

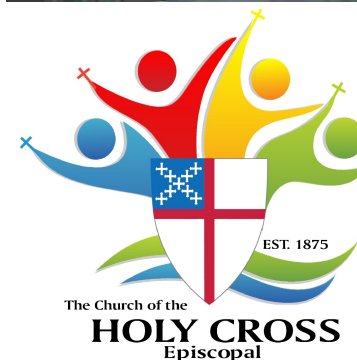
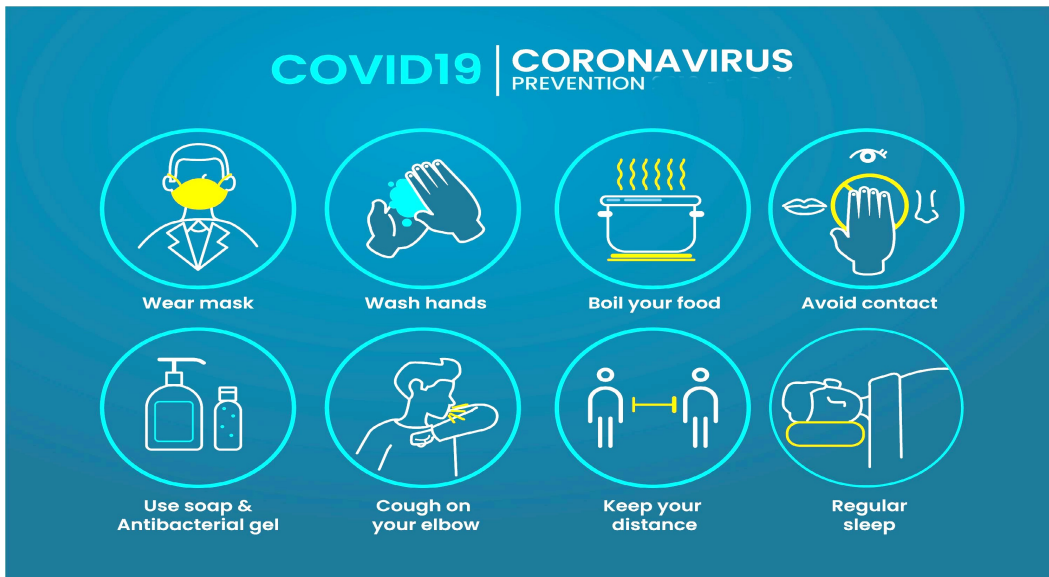
## COVID-19 Symptom Checklist

Make sure you know the symptoms of COVID-19. If you or your workers have any of these symptoms, stay home. If anyone comes down with symptoms while at work, send them home immediately. Follow your plan for handling cases of COVID-19.

Symptoms of COVID-19 include:

- ▶ Fever. Anyone with a temperature 100.4 degrees Fahrenheit or higher should not be at work.
- ▶ Chills. Including repeated shaking with chills.
- ▶ Muscle pain or body aches.
- ▶ Headache or confusion.
- ▶ Difficulty staying awake or waking up.
- ▶ Cough.
- ▶ Shortness of breath or difficulty breathing. May have bluish lips or face.
- ▶ Congestion or runny nose.
- ▶ Sore throat.
- ▶ New loss of taste or smell.
- ▶ Nausea or vomiting.
- ▶ Diarrhea.

Symptoms may appear 2-14 days after exposure to the virus. Not everyone who has COVID-19 will have bad symptoms. Some may only have mild symptoms or show no signs of being sick. The virus spreads through the natural moisture (respiratory droplets) we breathe out when we talk, cough, or sneeze.



### A Strategic Plan for Return to In-Person Worship

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- ▶ **Occupation:** People from some racial and ethnic minority groups are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores, and public transportation. Some people who work in these settings have more chances to be exposed to the virus that causes COVID-19 due to several factors, such as close contact with the public or other workers, not being able to work from home, and not having paid sick days.
- ▶ **Educational, Income, and Wealth Gaps:** Inequities in access to high-quality education for some racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People with limited job options likely have less flexibility to leave jobs that may put them at a higher risk of exposure to the virus that causes COVID-19. People in these situations often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs.
- ▶ **Housing:** Some people from racial and ethnic minority groups live in crowded conditions that make it more challenging to follow prevention strategies. In some cultures, it is common for family members of many generations to live in one household. In addition, growing and disproportionate unemployment rates for some racial and ethnic minority groups during the COVID-19 pandemic may lead to greater risk of eviction and homelessness or sharing of housing.

These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship. They have also contributed to higher rates of some medical conditions that increase one's risk of severe illness from COVID-19. In addition, community strategies to slow the spread of COVID-19 may cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups.

### What We Can Do

The COVID-19 pandemic may change some of the ways we connect and support each other. As individuals and communities respond to COVID-19 recommendations and circumstances (e.g., school closures, workplace closures, social distancing), there are often unintended negative impacts on emotional well-being such as loss of social connectedness and support. Shared faith, family, and cultural bonds are common sources of social support. Finding ways to maintain support and connection, even when physically apart, can empower

## How Do We Return to Public Worship at Holy Cross? General Guiding Principles

To ensure safety and to maximize the protection of the worshipping community during the reopening of the Church of the Holy Cross, we have determined to limit public worship inside the building to a maximum of 25. In the midst of the COVID-19 pandemic, the Priest-in-Charge, Vestry, and key lay leaders will be guided by the following principles:

- ▶ Upon entering the church (ramp door), individuals will register at the table. Each person will take their temperature, record it on the weekly/daily intake sheet, and get a mask if one was not worn into the church. Then each person will take a sanitizing wipe to clean off the thermometer, the pen, and any other surface areas or items touched before entering the sanctuary. **No one will be permitted to enter without a mask.** Services/activities will not be conducted without following all proper safety protocols. And, as is becoming the norm, worship community and/or visitors evidencing symptoms of COVID-19, such as a fever, consistent cough (not related to allergies), shortness of breath, lethargy, lack of taste - will not be able to attend church until such time as they are determined to be without a compromised immune system.
- ▶ All will enter/exit through the ramp door. Pre-screening procedures as described in the previous point will be followed. For anyone not allowed entry due to symptoms, or capacity, information will be provided with instructions to access the service remotely.

Social distancing and the requirement of mask-wearing will be practiced during all worship services and/or activities, including memorial or funeral observances, and in all other areas where congregants gather. If a mask is needed, one will be provided.

- ▶ All physical areas of church properties will be maintained at the highest level of sanitation after any and every activity by a Vestry approved professional service.
- ▶ Special attention shall be given to all communicants including the elderly/homebound and others with special needs on a case by case basis. This includes providing for drive up social distanced communion. At such time when nursing facilities or hospitals allow for visitations, pre-communion kits with sealed wafer and grape juice will be distributed. The wearing of masks and gloves and the use of approved sanitizers will be used pre and post communion activity. Note: Upon distribution of communion, communicants will discard the used communion kits inside a pre-sanitized container which will be liturgically disposed.

## Reopening Procedures

1. To prepare our facility and congregation for reopening, we will undertake the following actions:
  - a. Engage a professional company to perform a complete disinfection of the entire facility.
  - b. Remove all Bibles, Prayer Books, and Hymnals from pews.
  - c. Restock hand sanitizers in pews, at entries, in bathrooms, and other locations.
  - d. Safety signage relative to masks, hand washing, and social distancing will be posted throughout the building.
  - e. Distribution of a pastoral letter to each communicant or family explaining the reopening process, to include an outline of protocols that must be followed, and the mutual responsibilities of all parties to ensure safety. The letter will acknowledge the disparate impact of COVID-19 infection and deaths on African Americans and the need to take special care.
  - f. Engage in a series of Temple Talks
2. For parishioners who cannot or choose not to attend in person, we will continue to provide the following alternative worship options:
  - a. Participation in Sunday worship service via live streaming or through Microsoft Teams/virtual devices; both of which are currently operative.
  - b. From time to time, offer either Morning Prayer, Evening/Compline Prayer, or other religious/spiritually uplifting services both in public worship with a limit of 25 and by way of our on-going livestream/virtual means. Upon the reopening, all such activities will remain.
3. To ensure facilities are clean and parishioners practice appropriate hygiene, we will do the following:
  - a. Following usage of facility, Sexton/professional cleaners, using a check list, will clean all space (including door knobs and railings) using disinfectants.

## Covid-19 in Communities of Color

From the Center for Disease Control (CDC)

Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. The term “racial and ethnic minority groups” includes people of color with a wide variety of backgrounds and experiences. But some experiences are common to many people within these groups, and social determinants of health have historically prevented them from having fair opportunities for economic, physical, and emotional health.

There is increasing evidence that some racial and ethnic minority groups are being disproportionately affected by COVID-19. Inequities in the social determinants of health, such as poverty and healthcare access, affecting these groups are interrelated and influence a wide range of health and quality-of-life outcomes and risks. To achieve health equity, barriers must be removed so that everyone has a fair opportunity to be as healthy as possible.

### Factors that Contribute to Increased Risk

Some of the many inequities in social determinants of health that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19 include:

- ▶ **Discrimination:** Unfortunately, discrimination exists in systems meant to protect well-being or health. Examples of such systems include health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk for COVID-19.
- ▶ **Healthcare Access and Utilization:** People from some racial and ethnic minority groups are more likely to be uninsured than non-Hispanic whites. Healthcare access can also be limited for these groups by many other factors, such as lack of transportation, child care, or ability to take time off of work; communication and language barriers; cultural differences between patients and providers; and historical and current discrimination in healthcare systems. Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and healthcare systems responsible for inequities in treatment and historical events such as the Tuskegee Study of Untreated Syphilis in the African American Male and sterilization without people’s permission.

## Weekday Office Procedures

- ▶ Please take your temperature. Sign in and record the reading of your temperature. (Unless it is your normal, a reading of 99 and above should be reported before entering the sanctuary.)
- ▶ During office hours, please step into the hospitality area and use the “walkie talkie” to request assistance. After normal office hours, we suggest that you not enter the building and instead contact your nearest healthcare provider.
- ▶ Use any of the sanitary products on the entrance table while visiting the building. Note, we ask that you use the sanitizing wipes to disinfect after contact with a surface area (pen, temperature monitor, bathroom doors, hospitality area, water cooler, etc.)
- ▶ Unless you are using the hospitality area for a cup of tea or coffee you must keep your mask on at all times. Only 3 are permitted inside the hospitality area at one time and social distancing must be maintained.

In the event of a fire, the Narthex door will be utilized as a fire exit door only!

**Thanks for keeping each of us safe!**



- b. Post appropriate and necessary hygienic signs (hand washing, avoidance of hand shaking, members/visitors will be encouraged to wipe down all surface areas they touched themselves) disinfectant wipes will be positioned in high traffic areas e.g., vestibules, bathrooms, kitchen and dining room, just to name a few.
- ▶ To manage the number in attendance, we have planned a seating arrangement, using closed alternating pews, during Sunday worship services in the sanctuary which will follow the six feet distance recommendation. See diagram below. Given our sanctuary seating size, the above will limit the attendance to a maximum of twenty-eight (28) to include worship leaders. **There will be one public worship service at 10:30am.** (Determination based on the survey conducted, the majority opted for a combination of a 10:30 public service and the continuation of online service. The following procedures will be in effect if/when two worship services are held.)
- ▶ To assist congregants in maintaining physical distance and to reduce the risk of the spread of the virus, we will take the following actions:
  - a. We will predetermine which will be closed pews and post a Closed sign at their entries.
  - b. The closed pews will be changed to open for the second service. Those pews that were open for the earlier service will be changed to closed.
  - c. If/when two services are held, even if alternate pews are used, pews will still have to be wiped down between services by the sexton.
  - d. Families who live together may sit together, as determined on a case by case basis.
  - e. The first 25 person will sign in at the intake table. Others coming after the maximum is reached will be encouraged to sit in their cars and listen to the service on New Hope Rising Radio 1630 AM. The Celebrant will bring communion to the cars at the appropriate time. Those who choose to leave the church can access the service virtually.

f. If and when the Undercroft/Dining Room is used, we will arrange tables at a minimum of eight feet apart and recommend that no more than two sit at a table.

g. In all bathrooms, we will post a "One Occupant at a Time" sign; ask that social distancing be maintained and all areas touched be sanitized using wipes. (The sexton will periodically disinfect all high traffic areas throughout the activities.) An aerosol spray will be used throughout the building on a weekly basis.

- ▶ The choir will not sing as a group, unless virtually. At most, two cantors will sing live or virtually. Music may be played. There will be case by case consideration of wind instruments used by musicians.
- ▶ We will provide the congregation with information and updates using the following methods:
  - a. Using our congregational email addresses (including visitors and guests), send a message which will restate the opening (and future) protocols relative to seating, hygiene, social distancing, and other practices which will reduce the risk of virus spread.
  - b. During our live stream and Microsoft Teams services, we will display an announcement slide that will include reopening information and relevant protocols regarding facility usage. This slide will be screened throughout the reopening process.
  - c. During the month of October, Temple Talks will be conducted to discuss specific reopening plans.
- ▶ Regarding the application of our policies to other than non-worship activities, we will take the following actions:
  - a. Limit non-worship activities which require space in our building to a minimum. Where such use is necessary, e.g., Vestry meetings and our Summer Enrichment Program, the same safety and social distancing protocols will be operative.
  - b. There will be a limit of 25 persons allowed.

c. At present, two groups (Girl Scouts and NA) use our building once a week on a regular basis. These groups will receive a written notification of the re-opening and the existent safety and social distancing protocols that must be followed. Other groups seeking use of our building will be provided with the same information.

d. We will allow, during this time of Covid-19, use of the building beyond worship service, to the NA group and essential community planning organizations with a limit of no more than 25. Activities will occur inside the sanctuary. All such organizations will adhere to all protocols as described in this document.

e. Families wishing to conduct either a Memorial Service or Funeral in the Sanctuary (with a repast following in the Undercroft) will be provided with a facility use brochure, containing a description of all safety and social distancing protocols.

f. Weather permitting, activities may be scheduled outside, also maintaining social distancing guidelines.

These procedures will be reviewed regularly to determine progress and to make changes when and where necessary.

