Outdoor worship in groups of 35 or fewer continues.

Indoor prerecorded or livestreamed services may continue with 10 people or fewer.

## **STAGE TWO: TURNING THE CORNER**

### **Public Health Indicators:**

The 14-day rolling average for overall percentage of positive COVID-19 tests for a particular county must be 6.5% or lower. The 14-day rolling average of number of new cases in a county must be flat or declining.

## **STAGE THREE: LEADING RECOVERY**

### **Public Health Indicators:**

Case, hospitalization and deaths are near zero. Widespread testing and tracing are available. Health care systems have the capacity to manage all in need.

## **STAGE FOUR: ADAPTING TO A NEW REALITY**

### **Public Health Indicators:**

A vaccine is available to the general public. Treatment of proven effectiveness is widely available, as is widespread testing for the virus. Widespread immunity is present in the community.

# Stages of Reopening Church Buildings for Worship

---

## STAGE ONE-B: MOVING TO LIMITED OUTDOOR WORSHIP

All churches in the Diocese are in this Stage as of November 16, 2020

**(PHI): The seven-day rolling average for percentage of positive COVID-19 tests is holding steady or declining.**

- Offices may reopen at the discretion of the local clergy and lay leadership, providing there is adequate space for social distancing and good ventilation (fresh air, if possible). Masks are required.
- The principal service remains the one that is offered online, livestreamed and/or recorded, with participants wearing masks when members not of the same household are present in the same space. If livestreaming indoors, 10 people or fewer, including the camera operator, may gather to conduct worship. Participants will maintain 6 feet of physical distance between members of different households.
- Even though they are wearing masks, readers should neither read from the same location nor use the same microphone.
- The preacher may preach without a mask if the sermon is prerecorded or if the sermon is preached at the end of an indoor recording session, once all participants except the masked cameraperson leave the space. The cameraperson must remain at least 20 feet away from the preacher. The preacher's mask must be worn before and after the sermon is preached.
- A soloist may sing, unmasked, at the end of an indoor recording session ONLY under the same conditions as a preacher delivering a sermon at the end of a recording session. Otherwise, singing is prohibited during the service; prerecorded solos are permitted.
- No one should enter an indoor space for 6 hours after preaching/singing has occurred without a mask, and all should wear masks when they enter the space.
- In-person outdoor worship is permitted for groups of 50 or fewer masked participants maintaining 6 feet of distance between members of different households. This service may also be recorded and/or livestreamed. A church should begin offering outdoor worship with no more than 25 participants, test safety protocols, and increase the number up to 50 only after protocols are mastered.
- Outdoor Eucharist (host only) is allowed if it is administered in such a way in which contacts between the distributor and the recipient are minimized.
- Use of the common cup remains suspended. Following the service, the normal practices of the parish will be followed concerning the consecrated wine.
- Congregational singing and choirs are strictly prohibited during in-person outdoor worship, livestreams and recording sessions during which members of different households are present. Wind instruments are also prohibited.
- Bible studies, coffee hours, social gatherings, meetings and other small group activities may take place via telephone, online or outdoors in groups of 15 or fewer masked participants maintaining 6 feet of physical distancing.
- Graveside services, outdoor weddings and outdoor baptisms of 50 or fewer masked participants observing 6 feet of physical distancing are allowed.
- Outdoor or indoor pastoral visits by clergy or lay visitors, each party wearing a mask and remaining at a physical distance of at least 6 feet, are permitted. In-home distribution of communion (bread only) by a member of the clergy or an LEV is also permitted.

## STAGE TWO: TURNING THE CORNER

**PHI: The 14-day rolling average for overall percentage of positive COVID-19 tests for a particular county must be 6.5% or lower. The 14-day rolling average of number of new cases in a county must be flat or declining.**

- Church offices reopen at the discretion of local clergy and lay leadership, if there is adequate space for physical distancing and good ventilation (preferably fresh air). Masks are required.
- Small indoor church worship may restart in spaces large enough for 6 feet of physical distance to be maintained between people from different households. The total number of people present should not exceed 25, including the worship leadership team.
- Outdoor worship for up to 50 people continues under the guidelines outlined in Stage 1B. (See page 6: Stage One-B.)
- Graveside services, outdoor weddings and outdoor baptisms of 50 or fewer masked participants observing 6 feet of physical distancing continue. (See page 10: Pastoral Rites.)
- Virtual worship will still be necessary in all congregations to accommodate vulnerable populations and larger worshipping communities.
- Even though they are wearing masks, those with speaking parts during the worship service should neither read from the same location nor use the same microphone.
- Restrictive practices for Holy Eucharist remain in place: Communion is distributed in one kind (host only), use of the common cup is suspended, only the celebrant may consume consecrated wine, and the host is consumed by worshipers once they have returned to their seats. (See page 8: Eucharist.)
- **Unless explicitly retracted or amended on this page, all previously outlined restrictions and guidelines for worship, Holy Eucharist, singing, gatherings and other protocols remain in place.**
- Governance and program committees, Bible studies and formation groups of 15 or fewer people might consider meeting in person, indoors or outside, while wearing masks and maintaining physical distancing, or they may continue to gather online.
- With careful planning, following safety guidelines similar to baptism, and in consultation with the bishops, confirmations may be possible on a case-by-case basis. While a regional confirmation may be feasible for clusters of congregations with small confirmation classes so (total participants do not exceed 50 in an outdoor service), regional services are not practical for larger confirmation classes.
- Churches continue to follow health and safety protocols, including using masks at all gatherings, posting signs indicating symptoms, urging people to stay home and seek medical attention if they have symptoms, and recommending prescreening at home.
- Outdoor or indoor pastoral visits by clergy or lay visitors, each party wearing a mask and remaining at a physical distance of at least 6 feet, are permitted. In-home distribution of communion (bread only) by a member of the clergy or an LEV is also permitted.
- All levels of church leadership need to lead with knowledge and information to help our people cope with the changing nature of the phased community approach to reopening.

## STAGE THREE: LEADING RECOVERY

**PHI: Case, hospitalization and deaths are near zero. Widespread testing and tracing are available. Health care systems have the capacity to manage all in need.**

- Restrictions are eased on office and classroom gatherings, within sanitation and ventilation guidelines previously noted in Stage 2.
  - An increased number of people are allowed for public worship, according to guidelines set by health officials and in consultation with the bishop diocesan.
  - Restrictive practices may still guide the celebration of the Holy Eucharist, with gradual easing.
  - Continued physical distancing and masking requirements are likely.
  - Larger group ministries (youth groups, camps, classes) may resume within established guidelines.
  - Churches continue assessments of pandemic impact and prayerful discernment of future ministry.
- 

## STAGE FOUR: ADAPTING TO A NEW REALITY

**This phase will be marked by diocesan-wide celebration!**

**PHI: A vaccine is available to the general public. Treatment of proven effectiveness is widely available, as is widespread testing for the virus. Widespread immunity is present in the community.**

- There is no limit to the number of worshipers who may attend worship and other activities, except for those who are known to be infectious, are actively sick or who display any of the symptoms of being ill.
- Although we can gather without limitations, worship and meetings continue both in person and virtually.
- Worshipers may wear masks throughout the service, but masks are not required.
- Restrictions on celebrating the Holy Eucharist are lifted.
- Widespread pastoral care is offered.
- Emergency preparedness plans and strategies are in place.
- We move forward with the new practices and ways of doing church that proved fruitful during the pandemic, including:
  - Increased online giving as well as in-person offerings;
  - Fruitful collaborative endeavors;
  - Right-sizing of building use and capacities to meet a growing mission field;
  - Streamlined, efficient use of financial and other resources; and
  - Strategic efforts toward the realization of key strategic missions, visions and goals.



## From the Bishops

Grace and peace, dear people of God, as we enter a new stage of our life together in response to the coronavirus and in the context of the new life that is promised to us in the resurrection of Jesus. To paraphrase the words of St. Paul: Now may our God and Father, and the Lord Jesus, direct our way.... And may the Lord make us increase and abound in love for one another and for all. I Thess. 3:12

First, a word of thanks for your faithfulness, creativity, ingenuity, resilience, mutual support and unwavering commitment to the Good News of the Gospel and to living into the promise of Becoming Beloved Community. The past nine weeks have shown clearly the ways the spirit is moving among us and through us as we continue to serve our churches, our communities and our neighbors as part of God's mission.

The next few months may be the most challenging yet. To help us prepare and plan for the next stages of our life together, a team of 16 people from across the Diocese, along with your bishops and diocesan staff, have explored five areas of our common life as we ready ourselves for a return to public worship in our buildings.

This return will take place in stages guided by directives from federal, state and local authorities and roughly will mirror the phases of the state's movement, based on public health indicators. However, the special quality of our life together means our work and ministry is guided also by our gospel values and our pastoral sensibilities, our firm faith in God's abiding presence with us and our care for the most vulnerable among us. At times, the choices and decisions we make for the Diocese may differ from governmental directives. We will be clear about when and why this is the case.

***At times, the choices and decisions we make for the Diocese may differ from governmental directives. We will be clear about when and why this is the case.***

We have consulted with the other bishops in North Carolina and agree that each diocesan context is a bit different, and so our guidelines and directives are focused within our respective dioceses.

It is with all this in mind we now present the following directives in these five areas:

- Worship/Sunday Mornings/Formation
- Pastoral Offices and Visits (including baptisms, weddings, ministry at the time of death and funerals)
- Direct Services and Outside Groups
- Protection/Prevention/Equipment/Cleaning Practices
- Advocacy


***The guidelines we offer correspond to the respective reopening phases and chart the stages for our return to full public worship. We do not have a complete timetable, but we continue to be guided by the latest information and data; these guidelines and directives may need to be updated as the pandemic continues to unfold.***

The work in these five areas is guided by the reopening phases the State of North Carolina has identified and has been informed by the experience of some nearby dioceses, especially Virginia, Maryland and Washington, D.C. (These dioceses have generously allowed us to use and adapt some of their materials.) But our particular sequence and timing is based on what we believe is best for the people of the Diocese of North Carolina.

The guidelines we offer correspond to the respective reopening phases and chart the stages for our return to full public worship. We do not have a complete timetable, but we continue to be guided by the latest information and data; these guidelines and directives may need to be updated as the pandemic continues to unfold.

Again, we are grateful for your partnership in this changing and challenging landscape. We embrace the opportunities before us for the church to reimagine our mission and faithful response, even as we grieve the loss of life and the loss of some of the familiar patterns that have marked our common life for so long.

As we take these next steps together, we recognize, like the travelers on the Emmaus road, that Jesus is journeying with us. We hear the voice of our Good Shepherd guiding us along our path and leading us to signs of hope. We hear the invitation to cast our nets, again, on the other side of the boat. We know the promise of the Holy Spirit to both comfort us and to set our hearts on fire with the love that transforms us and equips us for the next stages of our journey.



The Right Reverend Sam Rodman  
Bishop, Diocese of North Carolina



The Right Reverend Anne Hodges-Copple  
Bishop Suffragan, Diocese of North Carolina

# Worship Guidelines for Stages 1B and 2

---

*What is allowed in any stage is not required.  
You are free to move more slowly and to restrict any particular item in any stage,  
until your and your congregation are ready to move forward.*

## **The principal service is the one that is offered online.**

- For all services, including ones on Zoom:
  - Consider the service that is most clear for your congregation: Morning Prayer, Eucharist with or without Spiritual Communion, or Liturgy of the Word (ante communion) without Communion.
  - Leaflets may be sent out in pdf form or posted online; hymns for singing at home may be included.
- For services livestreamed and/or recorded from the church:
  - The service is either prerecorded or livestreamed with 10 people or fewer; all participants must sign in.
  - All participants must wear masks and practice physical distancing.
  - Instrumentalists in the livestream are permitted, but no wind or brass instruments are permitted.
  - The sermon may be done without a mask ONLY if prerecorded or delivered at the end of the recording session, once all participants except the masked cameraperson leave the space. The cameraperson must remain at least 20 feet away from the preacher. The preacher's mask must be worn before and after the sermon is preached.
  - A soloist may be recorded in the church following the same restrictions as the preacher: One other person, either instrumentalist or camera operator, may be present if wearing a mask and standing at least 20 feet away from the soloist. Wind instruments are strictly prohibited. If there is an instrumentalist present with the soloist, a camera operator may not be present, and the camera should be unattended during the piece. After the filming is concluded, no one else may enter the recording space for 6 hours in order to give any droplets and aerosol particles time to dissipate. <https://www.nejm.org/doi/full/10.1056/NEJMc2004973>
  - If Communion is offered, see recommended practices below.
  - We encourage churches with clergy at low risk for the COVID-19 virus to share clergy for in-person worship with those churches whose clergy are at risk.

## **In Stage 1B, outdoor worship early or late on Sundays or other days of the week is permitted. In addition to outdoor worship, indoor public worship is permitted in Stage 2.**

- The numbers of participants in outdoor worship will be determined by the amount of safe distancing space (at least 6 feet apart) available at each location, but keeping the number equal to or less than what the bishops direct (50 total participants).
- The number of participants in indoor worship is limited to 25.
- All participants must preregister and answer prescreening questions.
- All participants must sign in with an usher or staff member checking off names on a registration list.
- People must wear a mask covering their nose and mouth. Churches will provide masks for anyone who does not have one.



- People should enter the indoor or outdoor worship space staying 6 feet apart from anyone not from their own household. Ushers should help guide physical distancing.
- People should sign in and, only if required by government and health authorities, have their temperature taken.
- Masks and hand sanitizer need to be available.
- All participants must wear masks and practice physical distancing.
- Consider the use of an outdoor speaker system.
- No group singing is allowed indoors or outdoors.
- A soloist may sing masked or unmasked at a distance of 20 feet.

## **Eucharist**

- Outdoor Eucharist is allowed in Stage 1B, and indoor Eucharist in Stage 2, if it is administered in such a way as to limit contact between the distributor and the recipient.
  - Communion is to be offered in one kind, bread only, and should be administered by the celebrant alone—with as minimal contact as possible.
  - Physical distancing must be maintained between members of different households.
- Possible procedure for set up and distribution for services of Holy Eucharist (partly based on set-up/distribution for the recent ordinations):
  - Set-up:
    - Note: “Bread” can mean priest host, wafers, bread or tortillas.
    - Set up done by one person with sanitized hands and wearing mask.
    - Wash/sanitize hands before getting everything out in the sacristy.
    - Clean the sacristy counter with a disinfectant.
    - Clean the vessels.
    - Sanitize hands before putting priest host on paten and wafers in the covered ciborium or breadbox, or, if using bread or tortillas, store in a clean plastic bag or wrapped in plastic. Cover priest host.
    - Please remember your parish’s gluten-free provisions and practices.
    - Purificator for chalice and corporal to be placed on altar before the service (or in stack with veil and burse and pall).
    - Pour needed amount of wine and water into each cruet/pitcher.
    - Carry everything out to credence table or designated spot outdoors.
    - Wash/sanitize hands to place on credence, altar or other spot.
  - At the offertory
    - If there is a deacon present, they sanitize their hands and set things out on altar. (Otherwise the celebrant does this, sanitizing hands first.)
    - The deacon follows the same rules as the other communicants, sanitizing hands, wearing masks, returning to seats, etc, after communion.
    - Celebrant sanitizes hands and begins Eucharistic Prayer.
    - Sanitizing of hands must be very visible.
    - Celebrant lifts up or touches ONLY the priest host (or bread or tortilla) and extends hands over ciborium or other container. Celebrant touches or lifts up the chalice.
    - In lieu of the ciborium and separate wafers, the Celebrant can break one large host, bread or tortilla into small pieces to distribute, as long a hand sanitation happens throughout and is evident.
    - All continue to wear masks and deacon, if present, stands 6 feet away from the celebrant.

- Distribution
  - After the invitation to communion, the celebrant, still wearing a mask, leaves the broken priest host on the paten on the altar, sanitizes hands, and brings the ciborium to the place of distribution. The celebrant takes communion AFTER distributing the bread to worshipers.
  - People approach standing communion station with physical distancing in line between members of different households.
  - Celebrant drops bread, with fingers or by tongs, into each person's outstretched palms without touching the receiver's hands, OR by distributing with each piece of the host in separate containers set out and picked up individually.
  - If touching accidentally occurs, celebrant should re-sanitize their hands and continue.
  - People return to their seat with bread, remove their mask to receive the bread, sanitize hands again, then place the mask back on.
  - **Understand that people may be placing themselves at higher risk of infection anytime they touch their mask. Sanitizing before and after touching their mask will decrease risk but does not guarantee NO risk.**
  - Hand sanitizer available at places outside (or indoors in the pews).
  - Celebrant keeps mask on during distribution and then returns to altar to take bread and wine after sanitizing their hands.
  - Celebrant (or deacon) clears communion from the altar as per parish custom.
- Clean up
  - After the service, bread and wine are reverently disposed of, vessels cleaned, and linens put away to be cleaned in accordance with safe practices outlined elsewhere in the task force report and with customs of the particular church setting.

### Vestments

- Worship team should not share common vestments. Participants should wear their own vestments or consider not vesting.
- If clergy wear a stole/chasuble/cope, they should hand sanitize and, while masked, remove the article of clothing and place it somewhere where it won't be touched for 72 hours and sanitize hands again.
- Clergy could consider placing them in a separate area away from other hanging items to "air out" for 72 hours. Celebrant should consider wearing an alb and stole only if the above recommendations are not feasible.

### Miscellaneous

- People should be encouraged to bring their own Book of Common Prayer to church or print from online source or pull up on smartphones.
- Altar Guilds are subject to the same physical distancing and masking requirements and guidelines.
- Establish a plan to count worship attendees and cap attendance once seating/space capacity has been reached..
- Articulate the non-negotiable behavioral expectations regarding the protocols and directions. How will you respond appropriately and pastorally to those who refuse to follow the directions and protocols, or who are acting out?

## PASTORAL RITES

### Baptisms

It is appropriate to delay baptisms until the community can be together.

If done, this service could be incorporated into the main service video on Sunday, can be performed indoors with up to 25 masked participants or can take place outdoors with up to 50 masked participants maintaining appropriate physical distancing.

Parents and/or sponsors may NOT perform a baptism, whether or not a priest is in their presence.

However, to minimize contact during an infant baptism, we suggest that the parents hold the baby while the priest, wearing a mask, baptizes with water and touches the infant only for anointing. A shell or other appropriate item should be used for the baptism and cotton swab for the anointing.

Dispose of water after every baptism.

#### Ahead of time

- Set the time and location.
- Talk to the family, sponsors(s) and candidate about baptism, ask screening questions about health, discuss the required protocols, encourage them to bring their own lawn chairs. Note: Only one candidate per service (unless candidates are from the same household) may be baptized.
- Make sure you have masks on hand if needed, hand sanitizer, and mark the physical distance of 6 feet apart wherever you do this outside
- All participants except infants and children under 2 will wear masks the entire time, and all will physically distance 6 feet apart unless members of the same household.

#### Setting Up

- The persons attending an outdoor service are encouraged to bring their own lawn chairs but should let the priest know if this is not possible so the church can provide some folding chairs.
- Spots on a lawn, sidewalk or pews (if indoors) should be marked at least 6 feet apart.
- Masks and hand sanitizer should be close by the font.
- The church should prepare and print a leaflet for participants and place in a basket (having sanitized hands first).
- The parish staff/clergy, wearing masks and with sanitized hands, will bring a paschal candle, a font, (with clean/sanitized bowl or interior) and camera tripod if being used to loggia area ahead of time.
- The priest will set up things needed for baptism in sacristy using sanitized hands and wearing a mask at all times.
  - Clean and sanitize the bowl or interior of the font, and clean and sanitize the shell, cup or ladle that will be used to pour water on the candidate.
  - Put fresh water in large pitcher and cover it.
  - Collect bottle with oil of chrism, clean q tips in a clean plastic baggie, cleaned shell, cup or ladle, and several disposable baptismal towels in a clean plastic baggie.
  - Be sure to have another clean plastic baggie ready to collect used towels and q tips

after baptism.

- Bring items from sacristy to place of the service.
- Put pitcher, shell (or other), oil of chrism, q tips in plastic baggie, and place disposable towels on edge of font or close by
- Bring baptismal certificate and/or baptismal candle which has been prepared safely ahead of time and place close by the font.
- The priest will meet the family outside where the service will take place to make sure that all have masks, leaflets, are appropriately physically distanced, and know the location of hand sanitizer. (The priest will need to provide for physical distancing among family members, sponsors not of the same household and themselves.)
- The priest will set a phone or camera on a tripod to livestream the service.

### Liturgy

- After the priest has explained all to the family, etc., they will sanitize their hands and begin the baptismal service; all will be spoken and the priest will wear a mask the entire service, even when making a few remarks.
- As the priest begins the liturgy, they may turn on the camera for livestreaming.
- All will remain in their designated places with physical distancing until the time of the actual baptism.
- Use the liturgy for Holy Baptism, p. 299 and following from the Book of Common Prayer, using collect and gospel from the proper of the day or from At Baptism – collect on p. 254, propers on p. 928. (More readings/psalm can be added from the propers.)
- There will be no Holy Communion, so after the Peace on p. 308, the service will continue with the Lord's Prayer and conclude with the two prayers on p. 311.
- The priest shall preside from behind the font (or to the side of it for the first part of the service).

### Thanksgiving over the Water

- The priest sanitizes their hands and blesses the water after pouring it into the font, but does not touch the water.

### The Baptism

- When ready for the actual baptism, the parents will bring only their child to the font, with adults and older children wearing masks.
- If an adult candidate, they should come to the font by themselves.
- The priest will sanitize their hands and take the shell (or cup or ladle) and pour water on the candidate, dipping into the font three times without their hands touching the water, if possible.
- Parents should hold their child a bit away from the font, so each time the extra water from the shell can go into the ground.
- The priest can use a disposable towel to dry the forehead if needed.
- The priest will dip a clean q tip into the bottle with oil of chrism and make the sign of the cross on the candidate's forehead.
- Then the parents and candidate immediately return to where they were sitting.

### After the Baptism

- The used towels and q tip can be placed in a plastic baggies, and the priest should sanitize their hands one more time.

- The priest, remaining by the font, will continue with the prayers, peace (no physical greeting) and concluding prayers.
- The priest will end the video livestreaming and post if needed.
- When the service concludes, all keep masks on and keep physical distance as they exit or greet each other afterwards.
- Remaining water from font is poured into the ground, and all used items are taken to the sacristy and cleaned or disposed of.

### **Confirmations**

It is appropriate to delay confirmations until the community can be together.

Regional confirmations will take place once we may gather, in consultation with the bishop's office.

### **Weddings**

Outdoor weddings are limited to 50 total participants and guests practicing appropriate physical distancing. Indoor wedding are limited to 25 total participants and guests. (See Appendix B: Protection/Prevention/Equipment Practices)

Additional supporters (except legal witnesses) can attend via video conferencing.

Those being married may stand together, masked, and the minister should be masked with 6 feet of distance to be maintained.

Consider premarital counseling via video conferencing.

### **Funerals**

Graveside services are allowed within the guidelines already laid out (i.e. 50 or fewer total people gathered outdoors or 25 indoors, maintaining physical distancing and wearing masks).

We do not recommend funerals in the church building, except in extenuating circumstances and with permission from the bishop.

Consider a rolling bier, instead of carrying a casket, to maintain physical distancing.

### **Ministry at Time of Death**

There may be no more than five people present, wearing masks, and maintaining a distance of at least 6 feet.

The clergy person may anoint the dying only on the forehead, and must use a cotton ball to administer the oil.

The clergy person may administer a consecrated wafer to the dying person from reserved sacrament, following the guidelines established regarding the distribution of Holy Communion by the Task Force on worship.

The clergy person must wash/sanitize hands immediately before and after the rite, and should remain in the room no more than 15 minutes.

# Pastoral Care Guidelines for Stages 1B and 2

---

Outdoor pastoral visits by clergy or lay visitors, each party wearing a mask, and remaining at a physical distance of at least 6 feet, may resume in Stages 1B and 2.

In-home pastoral visits by clergy or lay visitors with appropriate PPE also may resume in Stages 1B and 2. In-home visits must be preceded and followed by thorough hand washing (or use of hand sanitizer if necessary, followed by hand washing as soon as possible.) These visits must be kept to no more than 15 minutes.

Additionally, as many clergy (priests and deacons) and licensed lay Eucharistic visitors may themselves be in a high-risk category, the lead clergy (priest or deacon) or, in the absence of an assigned cleric, the senior warden should judge how best to best meet local ongoing pastoral needs with available personnel.

All pastoral visits assume that neither the visitor nor the clergy person has any symptoms of COVID-19.

End-of-life care in hospitals, hospices, etc. can be offered as those institutions allow. The clergy person must wear proper PPE and follow the guidelines on pages 10-11 for offering unction or baptism.

Pastoral care conversations via telephone and video call are also encouraged. All guidelines concerning confidentiality apply to these conversations as they would to in-person conversations.

A clergy person or a licensed lay Eucharistic visitor (LEV), with permission from the parish clergy, may take a consecrated wafer to the person being visited. Administration of this wafer will follow the guidelines for the distribution of Holy Communion outlined below:

- These protocols are intended for home communion visits by either clergy or LEVs to persons who do not have Covid-19 or have not directly been exposed to it.
- Home communion visits may not be feasible for all of our congregations, so if clergy or lay persons/wardens in charge of congregations have a pastoral need for these visits, they should be in conversation with the bishops before they start, and will follow the protocols.
- Any clergy or LEVs making potential home communion visits must follow health screening questions and recommendations, have no symptoms, and have not been exposed to Covid-19.
- They must wear masks, use hand sanitizer and maintain appropriate physical distancing.
- Communion will be distributed in one kind only: bread.
- Note that it may be riskier for LEVs and clergy over the age of 65 and/or in other high-risk health groups to make visits at this time.
- Only lay persons who are trained and licensed as LEVs will be able to do home communion visits, and then only when sent by the clergy or lay persons/wardens in charge of congregations.



- Consecrated Bread
  - The needed “kits” will be consecrated ahead during a service of Holy Eucharist and set aside
  - Or extra bread for the reserved sacrament is consecrated, and then used to set up “kits” for either clergy or LEVs to use.
- Before
  - The clergy/or laypersons/wardens in charge of the congregation will determine who will get a visit based on pastoral needs.
  - The parishioner is called ahead of time to set up the visit, answer the health screening questions and agree to wear a mask during the visit.
  - LEVs use only the liturgy provided for “Distribution of Holy Communion by Lay Eucharistic Ministers to persons who are ill or infirm” from The Book of Occasional Services.
  - Clergy use the liturgy provided for “Communion under Special Circumstances” from The Book of Common Prayer.
  - Cards/leaflets with liturgy are prepared ahead of time and should be placed in a clean envelope (with sanitized hands) and should sit untouched for 24 hours.
  - All those who intend to make visits should make sure they are not ill, have no symptoms and have not been exposed to COVID-19 before they go.
- Set up
  - The use of a small metal or ceramic pyx is encouraged, rather than using a communion kit.
  - The person who sets up the home communion “kits” should wear a mask and sanitize their hands before setting up and should make sure that the pyxes are clean.
  - Only the number of wafers needed should be placed in the pyx.
  - Wafers should be put in the pyx with sanitized hands, then in a Ziploc bag.
  - Use of a high-quality napkin is encouraged rather than a parish linen – to be used as a corporal for the visit.
  - Link: and these can be used as purificators and baptismal towels, too: [https://smile.amazon.com/gp/product/B07YMJFDNH/ref=ppx\\_yo\\_dt\\_b\\_search\\_asin\\_title?ie=UTF8&psc=1](https://smile.amazon.com/gp/product/B07YMJFDNH/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1)
  - The “kits” are set up using unconsecrated or consecrated wafers but always following safety protocols for set up.
- For visit
  - Clergy/LEV sanitizes hands and wears a mask before picking up leaflets and kits for the visit.
  - Each clergy/LEV does only one visit but all members of the same household may receive communion.
  - The clergy/LEV will wear a mask for the visit and sanitize their hands before, during, and after the visit.
  - The clergy/LEV will stay at least 6 feet away from the person and others in their household.
  - The clergy/LEV sanitizes their hands and sets up the bread on a corporal (or something serving as one).
  - The clergy/LEV passes out leaflets with clean hands, steps 6 feet away and begins the service.

- When it comes time for the distribution of bread, the clergy/LEV sanitizes their hands again and distributes bread to the person (and others), by dropping the wafer into their outstretched hand without touching them.
- Ask the person to also sanitize their hands before receiving.
- The person lifts up their mask and consumes the bread, and then replaces their mask and sanitizes their hands.
- The clergy/LEV steps back to their original place, at least 6 feet away, sanitizes their hands, lifts up their mask, gives communion to themselves last, replaces mask, sanitizes hands, then puts the used items back into the Ziploc bag
- Then the LEV concludes and liturgy, sanitizes their hands and leaves
- Clean up
  - If pyxes or linens have been used, they are cleaned and sanitized after returning to church by a person who is masked and who sanitizes their hands before and after the clean up.

How will you pastorally respond to those who may be connected to the parish but not members (clients of food pantries and tenants, member of the community at-large, occasional attenders)?

# Direct Services Guidelines for Stages 1B and 2

---

## Checklist for All Stages

Housing and food-insecure individuals and families continue to be in need in the midst of COVID-19. This is a checklist for all direct services leaders and volunteers to utilize for any direct service, onsite or offsite, prior to beginning any direct service.

## Universal Checklist of Direct Services: Love God, Love Your Neighbor

- Establish protocol for volunteer symptom check and sign-in for tracing purposes.
- Disinfect all surfaces and equipment before and after use.
- Require use of cloth face coverings by staff, volunteers and clients.
- Secure adequate supplies to support healthy hygiene: frequent hand washing, hand sanitizer, paper towels, cleaning supplies, soap and water.
- Follow guidelines for safe social distancing and modify layouts to ensure physical distance and proper ventilation.

## Stage 1B

- Continue with a distribution model, collaborating with local businesses and nonprofits to provide essential outreach to the community.
- For volunteers and clients on site, follow CDC recommended safety procedures, with outdoor options preferred.
- Use this time to prepare space and documentation for a limited return to the building in Stage 2.
- Put necessary documentation in place: signage in the building; contact tracing measures, such as sign-in sheets; and update all necessary contact information for clients and volunteers
- Prepare documentation, including signage throughout the building, informing volunteers and clients that your direct service is following all safety precautions outlined by the CDC and local health departments.
  - **\*\*This is in lieu of a legal waiver.\*\***
- If utilizing transportation as a part of your essential services, follow CDC guidelines for spacing, cleaning and protective measures in the vehicle.
- Utilize surveys for volunteers and clients about potential return to onsite programming.
- Create quarterly meetings for all direct service providers in the Diocese to share best practices, new initiatives and discuss the ever-changing needs and protocols of our programs.

## Stage 2

- Have all needed supplies for cleaning/disinfecting surfaces and spaces, including adequate PPE and hand sanitizer.
- Prepare spaces for CDC distancing guidelines.
- Continue with contact tracing for all clients/volunteers who remain onsite for services.
- Communicate to clients and volunteers any new applications/safety protocols and survey results that need to be in place prior to their return.
- Reimagine how to rebuild volunteer and community collaborators after so much time away. Maintain collaborative relationships that have formed throughout this process.

# Building Guidelines for Stage 2

---

Governance and program committees, Bible studies and formation groups of 15 or fewer people might consider meeting in person while wearing masks if there is sufficient square footage to maintain physical distance. Groups are encouraged to continue gathering online. (See Appendix B: Protection/Prevention/Equipment Practices)

Avoid using common touch items, like keypads, electronic devices and books.

Provide hand sanitizing stations where possible.

Maintain a good stock of tissue, soap, hand sanitizer and disposable paper towels for drying hands.

Try to have all doors propped open (if possible) to minimize high surface contact.

For bathrooms:

- Have trashcans near bathroom doors.
- Only one person allowed in restroom at a time.
- Masks must be worn in restrooms at all times.
- Please knock on the main restroom door and stand back to wait for at least 2 minutes.
- Wash hands for 20 seconds (post instructions on mirror) prior to touching stall door.
- After using toilet, put toilet seat (where possible) down to flush, wash hands again, use paper towel to dry hands and to turn off water faucet.
- Use Clorox wipe to wipe down stall door handle, flush handle, and any other surface you touched.
- If you must blow your nose, use a tissue, deposit into trashcan, wash hands as above.
- Use paper towel to open main restroom door to exit if not propped open.
- Use hand sanitizer after exiting restroom.

Follow guidelines outlined in Appendix B for cleaning between groups (including worship services), paying extra attention to high-touch surfaces.

Resources for Disinfecting Public Spaces:

- This is a CDC link providing guidance for disinfecting community buildings: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- There are several nationally known cleaning services through North Carolina that operate as franchises that specialize in cleaning spaces as it relates to disinfecting spaces for COVID-19
  - ServiceMaster Raleigh: <https://www.svmwake.com>
  - Charlotte: <http://restorationcleanupnc.com>
  - ServPro: <https://www.servpro.com/coronavirus>
  - Jani-King: <https://www.janiking.com/coronavirus-disinfection-services/>
  - JanPro: <https://janproraleigh.com/covid-19-commercial-cleaning-steps-to-reopening/>

Resources for Touchless Hand Sanitizing:

- The three links below are for various forms of touchless hand sanitation devices ranging from \$275 per unit with a large refillable reservoir to less expensive smaller devices used in restaurant and other public space bathrooms.
  - <https://standupstations.com/shop/>
  - <https://www.amazon.com/automatic-hand-sanitizer-dispenser/s?k=automatic+hand+sanitizer+dispenser>
  - <https://www.webstaurantstore.com/1011/hand-sanitizer-dispensers-and-stations.html?filter=dispenser-type:automatic>

Consider limiting outside groups if cleaning between them is difficult.

Consider the need to re-key buildings to control use.

Draft new building use guidelines and have them signed off by outside group leaders.

Receive permission from the priest, or warden where there is not a priest serving the congregation, before hosting a group or having a meeting.

Keep attendance at worship and meetings, including sign-in sheets and contact information for each individual who attends, and provide directions to group leaders about how to return sign-in sheets to the church office.

If you become aware of someone in the church or a building user infected with COVID-19, put your communication plan into action and cooperate fully with contact tracers, as directed by local county health departments.

Communicate clearly items to bring and items that will be provided. Encourage people to bring their own high-touch items (e.g. pens, etc).

Post signs with instructions for norms during this outbreak: wash hands, etc.

Consider holding gatherings in a large, well-ventilated area or outdoors, as circumstances allow.

Consider offering remote viewing for those who are unwilling or unable to participate in person.

Meeting areas must accommodate 6 feet of space between attendees who do not live in the same household.

Consider the office functions. Limit the number of people who gather, discourage visitors; ensure that everybody wears a mask, and that all surfaces, including the phones, are regularly sanitized. Eliminate overnight retreats or outings.

Design activities in which participants are not in physical contact with one another or sharing common objects (esp. youth and children, arts and crafts, etc).

The above standards also apply to any church group meeting in an alternate location outside the church.

Encourage collaboration with other church and diocesan offerings, especially when opportunities are offered digitally.

Now is the time to renew relationships through small groups, including through continued use of online platforms. Leverage the work you have done in the past two months for mission in the community.

Continue to work with property committees and vestries to maintain and secure your buildings and grounds.

For more informatipn, see Appendix C: HVAC System Modifications to Improve Air Quality and Combat Airborne Disease, Appendix F: Building Reopening Checklist, Appendix G: CDC Guidelines for Cleaning and Disinfecting, and Appendix H: Disinfecting Products for use against Human Coronavirus.



# Appendix A: Advocacy

---

The bishops will create a Council of Advice for Public Policy (CAPP) to recommend appropriate times to address pressing issues with local, state and federal governments and business entities. The group's nonpartisan focus will be on issues consistent with biblical imperatives such as care of creation, works of racial justice and reconciliation, and protecting the dignity of every human being. Priority will be given to vulnerable communities such as the poor, the elderly, children, the sick, prisoners and those who are oppressed, also consistent with the biblical witness.

CAPP will help identify issues and moments around which lay people, deacons, priests and bishops may wish to advocate publicly—individually or as a larger cohort—around an urgent concern and necessary action to protect and defend human life and creation.

CAPP will draw upon existing social justice and environmental networks and diocesan committees' work to guide their recommendations. Resolutions of Annual Convention and General Convention, as well as the work of the Episcopal Public Policy Network and the North Carolina Council of Churches, are resources and will guide the recommendations.

CAPP will advise the bishops on public statements, when requested. It will offer direction as to strategies of engagement such as in-person meetings, letter writing, phone calls, sign-on letters, press release statements, press conferences and public witness, such as marches, to effect positive change in the communities in which we live and serve.

Here are some questions that may guide CAPPS during the pandemic and beyond:

What human needs are most threatened in our various communities, and how might we respond?

- For instance: health, employment, food, shelter, and public safety

Who is suffering the most from these threats?

- Demographics show disproportionate vulnerability and suffering among the poor, communities of color, children and the elderly.

What solutions can be proposed to address immediate need?

What changes might be proposed to address the structural nature of the inequality inherent in the varying magnitudes of suffering among different communities?

In addition to making recommendations pertaining to emerging crises and the need for urgent public responses, CAPP would foster a network of advocacy in the Diocese of North Carolina by:

- identifying resources and local leaders, including Episcopalians who are already involved in some aspect of advocacy in their local worshiping communities and/or as part of secular nonprofits or other ministries;
- inviting individuals and churches to discern a call to advocacy ministries; and
- connecting with our partners in our neighboring dioceses, as well as with ecumenical partners and existing networks of advocacy.

# Appendix B: Protection/Prevention/Equipment Practices

---

## INTRODUCTION

The Protection/Prevention/Equipment/Practices (PPEP) subcommittee inspected safety issues affecting the “Venn diagram” of concerns operative in a staged reopening of church buildings for worship.

While our focus was the Phase I of North Carolina’s 3-phase plan for reopening the state, the evolving science we considered really applies to all phases.

## RECOMMENDATIONS

### General

- SARS-CoV-2 is the virus that causes the pandemic disease termed COVID-19.
- PPE refers to “personal protective equipment;” PPEP refers to this “Protection/Prevention/ Equipment/Practices” task force subcommittee.
- PPEP recommendations apply to everyone and everything about the church.
- Vetted new information needs to be matched to changing pandemic circumstances.

### Specific

PPEP recommendations concern:

- Preparing buildings and cleaning/disinfecting spaces
- Physical distancing
- Masks
- Hand sanitizers
- Screening
- Teaching/testing/tracking/treatment/confidentiality
- Future issues

### Preparing to Reopen Buildings and Spaces

During Stage One: Coping with Crisis, buildings should be prepped to reopen for use.

Facilities closed for extended periods pose potential air and water quality risks. Therefore:

- Make sure HVAC systems are checked and in working order.
- Make sure water lines are flushed to remove stagnant water.
- Follow CDC recommendations to assure building water quality and avoid issues with Legionella or other bacteria.
  - <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>
  - <https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html>
- Clean spaces properly, check HVAC and water systems, create signage and develop plans for logging entrances and exits, screening, physical distancing and after-use disinfection.

- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>
- “Human coronaviruses can remain infectious on inanimate surfaces for up to 9 days. Surface disinfection with 0.1% sodium hypochlorite or 62e71% ethanol significantly reduces coronavirus infectivity on surfaces within 1 min exposure time. We expect a similar effect against the SARS-CoV-2.”
  - Reference: Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. Journal of Hospital Infection 104 (2020) 246e251
    - Available through ScienceDirect or PubMed
- Plan for cleaning and disinfecting your facility, including everyday steps, steps when someone is sick and considerations for employers.
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Consult guidance for cleaning and disinfecting public spaces, workplaces, businesses, schools and homes.
  - [https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening\\_America\\_Cleaning\\_Disinfection\\_Decision\\_Tool.pdf](https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf)
- Purchase Environmental Protection Agency “List N” disinfectants for use against SARS-CoV-2.
  - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

## PHYSICAL DISTANCING AND SPACE EVALUATION

During Stage One: Coping with Crisis, spaces should be assessed, mapped and marked for 6 feet of physical distancing between people.

- Consider all spaces: What does 6 feet look like in the sanctuary, offices, bathrooms, conference rooms, parish halls, etc?
  - A “personal circle” with a radius ( $r$ ) of 6 feet covers an area of 113 sq. ft.
    - The area of a circle =  $\pi r^2$  or  $3.1417 \times 36 = 113$ .
    - It is important to consider physical distancing in all directions from a given point. For example, in a church with pews, appropriate distance must be maintained on a single pew and between pews.
- Use a measuring tape, 6 feet lengths of string or rope, or rolls of painter’s tape for this purpose.
- Consider a household or family unit sitting together in a way that maintains distancing between them and other households.

### For all spaces:

- How does 6 feet of separation between people change your use of space?
- What measures will you need to take to help maintain distancing in your spaces?
  - Plan space exits and entrances to best maintain physical distancing.

**For churches with pews:**

- How many pews are within 6 feet in your space? Does an additional unoccupied pew need to be included to attain 6+ feet between worshippers?
- Rope off pews to indicate that people should not sit in them in order to maintain distance.
- How will you indicate that households (including a household of 1) maintain 6 feet distance between them?
- What is your new capacity for people with distancing?
- Is a mark of painter's tape on the floor down the aisle helpful to indicate how far apart people should stand?

**For churches with chairs:**

- Are you able to adjust your chairs to 6 or more feet apart?
- Do chairs need to be reconfigured for distancing?
- Can extra chairs be stacked or set to the side of the space to indicate that they are not in use?
- What is your new capacity for people with distancing?
- Are marks of painter's tape on the floor helpful to indicate how far apart people should stand?

**For parish halls/houses or large meeting spaces:**

- How will distancing be maintained in these larger spaces?
- Do extra chairs need to be removed or marked as not to be used during this time?
- What is your new maximum capacity for meetings in order to maintain physical distancing?

**For smaller classrooms or meeting spaces:**

- Are people able to physically distance themselves in smaller classrooms, parlors, libraries, offices or bathrooms?
- How many people can meet in these smaller rooms while maintaining distance?
- How will that be encouraged or maintained?

Once new maximum capacities are determined, communicate these capacities to your staff, members, and others using your spaces. If some rooms cannot be used, this restriction should be communicated to your membership or others who use the space and marked as off-limits.

**MASK USE**

During any stage of reopening masks are worn to protect others from any one of us—regardless of the activity engaged in—as we may be asymptomatic SARS-CoV-2 virus carriers even in the absence the signs and symptoms of COVID-19.

- CDC Interim Guidance for Communities of Faith recommends the use of a cloth face covering (mask) at all indoor gatherings by everyone except children less than two years old.
  - [CDC Draft guidelines for Faith Communities](#)
  - Surgical and n95 masks should be reserved for healthcare professionals.

**Mask Guidelines:**

- Masks are to be used along with strict 6 feet of physical distancing and frequent handwashing and/or hand sanitizer use.

- Cotton cloth masks made of two to three layers of breathable cotton are preferred.
  - Commercial version are becoming available (e.g., C.M. Almy, companies that have buy one/give one deals, etc.).
  - (See do-it-yourself instructions below.)
  - Cotton quilting material or flannel are better filtering materials.
- When a scarf, bandana, buff or makeshift mask must be used instead of a mask, the guidance is that the thicker the material, the better, and that it must be at least two layers thick
- Tie mask securely in place to cover your nose and mouth with no gaps between your face and the fabric.
  - If it does not stay/fit securely, do not use it; find one that fits properly instead.
- Masks must cover both the nose and mouth to be effective.
- Place mask on face prior to entering church buildings.
- Do not touch your face or the outside of your mask until you are out of the church or building.
- Remove mask by untying or slipping the elastic off ears without touching the mask outside.
- Wash cloth masks between every use.
- Dispose of paper masks after each use; do not reuse.

#### **Other considerations:**

- Be prepared to correct wearers if masks are fitted improperly.
- Persons unable or unwilling to wear a mask must not enter church buildings during this phase.
- Have adequate supplies to support healthy hygiene/mask behaviors, including soap, hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), tissues and no-touch trash cans.
- Consider posting signage about
  - [how to stop the spread](#) of COVID-19,
  - [everyday protective measures](#),
  - [properly wearing a face covering](#)
  - [washing hands](#) and covering coughs and sneezes.
- Consider inviting parishioners to make [homemade DIY masks](#) at home to be available at church for those who have none (or substandard ones) to take and KEEP (not to be returned or worn by another). These should be dropped off at the church at least 24 hours before they are distributed.

## **HAND SANITIZERS**

Hands come in contact with places where virus can survive. (Times differ by type of [surface](#).) It is a sound public health practice to disinfect your hands regularly. Hands are sanitized to protect ourselves and to protect others. Frequent handwashing is always encouraged.

The CDC recommends using anti-bacterial rub (ABHR) with

- greater than 60% ethanol
- or 70% isopropanol

- <https://www.cdc.gov/handwashing/hand-sanitizer-use.html>

Anyone entering and occupying any church building or facility should use approved hand sanitizer frequently.

**For church facility purposes:**

- Hand sanitizer can be dispensed in pump bottles or touchless dispensers (available on Amazon for under \$40).
- Hand sanitizer should be made available to each person entering the church facility.
  - Hand-sanitizing stations should be located at every entrance and exit point.
- Each person entering the church facility should apply a liberal amount of hand sanitizer to the front and back of hands using a brisk, lathering motion.
- Parishes also should provide bottles on individual pews or make them available within the church for use during the service, especially once offering Communion is approved.
- Hand sanitizer should also be made available in all other areas of the church and should be utilized upon entry and reapplied several times daily.
- The FDA and the PPEP do not recommend making your own hand sanitizer.
  - For more information, contact [COVID-19-Hand-Sanitizers@fda.hhs.gov](mailto:COVID-19-Hand-Sanitizers@fda.hhs.gov).
- Gloves are not recommended as they may play a role in transmission if used improperly.

## SCREENING

Knowing who comes and goes and whether those persons have or have had signs and symptoms of COVID-19 is essential to minimizing the risk of pandemic spread.

The CDC Interim Guidance for Communities of Faith recommends screening and monitoring clergy, staff, congregants, and visitors using a church facility without exception

- [CDC Draft guidelines for Faith Communities](#)

**Screening:**

Because COVID-19 can occur in persons with no symptoms, mild symptoms and severe illness, screening with specific questions can help identify people at risk for unrecognized infection. Symptoms may appear anywhere from 2-14 days after SARS-CoV-2 virus exposure. A negative test is no guarantee that a person is not infected, as false negative results vary with the brand and type of test used.

**People with the following symptoms/symptom combinations present a risk of COVID-19:**

- Cough
- Shortness of breath or difficulty breathing

**Or two or more of these symptoms:<sup>3</sup>**

- Fever or chills
- Cough



- Shortness of breath or difficulty breathing
- Fatigue
- Muscle pain or body aches
- Headache/Migraine
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Children may have similar symptoms as adults but generally have milder illness and so they, too, should be screened with questions.

- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html#Children>

Further, the CDC considers persons with a variety of characteristics and conditions to be at high risk for severe COVID-19 illness. (See below.)

### **Screening Guidelines:**

- The PPEP subcommittee recommends screening everyone, including worship team, before entering any church facility.

Church communications about meetings and activities should make clear that persons answering YES to any of the following questions should NOT physically participate in an activity:

- In the past 30 days have you traveled internationally?
- In the past 30 days have you or anyone in your household had contact with persons with confirmed or suspected Coronavirus exposure or COVID-19?
- In the past 30 days, have you or anyone in your household had contact with persons with COVID-19 symptoms?
- Do you have any of the following symptoms (even if attributed to another medical problem such as seasonal allergies or recurrent migraines): cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, migraine, sore throat, new loss of taste or smell?

### **Persons at high risk by CDC guidelines include those:**

- Age 65 years and older
- Living in a nursing home or long-term care facility
- Any age with underlying medical conditions, particularly if not well controlled, including:
  - chronic lung disease or moderate to severe asthma
  - serious heart conditions
  - immunocompromised (Many conditions can cause a person to be immuno-

---

<sup>3</sup> This list is not all inclusive. New signs and symptoms are regularly emerging. Please consult your medical provider for any other symptoms that are severe or concerning.

compromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications)

- severe obesity (body mass index [BMI] of 40 or higher)
- diabetes
- chronic kidney disease undergoing dialysis
- liver disease

### **Monitoring Considerations:**

Accidental exposures can (will) occur despite thorough care and screening.

The PPEP subcommittee recommends keeping a detailed log of persons entering and exiting church facilities. The log should include name, contact information, time in and out, and the log keeper's name. This information can assist in tracking exposures or contacts of an infected individual.

- Consider making a roster of participants before any scheduled meeting takes place.
- Decide who is responsible (e.g., usher, clergy staff or other designee) for verifying the roster.
- Consider how to maintain a running roster from all church functions.
- Make every effort to maintain documentation electronically for ease of reference.

## **TEACHING, TESTING, TRACKING, TREATMENT AND CONFIDENTIALITY**

### **Teaching:**

Churches should teach members—young and old—to follow established guidelines.

- Consider forming a medical advisory group to serve at the pleasure of the rector and/or vestry.
- Consider an online forum or education modules for member use.
- Consider what attention should be given to teaching children how to care for themselves and others (distancing, mask use, hand hygiene, symptoms reporting).
- Make use of available educational materials being created daily about COVID-19.

### **Testing, Tracking, Treatment:**

These three areas overlap with medical domain responsibilities. The PPEP:

- Is NOT advocating temperature checking at entry points to buildings at this time. Not having a fever as a symptom does NOT mean you could not be an asymptomatic shedder of the virus to others. This may give a false sense of security.
- Is recommending active screening (see screening section) of all persons joining groups—including outside groups—and keeping logs to assist tracing contacts of any infected individual.

### **Confidentiality:**

- Knowledge of who has COVID-19 cases helps pastoral responses and insures the wellbeing of the community, communicate with health officials, make closure and mitigation decisions
- Outside groups using church buildings must accept that screening questions, logs, and records are necessary but may result in loss of anonymity if used to track an illness

## **FUTURE ISSUES**

- Space use frequency
  - If a space is not used for seven to nine days or more, it needs only routine cleaning, not disinfection.
- Pew rack items
- Hymn singing and choirs
- Microphones
  - Shared microphone use should be discouraged, especially those that require serial users to adjust by touching.
  - All microphones should be cleaned according to manufacturer's instructions to avoid damage.
- Care of altar cloths, vestments, acolyte and choir garb, personal clothing
- Money handling
- Coffee Hour, meals, and receptions
- Altar Guild duties

### **Other Resources:**

- Use the NCDHHS 2-1-1 phoneline if you have questions about COVID-19 in NC
  - <https://www.ncdhhs.gov>
  - <https://www.nc211.org/coronavirus-covid-19>

## **CONCLUSION**

PPEP subcommittee recommendations are subject to change as COVID-19 pandemic conditions change. In this iterative process; new information warrants new responses.

# Appendix C: Heating, Ventilation and Air Conditioning (HVAC) System Modifications to Improve Air Quality and Combat Airborne Disease

---

## **Disclaimers**

This report is not an endorsement, recommendation or criticism of any product described, either by the authors, the Buildings and Supplies Working Group of the Diocesan Task Force on Reopening, or the Episcopal Diocese of North Carolina. The authors claim no technical, medical or other expertise relating to HVAC systems generally, or indoor air purification specifically. This report was prepared as general information, based on consultations with an indoor environmental consulting firm, two HVAC contractors, an architect, and information from the internet. There are other systems on the market besides those discussed in this report, which focuses on systems with which those consulted were most familiar.

As of the date of this report, COVID-19 has been around for less than one year, and there is little independent research on the effectiveness of any air cleaning system to combat it. There is some information, referenced herein, as to the effectiveness of some systems against COVID-19 and other organisms in some circumstances (mostly from tests or studies commissioned by the respective manufacturers), and against the previous SARS-CoV-2 (2002) virus which is from the same RNA coronavirus group as COVID-19.

## **Initial Steps to Improve Air Quality**

The authors consulted with Dan Whittaker, Vice President and Senior Indoor Environmental Professional at Environmental Services Group in Greensboro, [go-esg.com/dan-whittaker/](http://go-esg.com/dan-whittaker/). Mr. Whittaker also edited a draft of this report. This section describes the approach he recommends to any non-residential property owner looking to improve indoor air quality, including virus protection.

With or without HVAC modifications, indoor virus protection requires proper surface cleaning and personal protection equipment such as masks, topics covered in a separate part of the Buildings and Supplies Working Group report.

Regarding HVAC equipment, combatting COVID-19 also combats other air quality issues. Mr. Whittaker recommends a four-step process BEFORE considering installing any additional treatment such as ultraviolet (UV) radiation or bipolar ionization. In combination, these four steps, especially adding HEPA filtration, will increase protection from COVID-19. If an additional system such as UV or bipolar ionization is installed thereafter, HEPA filtration will greatly increase that system's effectiveness against COVID-19.

### **1. Equipment Inspection and Load Calculation**

Have an HVAC contractor perform an inspection of the system to determine the presence of any hazardous conditions such as mold, and then make a load calculation. The load calculation includes the size of the space, and the number of BTU's and other requirements for effective heating, cooling, humidity and air flow. It also includes consideration of any changes made to the space since

the time the HVAC system was installed, such as an addition to the building or wall modifications. The property owner should inform the contractor if planning to add High Energy Particulate Air (HEPA) filtration, because it affects air flow and load on the blower motor. Most contractors make this calculation at no cost before undertaking any HVAC modifications. A load calculation without equipment modifications might cost about \$400.

## **2. High Energy Particle Air (HEPA) Filtration**

If not already part of the HVAC system, add appropriate HEPA filtration. This can be done either by having a contractor install a HEPA filter in place of a non-HEPA filter within the air handler cabinet of the HVAC system, or by placing in the worship space one or more separate stand-alone units, which have multiple filters and a fan to push air through the unit. With either method, the goal is to filter or change all the air in the space. The number of ideal total air changes per hour for the HVAC system may be determined by an HVAC contractor. When using stand-alone filtration units, four air changes per hour is ideal.

Within the HVAC system, Mr. Whittaker recommends a 4-inch to 6-inch thick HEPA filter with a Minimum Efficiency Reporting Value (MERV) rating of 11 to 13, as sufficient to improve air quality without impeding airflow through a non-HEPA system. The filter and initial installation typically cost about \$300-600, and is replaced about every six months. The filter and service every 6 months is typically considerably less than \$400.

As a stand-alone HEPA unit, Mr. Whittaker recommends the Phoenix Guardian Air Scrubber model 4024808, which costs about \$2,400 not installed. The fan in a stand-alone unit may be too loud, in which case the unit could be installed in a closet or enclosed area within the space with an intake from and vent to the space. The filters in the unit are replaced about every six months. Stand-alone filtration units are not necessary in all buildings or situations, but can be very helpful for promoting healthy air quality, especially in buildings with heavy activity or large amounts of occupants.

*[AUTHORS' NOTE: The diameter of an average COVID-19 particle is variously reported as in the range of .06 to .125 micron. A micron is one millionth of a meter. Most MERV ratings for HEPA filtration of particles by diameter do not show statistics for particle capture below .3 micron, which is larger than the average COVID-19 particle. However, there is some evidence that some HEPA filters trap particles as small as .01 micron.*

*HEPA filters have a very thick and tight membrane. Neither HVAC contractor consulted recommended installing HEPA filtration in an existing non-HEPA HVAC system, claiming most existing HVAC systems (including blower motor and ductwork) were not designed for HEPA filtration, so the filter puts a heavy strain on the system to move air. One of the bipolar ionization system manufacturers discussed below claims HEPA filters can act as a breeding ground for bacteria, mold and fungus.]*

## **3. Air Flow and Humidity**

Improve airflow by installing a thermostat with a fan circulation mode as well as the usual auto and on modes. A system which runs too often or all the time may result in excess humidity (optimally 50%, and always within the 40 to 60% range) in the space, which in turn may cause mold on surfaces or rust metal. Mr. Whittaker recommends the Ecobee SmartThermostat model EB-STATE5-01, cost about \$200 not installed, which includes a humidistat or hygrometer to monitor humidity. Or add a humidistat or hygrometer if not included in the thermostat. As a separate unit to monitor humidity levels, Mr. Whittaker recommends the ThermoPro TP50, cost about \$11.

#### **4. Fresh Air and Carbon Dioxide**

Provide sufficient fresh air to the space and monitor the level of carbon dioxide (not monoxide). To deter COVID-19, provide as much fresh air as possible; fresh air dilutes and displaces contamination in indoor air. Open windows if possible. Generally, high ceilings improve air quality. Run (or install) ceiling fans that pull air upwards. Install one or more carbon dioxide (not monoxide) detectors, to show how much fresh air is in the space. The normal carbon monoxide level in outdoor air is about 400 parts per million (ppm). Indoors, it should be about 600-700 ppm, and never above 1,000 ppm. A detector costs about \$30, and should be mounted at eye level in the central areas of the sanctuary and nave. If necessary, add a fresh air input and damper to the HVAC system.

After completing these four steps, installation of an additional treatment system, such as ultraviolet (UV) light or bipolar ionization discussed below, may be considered.

#### **Treatment with Ultraviolet Light**

UV energy has been known to destroy microorganisms for about 100 years, and has been used in water treatment for decades. It inactivates such organisms so they are unable to replicate. While direct exposure UV light is harmful to people at the level necessary to purify air, the UV treatment discussed here occurs entirely within the HVAC system so there is no exposure.

#### **APCO-X Air Purification System**

This system uses ultraviolet (UV) irradiation, specifically UV-C light, to sanitize air. The unit installs directly into the HVAC system air handler (the box containing the blower motor that pushes air into ductwork) or into the ductwork adjacent to the air handler. It claims to destroy effectively bacteria, viruses, mold, and fungus in the air and on the interior surfaces of the HVAC equipment.

In past years, studies have defined the lethal UV-C light dosage for SARS-CoV-1 (2004). In July 2020, the manufacturer claimed tests demonstrate that generally UV-C at the proper dosage is 99.9% effective against SARS CoV-2 (COVID-19). However, these tests were not on the APCO-X system specifically.

A competitor whose device does not use UV light claims UV light may produce ozone. The manufacturer of APCO-X claims it is ozone-free. A competitor also claims UV light sources weaken or fade over time.

A church may have multiple HVAC systems for the church itself, and additional systems for a parish hall or other buildings. To be effective, an APCO-X unit is required in each HVAC system, and for maximum effect the blower motor on each system should run all the time.

One HVAC contractor quoted about \$1,000 per APCO-X unit installed, including labor and materials. The APCO-X hardware has a lifetime warranty. The UV-C light source has a three-year warranty. Beyond warranty, a replacement light was quoted at about \$200 installed.

#### **Bipolar Ionization**

RGF Environmental Group REME HALO Air Purification System  
Global Plasma Solutions Auto-Cleaning Needlepoint System



These two systems, from competing manufacturers, generate ionized hydro-peroxide particles (positive and negative ions produced by electronic charge) which attach to and destroy airborne particles. The manufacturers claim the systems clean not only within the HVAC system but also in the air and on surfaces throughout the treated area, to destroy odors, pollutants, mold, bacteria and viruses.

In April 2020, Global Plasma Solutions (GPS) reported a test showed its Auto-Cleaning Needlepoint Bipolar Ionization System demonstrated a 99.4% reduction rate on a SARS-CoV-2 (COVID-19) surface strain within 30 minutes, in conditions simulating those within a commercial aircraft fuselage.

Both manufacturers claim their air cleaning systems are ozone-free. However, there are claims that the systems produce ozone, which may be within recognized standards. The REME HALO manufacturer says its system also may produce an aroma for a while after installation, which will go away; and that the HVAC system does not need to run constantly to be effective. Global Plasma Solutions says its system is odor-free, self-cleaning and maintenance-free.

For either system, one unit is required in each HVAC system. A contractor quoted about \$1,300 per Global Plasma Solutions unit installed, with a one-year manufacturer's warranty. GPS claims the expected life of the cell that produces ionization is about two years.

The REME HALO unit standard installation cost is quoted online as about \$1,100. REME HALO has a limited five-year warranty on some components and a limited two-year warranty on the cell which produces ionization. Cell replacement cost is about \$270 not installed. The manufacturer recommends the HVAC fan run constantly, as on/off recycling may decrease cell life. The manufacturer also has a new product, HALO LED, which uses LED light to produce ionization and claims to be ozone-free.

### **Selected Resources**

General information:

How to Make Indoor Air Safer, July 20, 2020 – <https://fivethirtyeight.com/features/how-to-make-indoor-air-safer/>

From the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE):  
ASHRAE Position Document on Infectious Aerosols, April 2020 – [https://www.ashrae.org/file%20library/about/position%20documents/pd\\_infectiousaerosols\\_2020.pdf](https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf)

ASHRAE Position Document on Filtration and Air Cleaning, 2015, updated 2018 – <https://www.ashrae.org/file%20library/about/position%20documents/filtration-and-air-cleaning-pd.pdf>

Systems Referenced and COVID-19:

APCO-X - <https://www.freshaireuv.com/coronavirus-update/>

HEPA - <https://www.nytimes.com/wirecutter/blog/can-hepa-air-purifiers-capture-coronavirus/>

Global Plasma Solutions - <https://www.businesswire.com/news/home/20200610005784/en/Global-Plasma-Solutions-Virtually-Eliminates-Static-SARS-CoV-2>

REME HALO - <https://www.rgf.com/rgf-phi-cell-and-reme-halo-technology-impact-on-novel-coronavirus-covid-19/>

Manufacturer websites:

APCO-X – [freshaireuv.com](http://freshaireuv.com)

Global Plasma Solutions – [globalplasma.com](http://globalplasma.com)

REME HALO – [rgf.com](http://rgf.com)

# Appendix D: Recommendations from the Task Force on Family Ministry, Children’s Ministry and Schools

---

## **Introduction from the Bishops**

These guidelines and recommendations have been prepared by a team of educators, parents, school officials, a pediatrician and a childcare center operator—all connected with Episcopal churches in our diocese and we endorse them wholeheartedly. Our highest value is to protect the wellbeing of our children, students, faculty and their households. As we all realize, however, wellbeing, safety and risk are large concepts and definitions may vary from situation to situation. Even what is essential to some may seem less so to another. More and more data about COVID-19 and children is accumulating but not necessarily making our determinations any easier. There are risk factors for children who have no safe place or support for staying and learning from home.

Though a variety of perspectives and situations were part of this collaboration, we know there is no one size fits all when it comes to your discernment about when and how to reopen places of learning for children and teenagers. While setting some essential parameters, these guidelines and recommendations give you and your local community room to make some of your own determinations for your own location. If you wish to offer an alternative or customized plan that appears to differ in some significant way from these recommendations, we are more than happy to consult with you. In such a case, please direct your communications to Bishop Hodges-Copple. She and members of the team will be more than happy to work with you and help navigate a mutually acceptable plan.

Thanks be to God for the time and talent, love and wisdom, expertise and research that has been offered by the Working Group of Reopening Schools. God bless each of our school communities with continued wisdom and grace to navigate this uncharted territory.

## **K-12 Schools**

- K-12 schools may open only if the parish’s local public school system has also reopened for some form of in-person learning. Re-opening procedures should be consistent with the parish’s local public schools; this includes possible A/B day schedules and limitations on numbers of children and adults per classroom.
- Schools **MUST** also be able to meet the Diocese of NC Safety Guidelines, given below. If these safeguards cannot be met, the facility may not open.

## **After-school Programs (for K-12 Children)**

- After-school programs for this age group should consider opening prior to “Stage 2” only if they provide an essential service. These programs should follow the directives given in the Diocesan Guidelines for Best Practices for Direct Services.
- Essential service programs are defined as programs that meet one of the following criteria:
  - Serve a population with special needs (i.e. English as a second language education, disabilities-focused programs, low-income meal programs)
- Programs **MUST** also be able to meet the Diocese of NC Safety Guidelines, given below. If

these safeguards cannot be met, the facility may not open.

**Safe Sites for Online Learning (for K-12 Children)**

- Refer to the Diocese of NC's Best Practices for Buildings and Grounds and Best Practices for Direct Services. Churches should work with their local public school system to determine if providing a Safe Site is feasible and safe.

**Part-time and/or Play-based Early Childhood Programs (for Children 0-5 years/Pre-K)**

- It is not recommended that part-time or play-based early childhood programs open until the Diocese of NC reaches Stage 2.

**Essential Service Programs (for Children 0-5 Years/Pre-K)**

- Essential service programs may open prior to Stage 2. Essential service programs for this age group are defined as programs that meet one of the following criteria:
  - o Are a full-time care program and therefore essential to the children's guardians it serves for the purposes of maintaining full-time employment.
  - o Serve a population with special needs (i.e. English as a second language education, disabilities focused programs, low-income meal programs)
- Programs **MUST** also be able to meet the Diocese of NC Safety Guidelines, given below. If these safeguards cannot be met, the facility may not open.

**State-regulated Child Care Centers**

- State-regulated childcare centers operate under the direction of the state's governing board and are exempt from any conflicting recommendations or procedures of the Diocese of North Carolina.

*See Appendix E: Safety Guidelines for Schools and Programs Serving Children 0-12th Grade for more information.*

# Appendix E: Safety Guidelines for Schools and Programs Serving Children 0-12th Grade

---

## **Facilities and Personnel**

- Allow 42-54 square feet of space for each child or adult in a classroom (per the recommendations from the American Pediatric Association and CDC) to maintain healthy distancing and space.
- Teachers should stay with their assigned class to avoid possible exposure between classroom groups. There should be as little introduction of additional adults as possible. Limit people in the facility to staff/teachers necessary to keep ratios, especially during the instructional day.
- Children must stay in their classrooms except to go to the playground-no changing classrooms.

## **Cloth Face Coverings (CFC)**

- Children 2 years old and older and adults are to wear a CFC in all public/shared spaces and classrooms.
- All people entering the building must wear a CFC.
- Teachers/staff are expected to comply with the state mandate to wear a CFC while in any public space.

## **Daily Arrival and Departure**

- Drop-off and pick-up times should be staggered to ensure physical distancing is possible and to prevent bottlenecks.
- Guardians should not enter the main school area (classrooms). Children should be dropped off in a designated area for check-in and daily health screenings. (See details below.)
- “Know Your Ws” poster should be posted in the check-in area. See below.
- Floor markings should be used in the designated check-in space to mark 6 ft. of distance between families as they await their screening.

## **Daily Health Screening Details**

- A staff member (not a high-risk person) should greet and screen children wearing a cloth face covering (CFC).
- Masks should be available for those who forget their mask.
- Each child’s temperature should be checked with touchless thermometer. Staff documents the reading.
- All health screening questions (see “Symptoms of COVID-19”) must be asked of the child’s guardian.
- A designated staff person takes the child to the classroom.
- Hands are washed immediately after entering the classroom.

## **Additional Daily Procedures**

- “Symptoms of COVID-19” poster should be posted on each door in the facility.
- After initial morning screening, teachers should be extra observant about any developing symptoms and document those symptoms accordingly. Children who develop a fever, new

cough, new congestion etc. throughout the day should be isolated in a designated area with one staff member supervising; a parent/guardian must pick up the child ASAP.

- Staff should familiarize themselves with [this daily health check](#) from the NC Department of Health and Human Services.

### **Preventing Spread in the Classroom**

- Use floor markers to indicate where children should sit.
- Use outstretched arms to model the “don’t touch” distance.
- Post signage to remind teachers and children of keeping the distance—change the location of the signage periodically to enforce reminders.
- Remove items that are generally shared. Examples: water toys, sand, sensory play (rice, beans, Play-Doh). No shared stuffed animals or other objects that cannot be sanitized.
- Assign scissors and other frequently used materials to children (one per child, do not share).
- Use only prepackaged food in individual servings.
- Use disposable dishes unless appropriate dishwashing equipment is present.
- Check ventilation systems to ensure that air conditioning works and filters are clean. Open windows/doors if possible and not dangerous for children.
- All toys, surfaces, door handles, etc. must be cleaned (see instructions below) after each child’s use whenever possible.
- Singing is strongly discouraged as it causes a higher transmission rate of COVID-19.

### **Cleaning and Hygiene**

- Classroom items/toys must be cleaned/sanitized at the end of each day (spray/wipe down, air dry if possible).
  - Sanitizing and disinfection solution: bleach/water solution to be made daily
    - Sanitizer: 50 – 100 ppm
    - Disinfectant: 700 – 1000 ppm (That’s strong stuff!!!)
    - [Calculate amount of bleach needed in water](#)
- Mouthed toys are washed in sanitizing solution and left to air dry.
- All tables and surfaces should be disinfected. (Let dry if possible.)
- Floors should be mopped with bleach solution twice per week (and every day in the eating area).
- All frequently touched surfaces (railings, door handles, light switches etc.) are cleaned/disinfected twice per day.
- Proper handwashing must be enforced.
  - Post <http://healthychildcare.unc.edu/resources/posters/> at every sink.
  - Handwashing should take place: when entering room, after sneezing/coughing, after blowing nose, after use of toilet, before eating, after eating, before going home, when hands are visibly dirty.
- Cough/sneeze into the elbow (when long sleeves) or into the shirt (when short sleeves), or cover nose with tissue – NOT into the hand!
- Routinely refill hand soap, paper towels and hand sanitizer.

## **Combat Misinformation**

- Share reliable resources with parents: NCDHHS and CDC are the best sources.
  - o Additional resources:
    - [StrongSchoolsNC Public Health Tool Kit](#)
    - [Interim Guidance for Child Care Settings](#)
    - [Guidelines from the National Association of Episcopal Schools](#)

# Appendix F: Building Reopening Checklist

---

This document may serve as a template for churches who are developing their Phase 2 reopening plans, or for use as a model for churches who have existing plans to update.

## Phase 2 Reopening Plan

Approved by the \_\_\_\_\_, August \_\_, 2020

### Pre-opening

- Announcement to Parish of Reopening with a limit of 25 Participants in Worship
  - Electronic newsletters
  - Website
  - Sunday Announcements
  - Social Media
  - Possible letter/postcard?
  - Phone calls
- Content of information communicated to the parish should include:
  - Specify who is included in the maximum of 25 people in worship
  - Registration Process
    - Can be accomplished online using Constant Contact, or other available software (Doodle Poll), to register for Sunday services, which will allow registration up to a maximum number of attendees.
    - Each parishioner desiring to attend one of the Sunday services will contact the Parish Administrator by the Friday of the week before the service, specifying the names of those attending, and which service desired (indoor or outdoor, Nave or Parish Hall, etc.). This information will be kept confidential, and is only to be used for contact tracing if necessary. Newcomers are welcome and encouraged! ... but will need to follow the same pre-service signup.
- Requirements for attendance
  - Prescreening questionnaire - No fever or chills, cough, sore throat, congestion or runny nose, headache, new loss of taste or smell, shortness of breath or difficulty breathing, muscle pain, fatigue, nausea or vomiting, diarrhea or recent exposure to a Coronavirus patient
  - No outside food or drink allowed in any building, nor will any be served
  - Masks are required
  - Risk categories considered
- Details for services
  - Arrival times will be assigned up to 20 minutes prior to the scheduled service to permit check-in upon arrival to allow for prescreening
  - Distancing measures in place, including specific seating arrangements
  - Print and bring your own bulletin or device, no BCPs or bulletins will be in pews

### Development of Signage, Preparation and Posting

- Appropriate staff will work with lay committee on the creation, printing, and lamination of signage.



- Create attendance sheet for all in attendance (including staff, parishioners, volunteers and clergy) to include registered name, working phone number and email and that the attendee has passed the prescreening test.
- Create/place signs:
  - o “Masks Required”
  - o “Entrance” on Entry doors
  - o “Exit Only” on Exit doors
  - o Poster board stating Pre-screening Requirements: no cough, no fever, etc. (to be placed at sign-in desk)
  - o Seat markers in sanctuary
  - o “No food or drink in church”
  - o ALL bathrooms being used
  - o Water fountains: “No Water”

### **Mark Traffic Flow, Waiting and Seating**

- Exterior doors should be propped open, weather permitting
- Traffic flow: Entrance and egress points
- Traffic flow: Bathrooms
- Queuing: Social Distancing markers outside church to guide members as they wait for pre-screening
- Seating: Place markers for placement of each family in pews (6 feet apart)

### **Training for Reopening Leaders**

- Practice Scripts for:
  - o Those who won’t wear masks – cannot enter church
  - o Those who won’t answer questionnaire – cannot enter church
  - o Those who came but weren’t assigned to come this Sunday –
- Prescreening Stations
  - o Set up Table
  - o How to mark attendance
  - o Alcohol
  - o Sanitizing wipes
  - o Extra Masks
  - o Hand sanitizing station, if using (motion activated station can be used elsewhere during the week)
  - o Gloves for Reopening Leaders
  - o Trash Cans
- Additional Information and steps
  - o Removal of prayer books and hymnals and placed in storage
  - o Place basket of small bottled water for emergency use only with cloth on top
  - o Hand sanitizer\* placed in pews where worshipers are seated
  - o Full ventilation and dehumidification will be on 12 hours before the service (with MERV- 13 filters, if installed)
  - o Water fountains need to be turned off

## Opening Day

- Reopening Leaders may not be attending the service; therefore, they will not count in the total of 25. Leaders need to be stationed at all doors to guide attendees.
- All 25 in attendance, including clergy, staff and parishioners should enter through the \_\_\_\_\_ doors and go through the prescreening process. If anyone is unwilling to go through prescreening process, they will be denied entry.

## Reopening Leader Checklist - Prior to the service

- Prop open Entrance doors (weather permitting)
- Check for/Place Signage:
  - “Entrance” on entry door
  - “Exit” on inside of church by light panel being used during service
  - Sign/Poster stating Pre-screening Requirements: no cough, no fever, etc.
  - “No food or drink in church”
  - Sign for routing to bathrooms
- Check to see if traffic flow has been marked
- Check to see if traffic flow to bathrooms is marked
- Check on marking of 6’ spots while waiting outdoors for pre-screening and in waiting lines for bathroom
- Check for pew marker for placement of each family (6 feet apart); families sitting together
- Pre-screening Station:
  - Set up prescreening station
  - Tables and chairs for stations
  - Supplies for stations
  - Attendance Sheet – check-off names of those registered
  - Trash Can
  - Thermometers (if using), alcohol, wipes
  - Extra Masks
  - Hand sanitizing (pump or motion sensor)
  - Gloves for Reopening Leaders
  - List of volunteers with tasks assigned
  - Pen and clipboard for Leader’s use for attendance sheet
  - Provide collection plate/box for Church Offering. Offering will be collected at the pre-screening table and moved to a secure location to remain untouched for 72 hours before counting and depositing.
- Clean high touch surfaces
- Prop open bathroom doors (where practical). Have trashcans near bathroom doors.

## Reopening Leader Checklist – After the Service

- Pre-screening Station supplies, including tables and exterior signage, are to be placed in the \_\_\_\_\_ room to be untouched for 72 hours.
- Indoor signage and other markings can remain in place. Carefully remove any adhesive from building and store outdoor signage with screening supplies in the \_\_\_\_\_.
- Assigned Leaders will make sure that all markings remain in place unless there is another service that will be held before the next Sunday including:
  - Traffic flow markings
  - Traffic flow markings to bathrooms

- o Check on marking of 6' spots while waiting for pre-screening and outside bathrooms
- o Pew markers remain on pew backs.
- Clean high touch surfaces

**Staff Office/Program Ministries**

- Masks required in the church building except when you are alone in your own office
- 6' physical distancing required from others
- All staff and volunteers will enter and exit through the main \_\_\_\_\_ doors; keeping all other doors locked at all times
- Spaces that will remain closed during Stage 2:
- Open Meeting Spaces during Stage 2. Any groups using this space must observe Maximum Capacity Limits
  - o Parish Hall – Maximum Capacity (\_\_\_)
  - o \_\_\_\_\_ – Maximum Capacity (\_\_\_)
  - o \_\_\_\_\_ – Maximum Capacity (\_\_\_)
  - o \_\_\_\_\_ – Maximum Capacity (\_\_\_)
  - o \_\_\_\_\_ – Maximum Capacity (\_\_\_)
  - o Church Library – Maximum Capacity (\_\_\_)
  - o \_\_\_\_\_ – Maximum Capacity (\_\_\_)
- Cleaning should be taking place as appropriate to COVID-19 guidelines. Approved cleaners should be used to wipe down surfaces. Parish Sexton/Facility Managers will continue to take trash out and wipe the following down daily:
  - o banisters in all stairwells
  - o door handles
  - o bathrooms
- Staff members are responsible for cleaning and disinfecting their own offices. Sanitizing products will be supplied for offices, staff kitchen and bathrooms. Staff is asked also asked to clean bathrooms and staff kitchen after use.
- Hand sanitizing stations will be located inside the exterior doors, outside of each elevator stop and at stairwell doors on each floor.
- Signage Needed:
  - “No Entry at this Time” - On spaces that are closed in Stage 2
  - o “No Water” - Cut off water in water fountains
  - o “Please use each time you pass for everyone’s safety” - At each hand sanitizing station reminding everyone to disinfect
  - o “Please take a moment to sanitize any surfaces you have touched” - Placed in each bathroom
  - o “Please remember to sanitize each surface you have touched” - Staff Kitchen,
  - o “Maximum Capacity” for each of the \_\_\_ open meeting rooms. Number of people allowed to be filled in with erasable marker.