



The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

www.ecww.org

Diocese of Olympia: Guidance for Re-opening Church

June 10 @ 2:00 pm - 4:00 pm

Judy Andrews, Chancellor


The Rev. Steve Thomason, Dean, St. Mark's Cathedral

Bryan Krislock, Vice-Chancellor



WASHINGTON'S PHASED APPROACH Modifying Physical Distancing Measures as we Reopen the State

INDIVIDUALS AND BUSINESSES SHOULD FOLLOW ALL REQUIREMENTS LISTED ABOVE DURING ALL PHASES

	 Phase 1	 Phase 2	 Phase 3	 Phase 4
High-Risk Populations*	Continue to Stay Home, Stay Healthy	Continue to Stay Home, Stay Healthy	Continue to Stay Home, Stay Healthy	Resume public interactions, with physical distancing
Recreation	Some outdoor recreation (hunting, fishing, golf, boating, hiking)	Outdoor recreation involving 5 or fewer people outside your household (camping, beaches, etc.)	<ul style="list-style-type: none"> - Outdoor group rec. sports activities (50 or fewer people) - Recreational facilities at <50% capacity (gyms, public pools, etc.) - Professional sports without audience participation (horseracing, baseball, etc.) 	Resume all recreational activity
Gatherings (social, spiritual)	<ul style="list-style-type: none"> - None - Drive-in spiritual service with one household per vehicle 	Gather with no more than 5 people outside your household per week	Allow gatherings with no more than 50 people	Allow gatherings with >50 people
Travel	Essential travel and limited non-essential travel for Phase I permissible activities	Essential travel and limited non-essential travel for Phase I & II permissible activities	Resume non-essential travel	Continue non-essential travel
Business/ Employers	<ul style="list-style-type: none"> - Essential businesses open - Existing construction that meets agreed upon criteria - Landscaping - Auto/RV/boat/ORV sales - Retail (curb-side pick-up orders only) - Car washes - Pet walkers 	<ul style="list-style-type: none"> - Remaining manufacturing - Additional construction phases - In-home/domestic services (nannies, housecleaning, etc.) - Retail (in-store purchases allowed with restrictions) - Real estate - Professional services/office-based businesses (telework remains strongly encouraged) - Hair and nail salons/barbers - Pet grooming - Restaurants/taverns <50% capacity table size no larger than 5 (no bar-area seating) 	<ul style="list-style-type: none"> - Restaurants/taverns <75% capacity/ table size no larger than 10 - Bar areas in restaurant/taverns at <25% capacity - Movie theaters at <50% capacity - Customer-facing government services (telework remains strongly encouraged) - Libraries - Museums - All other business activities not yet listed except for nightclubs and events with greater than 50 people 	<ul style="list-style-type: none"> - Nightclubs - Concert venues - Large sporting events - Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene

* High-risk populations are currently defined by CDC as: persons 65 years of age and older; people of all ages with underlying medical conditions (particularly not well controlled), including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.



THE DIOCESE OF OLYMPIA PHASED APPROACH

Reopening Church and Modifying Physical Distancing and Sacraments

ecww.org

1

Phase 1

2

Phase 2

3

Phase 3

4

Phase 4

	Phase 1	Phase 2	Phase 3	Phase 4
Eucharist	NO	NO	YES, NO Common Cup	YES, with Common Cup
Virtual Services	YES, 10 or Less People	YES, 10 or Less People	Continue for Those That Cannot Physically Attend	Consider Continuing
Funerals/ Weddings	NO	YES, 10 or Less People, Follow Specific Guidelines	YES, No More Than 50 People	Unrestricted
Meetings	ONLINE	5 People or Less or ONLINE	50 People or Less	Unrestricted
Diocesan and Group Events	ONLY ONLINE	ONLY ONLINE	50 People or Less	Unrestricted
Church Buildings	CLOSED	CLOSED	OPEN for 50 or Less and Under Guidelines	Unrestricted
Childcare, Sunday School, Youth Activities	NONE	NONE	50 People or Less	Unrestricted

Safe Start Washington: County Status



As of June 5, 2020

Regathering & Medical Considerations

STEVEN L. THOMASON, MD

JUNE 10, 2020

About the SARS-CoV-2 Virus (COVID-19)

- ▶ RNA virus in same family as SARS, MERS, and common cold coronavirus
- ▶ Binds to same protein receptor (ACE-2) as SARS—found in lung, intestine, blood vessels
- ▶ Virus is mutating which may complicate matters over time
- ▶ Asymptomatic transmission

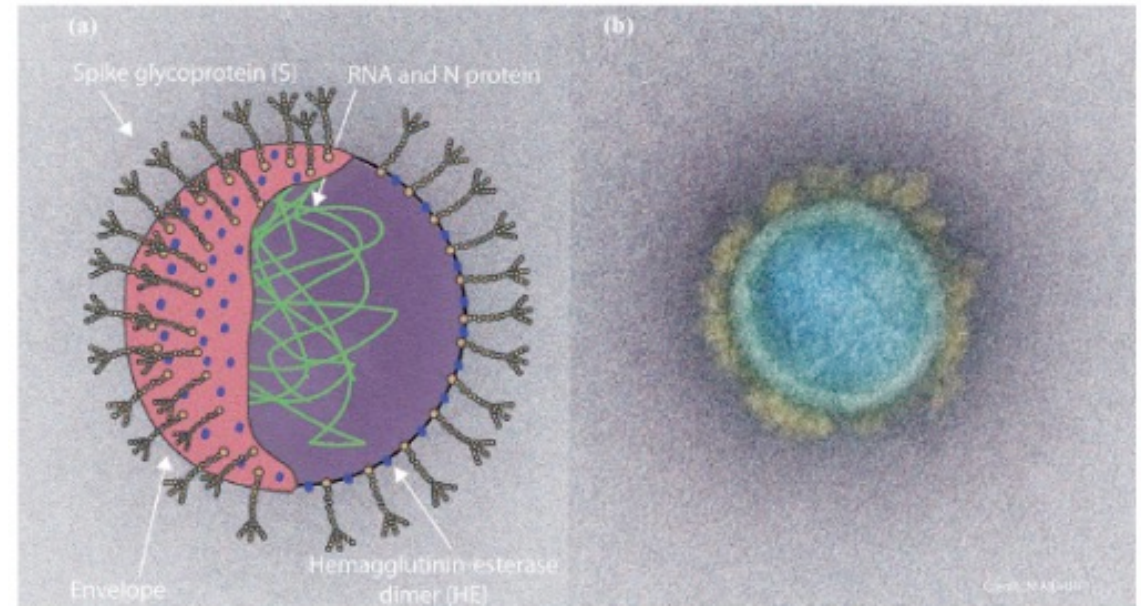


FIG 1 Structure of SARS-CoV-2 virus. (a) Artistic rendering of the structure and cross section of the SARS-CoV-2 virus (14, 15). (b) Transmission electron micrograph of a SARS-CoV-2 virus particle isolated from a patient and imaged at the NIH, specifically, the National Institute of Allergy and Infectious Diseases (NIAID) Integrated Research Facility (IRF) in Fort Detrick, Maryland (93).

Symptoms near the time of presentation in various cohorts

	Guan et al. NEJM (largest cohort)	Shi et al Lancet	Yang et al. Lancet (critically ill pts)	Chen et al.	Huang et al.	Xu et al. BMJ
Constitutional						
Fever	473/1081 (43%)	18/21 (86%)	46/52 (88%)	82/99 (83%)	40/41 (98%)	48/62 (77%)
Myalgia	164/1081 (15%)		6/52 (12%)	11/99 (11%)		
Headache	150/1081 (14%)	2/21 (10%)	3/52 (6%)	8/99 (8%)	2/38 (8%)	21/62 (34%)
Upper respiratory						
Rhinorrhea	53/1081 (5%)	5/21 (24%)	3/52 (6%)	4/99 (4%)		
Sore throat	153/1081 (14%)			5/99 (5%)		
Lower respiratory						
Dyspnea	205/1081 (19%)	9/21 (43%)	33/52 (64%)	31/99 (31%)	22/40 (55%)	2/62 (3%)
Chest tightness		5/21 (24%)				
Cough	745/1081 (68%)	15/21 (71%)	40/52 (77%)	81/99 (82%)	31/41 (76%)	50/62 (81%)
Sputum	370/1081 (34%)	3/21 (14%)			11/39 (28%)	35/62 (56%)
Hemoptysis	10/1081 (1%)				2/39 (5%)	2/62 (3%)
Gastrointestinal						
Nausea/Vomiting	55/1081 (5%)	2/21 (10%)	2/52 (6%)	1/99 (1%)		
Diarrhea	42/1081 (4%)	1/21 (5%)		2/99 (2%)	1/38 (3%)	3/62 (8%)

Pathophysiology of COVID-19

Hypoxemic
respiratory distress
and failure

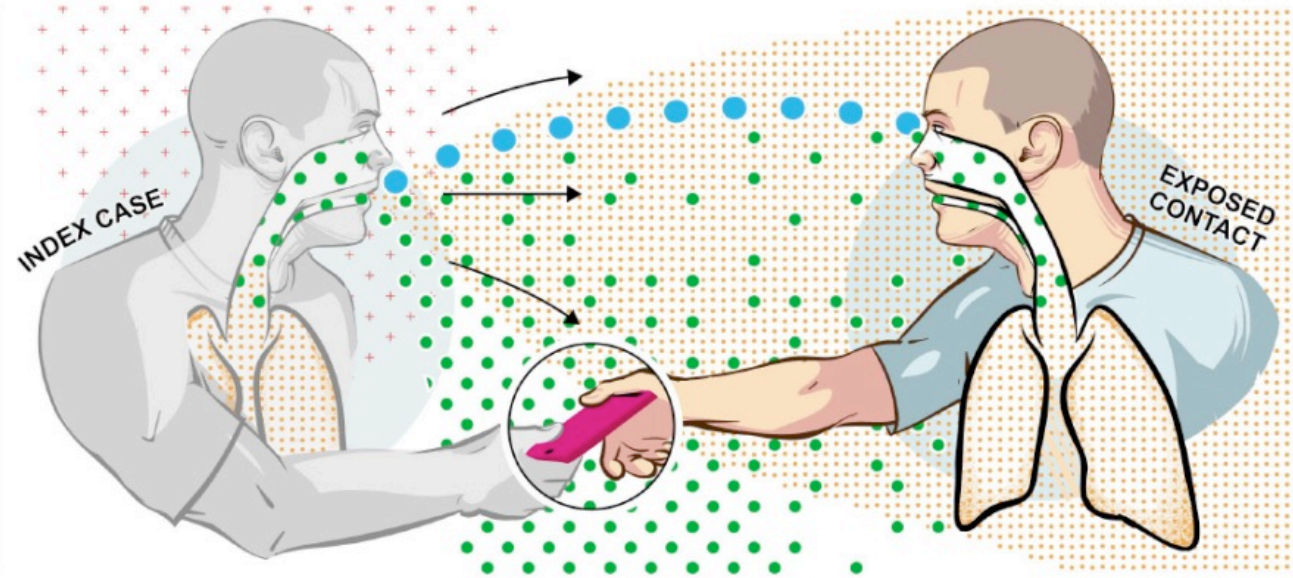
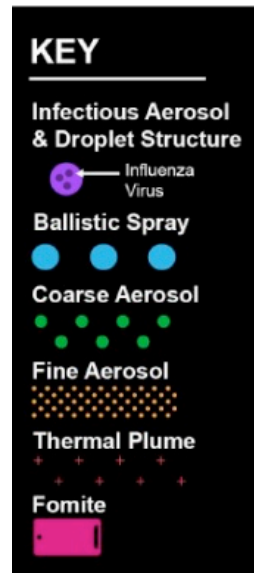
Cytokine storm
(immune system
avalanche)

Hypercoagulation
(DIC)—spectrum of
syndromes...strokes,
multi-organ system
collapse

Special consideration: high risk groups, young adults, children

Modes of Transmission

- ▶ Airborne
- ▶ Contact ("fomite-to-face")





Different Kinds of Studies Inform Health Decisions

Randomized Controlled Trials—determine effectiveness of a treatment or test compared to no treatment or a different treatment (requires randomized selection, double blinded)

Cohort Studies—plot outcomes over period of time (e.g., role of BP on heart disease)

Case-control studies—compare two groups which are similar except one has a distinct characteristic that the other does not (e.g., is HPV infection a risk factor for cervical cancer)

Cross-sectional studies—take a random sample of population to draw conclusions about the population (e.g., prevalence of measles vaccinations in five-year-olds)

Qualitative studies—surveys people with a certain disease to assess their experience of that disease (e.g., ask diabetics about their experience of daily insulin shots)

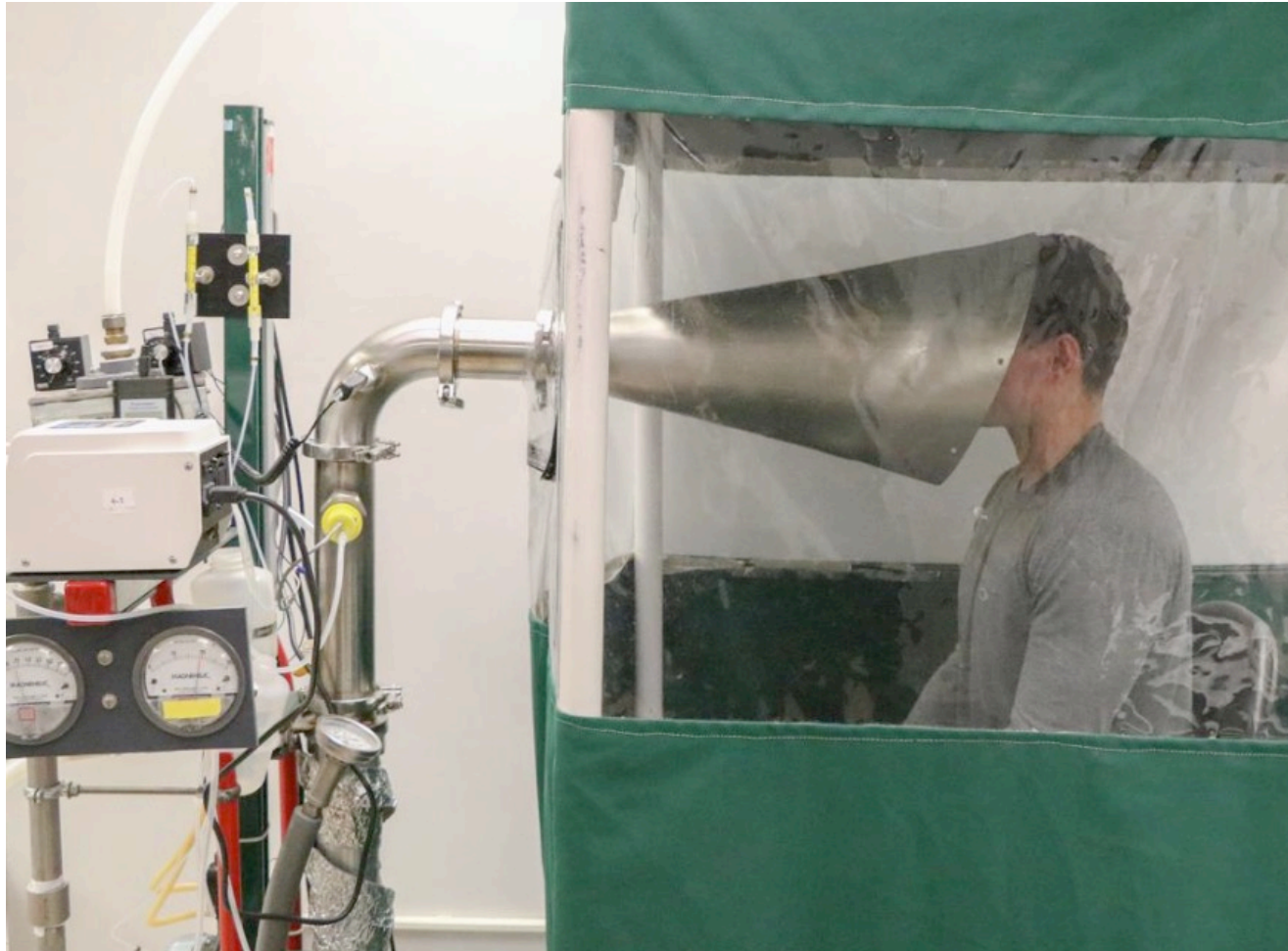
Case Report—studies a group of patients looking at a particular outcome (no control group)

Randomized Controlled Studies/Trials (RCTs)

- ▶ The gold standard... (the others may establish correlations, but not conclusions)
- ▶ Requires that some will get treatment, others will not (ethical dilemma in a pandemic)
- ▶ Double-blinded so that neither the clinician/researcher or the patients know which arm of treatment they are in
- ▶ Statistical analysis to ensure that sample size is sufficient to draw conclusions within a range of error
- ▶ Meta-analysis and Systematic Review—draw on multiple studies looking at same issue to identify patterns, replication of results, potential discrepancies, etc.
- ▶ Peer reviewed articles preferable


The problem in a pandemic...

- ▶ We have precious few peer-reviewed RCTs for SARS-CoV-2 to know what really works...or meta-analysis of several studies
- ▶ We are acting on case reports, cross-sectional studies, laboratory observations, etc. to draw conclusions (or to establish working public health parameters) based on best guesses—the best we can do, but we will make errors
- ▶ This means we will see adjustments in recommendations over time
- ▶ In some cases, we are drawing on established public health science—e.g.,
 - ▶ 70% alcohol prep on hands reduces transmission of infectious agents to others;
 - ▶ wiping down common use surfaces reduces rates of transmission,
 - ▶ Extrapolated knowledge from Influenza, SARS, MERS, etc.—translating this science and applying it to this pandemic



In vitro
versus
in vivo

Reliability of Testing



		Disease Status	
		Subjects with disease	Subjects without disease
Test	Positive	True Positive (TP)	False Positive (FP)
	Negative	False Negative (FN)	True Negative (TN)

Sensitivity (Se) $\frac{TP}{TP + FN}$

Specificity (Sp) $\frac{TN}{FP + TN}$

- ▶ False negative rate of RT-PCR testing
 - ▶ 67% on Day 4
 - ▶ 20% on Day 8
 - ▶ 66% on Day 21
- ▶ False positive rate is much lower
- ▶ Antibody testing is highly variable FP and FN

Source: Kucirka LM, et al. , *Ann. Intern. Med.* doi:10.7326/M20-1495 (2020)

Singing and a Shifting Science

- ▶ Aerosolized viral particles are known to exist in vitro—no RCTs demonstrating infection by this route of transmission (yet)
- ▶ Governor has declared no choirs in phase 2; singing is allowed; congregants should wear masks
- ▶ ACDA/NATS seminar over-reached in its conclusions (“singing is unsafe”)
- ▶ Subsequent studies show singers can safely distance (1.5m, 2m, 4m)—candle test
- ▶ Room environment is critical part of the equation

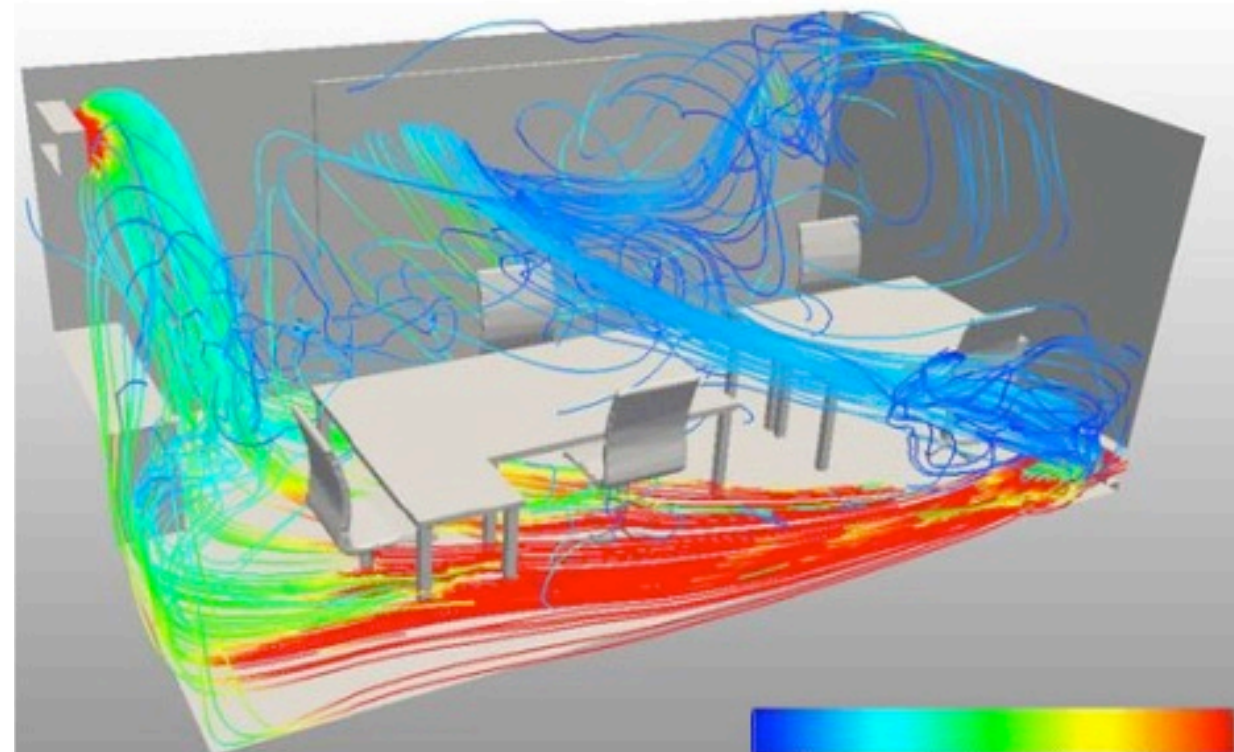
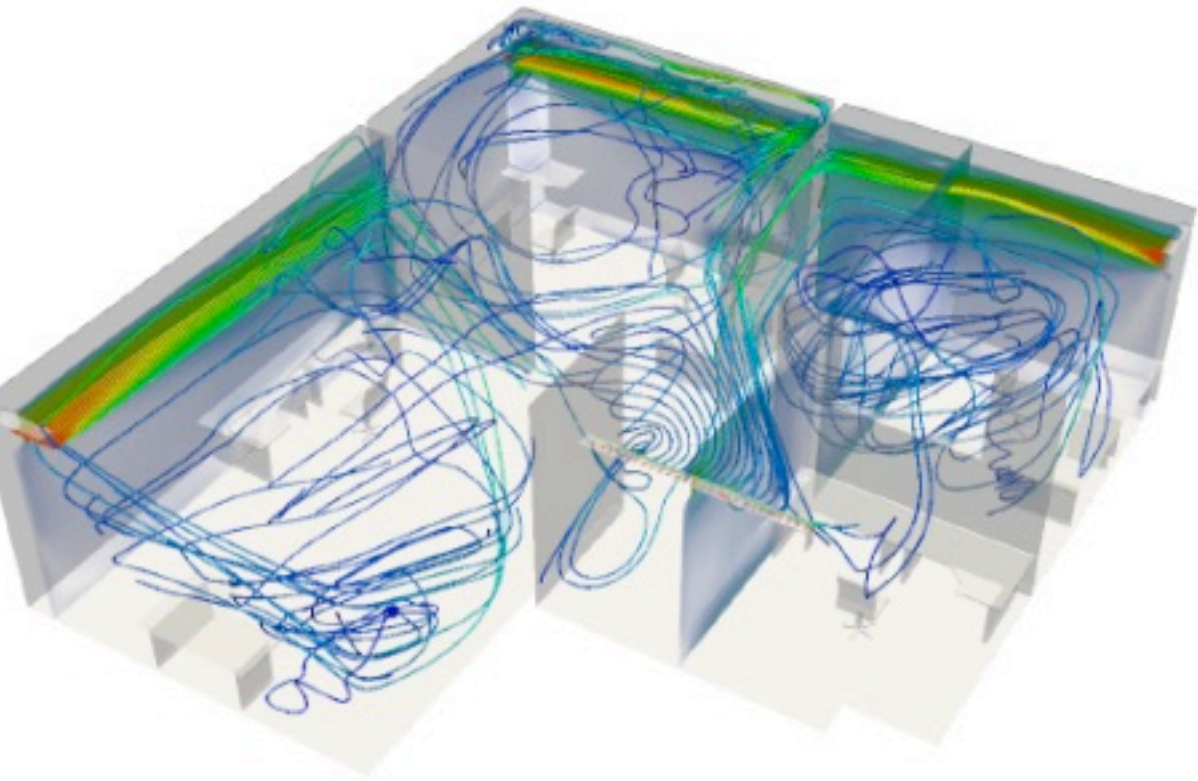
Super-spreading Events

- ▶ [CDC Paper on Skagit Valley Choir Super-spreading Incident](#) (70% infection rate)
 - ▶ Closed space indoors
 - ▶ Poor screening of participants
 - ▶ Poor social distancing
 - ▶ Fomites (shared food, handling chairs, etc.)
 - ▶ High risk group participants
 - ▶ Singing in close proximity
 - ▶ Poor ventilation (0.5 air exchanges/hour est.)
 - ▶ If 9 exchanges/hour, infection rate would have dropped to est. 14%

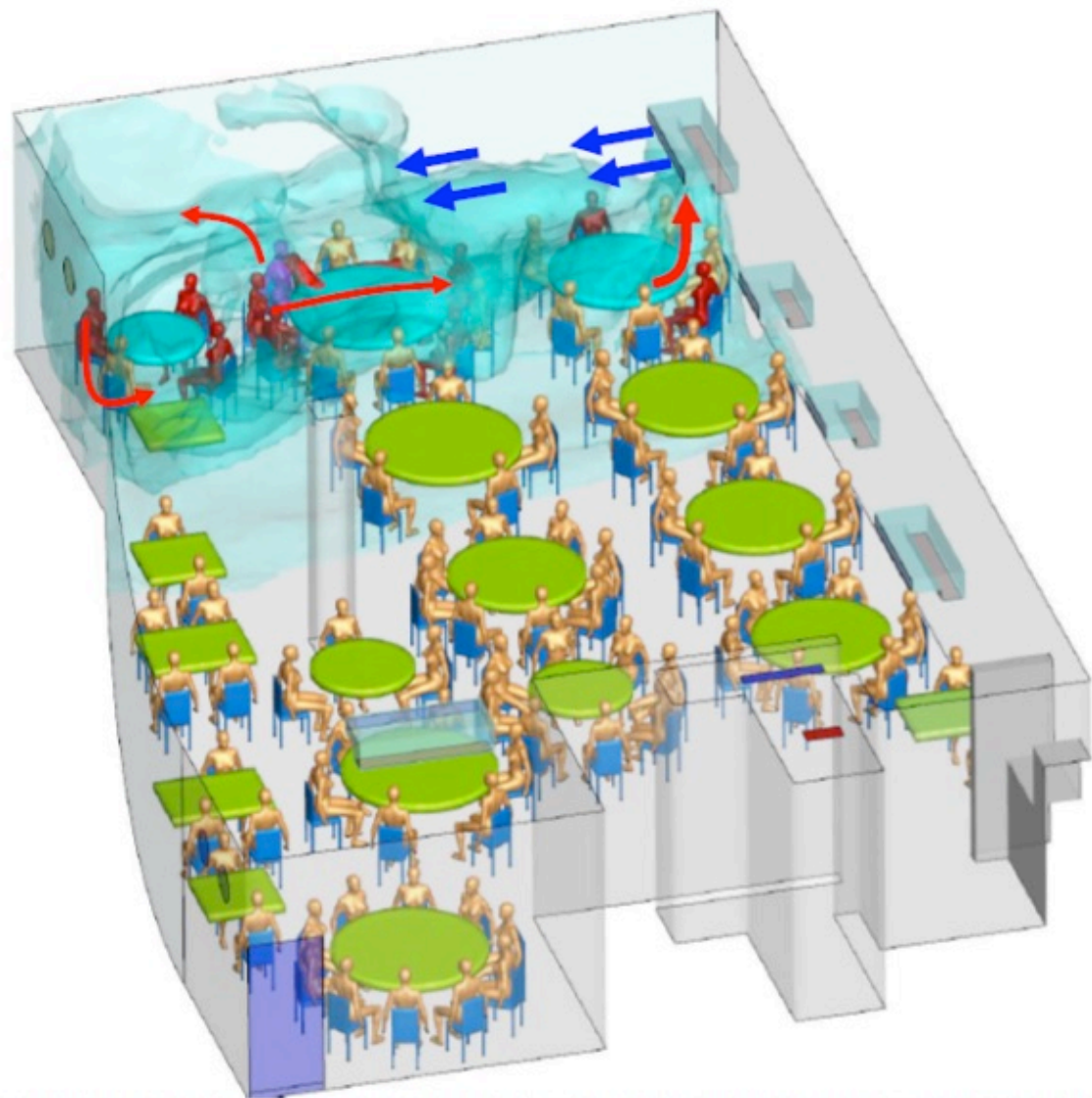
German Study suggests singing may be safer than earlier thought...

- ▶ “Air is only set in motion in the immediate vicinity of the mouth when singing. In the case of the professional singer, the experiments showed that at a distance of around 0.5 m, almost no air movement can be detected, regardless of how loud the sound was and what pitch was sung. It is therefore unlikely that the virus could spread beyond this limit via the air flow created during singing.”





Air Flow in Closed Spaces



Mitigation measures

Minimize number of people gathered indoors

Masks, hygiene, social distancing, avoid in-line processions

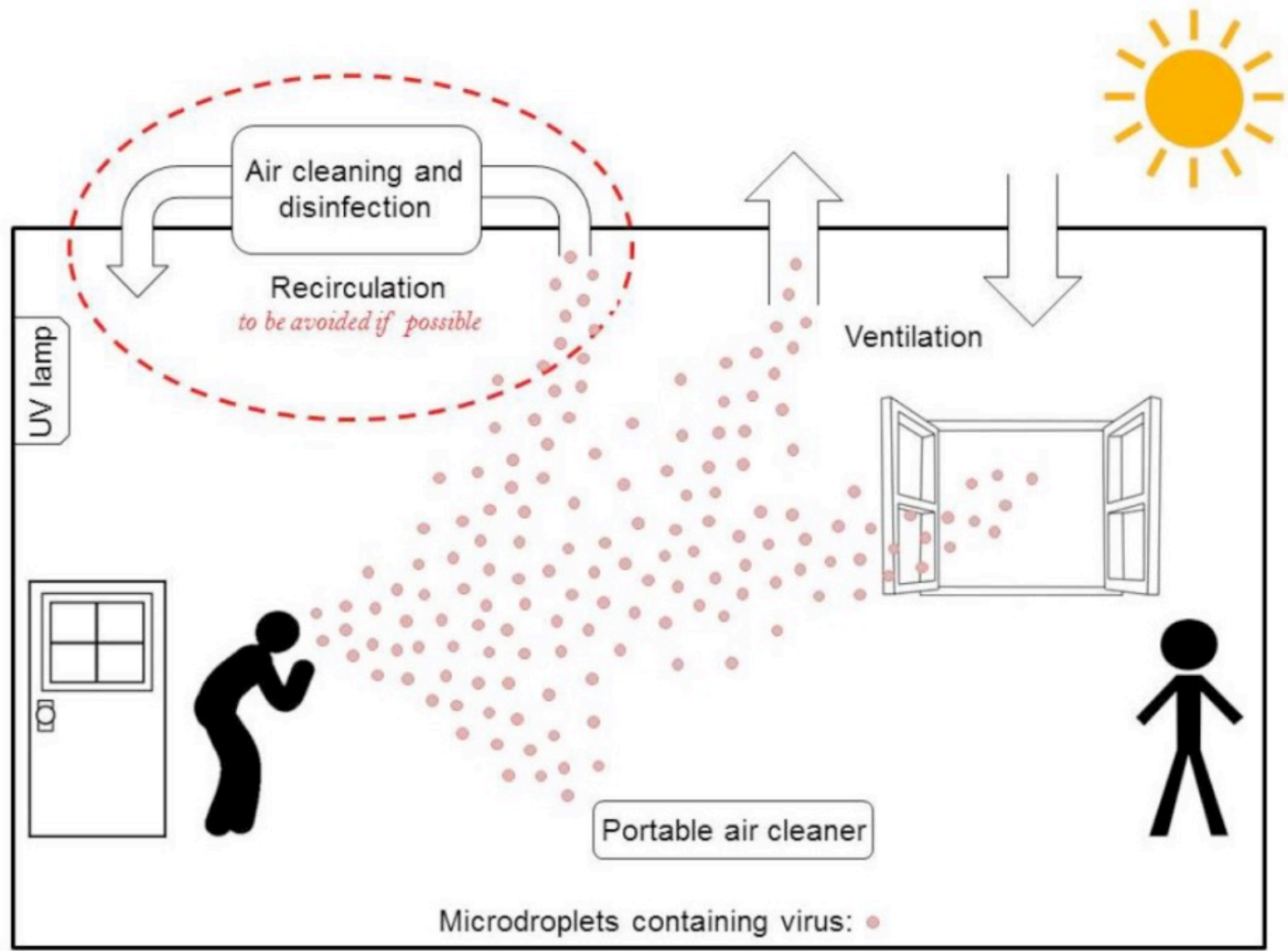
Minimize air recirculation, increase air ventilation rates

Clean Rooms and HEPA filters

UV-C lighting

Active Screening of Participants

Space-specific Risk Assessment





Summary of Precautions

- ▶ Hand-washing, mask, avoid fomite-to-face transmission
- ▶ Active Screening for gatherings
- ▶ Opt out if ill or symptomatic
- ▶ Quarantine if potentially exposed
- ▶ Contact tracing
- ▶ Social distancing
- ▶ Room modifications: spacing, air flow, ventilation, filtration, etc.



The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

www.ecww.org

A Guide to Gathering in Person

THE DIOCESE OF OLYMPIA'S PHASED-IN PLAN 05/07/20
FOR RESUMING IN-PERSON WORSHIP VERSION 1
AND ACTIVITIES

From the Office of the Bishop

1551 Tenth Avenue East | Seattle, Washington 98102
206-325-4200 telephone | 206-325-4631 fax | 800-488-4978 wa | online at www.ecww.org

No Need to
Reinvent
the
Wheel...



Reopening Churches in the Diocese

- The Office of the Bishop has been monitoring information coming from the King County Health Department, Washington State Health Department, the Centers for Disease Control, the White House and the Governor
- The Diocese has decided to mirror the phased-in approach of Washington State
- The Office of the Bishop will make all decisions about moving from one phase to the next in the Diocese
- Local congregations may not make this decision on their own



Steps for reopening

- 1. Follow the directions of the Diocese with respect to the phased in plan.**
- 2. Evaluate your local circumstances:**
 - a. Size of your congregation and space
 - b. Facility
 - c. Staff and volunteer resources
- 3. Develop reopening protocols**



Reopening Protocols: Preparation of Church Space

- Deep clean entire church
- Clean and disinfect daily & before, between & after services
- Remove all books, pens, notepaper from pews
- Consider method of bulletin distribution
- Provide anti-bacterial dispensers at entrance and nave
- Place disposable facial tissues and waste bins in reach
- Require masks and have a supply available
- Decide whether to keep restrooms opens



Reopening Protocols: Staff and Volunteers

- Train all staff and volunteers in the safety actions
- Consider a temperature check on all staff and volunteers
- Limit volunteers to those without pre-existing conditions and those under 60 years old
- Instruct greeters on how to greet – no handshakes or hugs
- Have greeters hold doors open
- Empower ushers to enforce guidelines



Reopening Protocols: Planning Worship or Programs

- Keep an online worship option for those who are vulnerable or afraid to come in person
- Plan seating to distance people 6 or more feet apart
- Consider:
 - Multiple services with fewer attendees
 - Having people sign up for services in advance while allowing a few drop-ins
 - Holding a service for those more vulnerable with even more extensive guidelines
 - Creating and assigning fixed seating to maintain safe distances
 - Holding services outside
 - Continuing virtual worship with more leaders and a small choir
 - Use a smaller choir – spacing members out appropriately and using masks
- Consider projecting all announcements and hymns on screen
- Consider method of bulletin distribution



Reopening Protocols: Planning Worship or Programs cont.

- Plan for dismissal that ensures social distancing
- Have stations in the church for offerings and continuing online giving options
- Eucharist
 - Consider suspending
 - Conditions for Phase III
 - No common cup can be shared
 - Bread may be shared, with only one person distributing, doing everything in their power not to make physical contact with the recipient
 - If contact is made, stop, and immediately sanitize before continuing offering communion
 - Ensure an abundance of sanitizer is available and is used by every person coming for communion



Reopening Protocols: Communication

- Consider the channels that attendees congregants use:
 - What do you use?
 - Facebook/Instagram
 - Website
 - Weekly bulletins/newsletters
 - Email lists serves
 - Mail?
- Make clear signage
 - Posters (obvious easels)
- Consider the most important messages and alternate ways to participate for those who can't attend



Childcare

- Consider delaying the reopening of childcare
- When childcare is reopened:
 - Preregister children to limit how many are in one room
 - Limit leaders in children's areas to those with no pre-existing conditions and those under 60 years old
 - Have a list of what has been cleaned and when in each room
 - Note that the American Academy of Pediatrics recommends that children two years and under do not wear masks or face coverings



Renters and Shared Use

- Timing of their return to the church building(s)
- Review lease, rental agreement or use agreement
 - Indemnification
 - Insurance
- Require and review protocols
- Encourage organizations to also follow these considerations adopted for vulnerable people as applicable.



People at higher risk for severe illness(from CDC)

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years old and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, 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
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease



Treatment of Vulnerable People

- Offer options for staff at higher risk for severe illness from COVID-19 that limit their exposure risk.
- Offer options for congregants at higher risk for severe illness from COVID-19 that limit their exposure risk (e.g., remote participation in services).
- Consistent with applicable federal and State laws and regulations, put in place policies that protect the privacy and confidentiality of people at higher risk for severe illness from COVID-19 regarding underlying medical conditions.



Protection from legal liability

- Primary protection will be from your insurance carrier
- Review your current insurance policies to ensure you have adequate coverage
- Ensure that you are following all Department of Health and Diocesan Guidelines and your own protocol
- Consider signage and announcements that request that people stay away if they meet CDC risk guidelines
- Consider requiring consent or a sign-up sheet to share information with the Department of Health for contact tracing in the event of an outbreak



Steps to take if clergy, staff and/or congregation member does get COVID?

- Identify an area to separate anyone who exhibits symptoms of COVID-19 during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone who becomes sick to their home or a healthcare facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act or other applicable laws.
- Advise those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.



Additional Steps

- Close off areas used by the sick person and do not use the area until after cleaning and disinfection. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise staff and congregants with symptoms of COVID-19 or who have tested positive for COVID-19 not to return to the facility until they have met CDC's criteria to discontinue home isolation.



Resources

- **Centers for Disease Control**

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

- **Interim Guidance for Communities of Faith**

<https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html>

- **Guidance for Child Care Programs that Remain Open**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

- **Washington State Phased Approach Plan**

<https://coronavirus.wa.gov/sites/default/files/2020-05/PhasedReopeningChart.pdf>



The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

www.ecww.org

Chancellor's Office is Here to Support YOU!

- Please call or email us so that we can help!
- Additional form, resolutions and documents will be required by the lenders as they develop them and we will work with you to address those documents



The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

www.ecww.org

Questions, concerns or thoughts?

Judy Andrews

Apex Law Group PLLC

judy@judithandrewslaw.com

(206) 915-2494

Bryan Krislock

Davidson, Kilpatric & Krislock, PLLC

bryan@kirklandlaw.com

(206) 395-9229