

JCC Proposal for Re-opening for In-Person Services/Activities

Final: March 9, 2022

Purpose: The JCC COVID-19 Task Force convened on February 24, 2022, to update its recommendations for re-opening the church for in-person services and activities. This proposal supplements and updates the recommendations from July 2020 and was presented to the Session at its meeting on March 9, 2022, and approved. These initial recommendations are made taking extra precautions beyond what is currently recommended since our congregation has many very elderly people.

Effective Date: April 1, 2022

Considerations: As with all church-related activities, we ask for God's love and wisdom to guide us as we develop and implement these recommendations. A scholarly treatise published by Anglican bishop N.T. Wright in June 2021 entitled *God and Pandemics* contains the following quote from Martin Luther during the black plague *"Therefore I shall Ask God mercifully to protect us. Then I shall fumigate, help purify the air, administer medicine, and take it. I shall avoid places and persons where my presence is not needed in order not to become contaminated and perchance infect and pollute others, and so cause their death as a result of my negligence...See, this is such a God-fearing faith because it is neither brash nor foolhardy and does not tempt God."* More than 500 years ago, this wisdom from the founder of the Lutheran faith shows the proper attitude toward respect for public health and science as a responsibility of Christians.

These recommendations are based on the current COVID-19 situation and the best available public health science (i.e., CDC recommendations). They are intended to protect most people, but when applying any public health recommendations, individuals must use their own judgment and do what feels most comfortable in their own situations.

Current COVID-19 Situation: Due to the very contagious Omicron variant of the SARS-CoV-2 virus that causes COVID-19, Utah cases dramatically increased to >10,000 cases per day in early January 2022. During the months of December-February, probably most Utah residents were exposed to the Omicron variant. There were many cases among persons who were fully vaccinated and boosted, but most of these cases were mild and did not require hospitalization. By contrast, unvaccinated persons were sicker, and many of them required hospitalization, resulting in great overload of the healthcare capacity in hospitals. Starting in mid-February, new cases began to decline probably due to most high risk and unvaccinated individuals having become infected. The steep decline of new cases in most U.S. states during February has resulted in most states easing their COVID-19 public health measures and attempting to return to more normal activities. At the time these recommendations were drafted, COVID-19 cases in Utah were at <300 cases per day on average. However, the case counts are expected to continue to fluctuate widely and, as home testing becomes more popular, cases will be increasingly undercounted.

The U.S. Centers for Disease Control and Prevention (CDC) now considers COVID-19 to be an *endemic* disease, i.e., similar to the flu, measles, pertussis, etc. This means that COVID-19 will be with us for the foreseeable future, waxing and waning depending a variety of factors including emergence of new

variants, vaccination uptake, weather (COVID-19 is much more transmissible in winter months when many people gather indoors, especially for end-of-year holidays), political situation, and level of cooperation by the populace with masking and other preventive measures. Because the disease manifestations vary greatly in individuals depending on vaccination status, age, immune status, etc., and due to the advance of home testing options (these cases cannot be counted by usual public health methods), the CDC is moving away from relying on daily case counts to monitor trends. Rather, they will more closely monitor the hospitalized cases since these cases are the ones that affect the healthcare systems. Healthcare system overload is one of the most serious consequences of pandemics and can be disastrous for the overall societal well-being. As science advances, the availability of new treatments may reduce the impact of COVID-19 on health care systems by reducing the need for hospitalization.

As far as public health measures, the CDC is moving increasingly toward full vaccination and booster status as the most important preventive measure, though they will continue to recommend masking, social distancing, quarantine and isolation, and other measures especially during times when transmissions levels are high.

Criteria for Re-Opening the Church for In-Person Activities: Due to the availability of vaccines and home testing options, it no longer makes sense to base re-opening on daily case counts. Rather, we anticipate re-opening to depend on: 1) the current situation and threat level as published by the Utah Department of Health and CDC; 2) vaccination status; 3) attendance levels; and 4) logistics, e.g., ability to provide on-line service options.

The most recent CDC criteria for COVID-19 level of risk in communities can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Currently, Utah is at low (green) or medium (yellow) risk and masking is not required for most fully vaccinated and boosted persons. If you are very elderly or immunocompromised, you should consult your health care provider for questions about safety to attend in-person events.

The Session members will decide whether to open the church for in-person activities based on these criteria.

Criteria for Attending In-Person Activities: The Task Force came up with the following criteria for persons to attend in-person services at present. Out of an abundance of caution, these criteria are much stricter than the current CDC recommendations and may be revisited and revised over time as we have more experience :

- Persons attending in-person activities should be fully vaccinated and boosted according to the most current public health recommendations. Those who do not meet these criteria are asked not to attend in-person activities until warmer weather permits outdoor seating.
- Persons with symptoms (those specific to COVID-19 such as cough and loss of sense of taste/smell, and also including any flu- or cold-like symptoms) are requested not to attend until symptoms have resolved, and they have negative test results (rapid antigen test at a pharmacy or drive-through site, home test, or PCR test at a doctor's office) for COVID-19.
- Fully vaccinated persons who are diagnosed with COVID-19 are asked not to attend for 2 weeks after the onset of their first symptom.

- Unvaccinated persons who are diagnosed with COVID-19 are asked not to attend for 4 weeks after the onset of their first symptom.

Policies for In-Person Worship Services:

- Members and attendees are asked to provide information on their vaccine status to the JCC vaccine registry. As people enter the Fellowship Hall, a Session member or designee will monitor to ensure those in attendance are all vaccinated. Registry information will be kept confidential and may only be viewed by selected Session members and others designated by the Session to collect this information.
- For present, worship services will be conducted in the Fellowship Hall to maximize air flow and social distancing. If COVID-19 levels become low (green), the Session will discuss returning to the Chapel for services.
- Masking is required for all indoor activities unless it becomes apparent that transmission in Utah is at a low (green) level. The decision to no longer require masking will be determined by the Session and announced in The Herald.
- Social distancing of at least 6 feet is required in Fellowship Hall.
- Music and singing: Singing is considered a moderately high risk activity. Initially, there will be no congregational singing, but solo instrumental pieces and soloist singing at a distance of more than 10 feet from the congregation will be allowed. If COVID-19 reaches low (green) levels, the Session will decide when congregational singing can be reinstated.
- Availability of worship on zoom or live on-line options: The Task Force recommends that we always maintain on-line options for services. This could be live streaming or pre-recorded Zoom sessions or a hybrid. For example, until we have selected an Interim Pastor, the sermons may be pre-recorded and shown on a large screen TV during the otherwise live-streamed in-person service.
- Worship committee: Because of the complexity and work needed to maintain worship services, we recommend to the Session the convening of a Worship Committee to assist with planning and execution of weekly services.
- After service fellowship: Initially, we request that members do not unmask during after service fellowship. Any treats provided should be taken home and eaten.

Policies for other in-person activities using church facilities: Permissions and application process for in-person other in-person activities will be per the previous recommendations. The Task Force will review and modify previous recommendations on the policies for in-person activities.

Food and use of kitchen facilities: At present, no food service activities are allowed. However, when these activities resume, the Task Force recommends we review insurance and liability issues around food and use of the kitchen facilities.