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DIRECTIVES CONCERNING CHURCH OPERATIONS
PANDEMIC AND EPIDEMIC EMERGENCY SITUATIONS
FOR COMMUNITY DIVINE WORSHIP

Edition adapted for the UKRAINIAN CATHOLIC EPARCHY OF TORONTO & EASTERN CANADA

If as Pastor/Administrator you are unable to safely open the church following the enclosed Guidelines and Eparchial Summary/Checklist, please do not open your church.

THIS BOOKLET IS PART OF 2 DOCUMENTS CONTANING DIRECTIVES REGARDING CHURCH OPERATIONS DURING A PANDEMIC & EPIDEMIC

THIS DOCUMENT SHOULD SERVE AS REFERENCE TO THE EPARCHIAL SUMMARY/CHECKLIST FOR A SPECIFIC EVENT i.e. COVID-19 PANDEMIC AND SHOULD BE RETAINED FOR FUTURE REFERENCE.

The directives contained within this document have been adapted from the general document prepared by Assembly of Catholic Bishops of Ontario with consideration for specificity of the Byzantine Rite

These directives fall into three categories: recommended, highly recommended and mandatory.

Please review them carefully and address any questions you may have to the eparchial bishop, chancellor or other person designated to co-ordinate response.

Date of Release: June 14th, 2020

INTRODUCTION

The Covid-19 Coronavirus Pandemic of 2020 at which time these Directives are written reminds Christians that life on earth is both transitory and fleeting. Pandemics and epidemics have always been part of nature. While we are indebted to the science that detects and discerns these contagions, the best defense to them lies first and foremost in making use of the common sense that God has given us.

With God's grace, we hope that the Coronavirus will soon be vanquished and that our lives will return to normal and that we may return to our church buildings in which we have been unable to gather safely. Until that time, and in the event of future similar occurrences, we must conduct ourselves differently and take measures that do not promote further the spread of such viruses.

This booklet has been developed by the Assembly of Catholic Bishops of Ontario on behalf of their member Archdioceses, Dioceses and Eparchies (referred to in the document as Diocese/s), to assist all clergy and lay people with the important but joyful task of re-opening our churches and keeping them open so that we can gather together to celebrate our Catholic faith. At the Eparchy of Toronto, we have redacted and adapted this document to reflect our specific liturgical tradition and parish practice. This document shall be considered as a detailed reference to separately published Eparchial Summary/Checklist.

The standards and recommendations we have set out have been developed with expert consultation. Minimum standards are provided which are prudent and in keeping with medical, legal and risk management advice, and that are, accordingly, to be implemented in all the parishes in Ontario. They are intended to be "best practices" for our Church and for the safety of our parishioners.

This manual is intended not only as a response to COVID-19, but as an ongoing manual and resource guide to be used in the event of other pandemics or epidemics, should they arise in the future. As circumstances change and new directives from Government and Health Officials become available this manual will be updated and communicated to all Eparchial Parishes & Missions.

The Directives herein focus on the safe opening of our churches and the participation of the faithful in the celebration of the Eucharist and Holy Mystery (Sacrament) of Confession (Reconciliation). Directives regarding the celebration of other Holy Mysteries (Sacraments) will be published/inserted into this document at a later date.

In addition, the Directives give guidance to the opening of other premises (such as eparchial and parish offices and meeting spaces). They are intended to prevent the occurrence and spread of viruses.

Practice of these Directives provide no guarantee that viruses such as the Coronavirus COVID-19 will not be contracted. But they are the best and most practical measures available to ensure the safety of our people.

The Eparchy of Toronto acknowledges the assistance of ACBO and Dr. Tim Cook, FRCPC, MPH, LCol (Ret'd) who provided medical input into the ACBO document. As a public health specialist, Dr. Cook has taken the time to evaluate Catholic practices and worked to ensure that the faithful are able to gather together to celebrate their faith, having taken into account the best responses to pandemic and epidemic situations.

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CHAPTER ONE: UNDERSTANDING PANDEMIC DISEASES

What is a Pandemic/Epidemic?

A pandemic is an outbreak of disease that occurs throughout the world. Contagions generally fall into two categories: those spread by influenza, and those spread by bacteria. The recent COVID-19 pandemic is only the latest of a number of afflictions that have hit humanity since the beginning of recorded history.

Organizations, such as the World Health Organization, as well as governments, declare serious outbreaks of communicable disease as pandemics and epidemics bearing in mind their severity, their effect upon people, how readily they spread and the health damage and death which they may cause.

Pandemics start out as "epidemics" at first, the distinction being that they are local in scope. In days past, the spread of pandemics and epidemics was somewhat limited as transport only came by ship or on foot, and measures such as quarantine and isolation would be easy to discern. However, in our modern age of diverse populations and unrestricted international travel, local outbreaks rapidly become global in nature, particularly if the disease is not known. With our modern access to global travel, this trend is likely to continue.

COVID-19, which concerns us most at present, originated in the City of Wuhan, in Central China. While its origin is not yet clear, we know that within a month it quickly spread and became a pandemic.

In the past, pandemics have either lessened in intensity through "herd immunity" or have been treated with vaccines which lessen their intensity or effect. Such pandemics then become epidemics, which means that they have stabilized and their rate of infection and their target populations can be predicted, and treatment and prevention methods can be employed and in some cases, the virus can be constrained or eradicated. A summary of the History of Pandemics is included as Appendix 'A' to this document.

Most pandemics have occurred on account of influenza (flu) viruses, though others such as plagues are transmitted by bacteria. Flu viruses are usually airborne, and generally attack lungs and other body systems. They are remarkably resilient and can often change into a new form to which standard medicine has no effect. That type of contagion often becomes a pandemic.

How Pandemics Spread

Infectious contagions that have the potential to become local epidemics and then pandemics are ALL human to human transmission. This can be either through direct or indirect contact or by airborne transmission from an infected individual to a susceptible one who has no immunity to the infection.

Contact:

Direct contact may be through a handshake or touch near the face, while indirect contact implies transmission via a "fomite"; an inanimate object such as a door handle or hand-rail that has been contaminated by the infectious virus. Indirect contact transmission typically

requires the susceptible person to transfer the virus from the fomite to the face / respiratory tract via their hands.

Airborne (Droplets):

By contrast, airborne transmission does not require contact between the infected and susceptible individuals but rather the infectious agent is transferred by way of droplet sprays of virus or bacteria-laden respiratory secretions produced when coughing, sneezing, talking or singing. These droplets may land directly on susceptible persons. Airborne droplet particles are heavy enough to be acted upon by gravity and will land on the ground becoming non-infective in a range of 2 – 3 metres (6 – 10 feet) from their point of production. This distance will depend on the force producing the respiratory droplet and environmental factors such as air circulation or, if outdoors, wind. For example, singing may project droplets up to 3 metres while speaking less than 2 metres.

Airborne (Aerosol):

Aerosol transmission occurs when a susceptible person inhales microscopic particles that are much smaller than droplets, and that consist of residual solid components of evaporated respiratory droplets. These "dehydrated" droplets containing infectious agents may remain airborne for hours and travel long distances. Fortunately, COVID-19 is NOT thought to be transmitted by aerosols unlike highly contagious infections such as tuberculosis, measles or chickenpox.

The modes of transmission described above largely determine the containment, control and contact tracing activities of public health agencies.

Indirect Contact:

It has been demonstrated that various viruses and bacteria may remain viable and infective for different lengths of time depending on several factors including the type of fomite i.e. surface, upon which they land, the ambient humidity and temperature as well as exposure to light or chemicals. For COVID-19, it is estimated that the virus may survive up to 24 hours on cardboard or paper and 72 hours on plastic or metals (stainless steel). Surface disinfection with 70% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite effectively inactivates the virus within one minute.

Food and Water Borne:

It is not thought that respiratory infections such as influenza, coronavirus, TB or plague can be transmitted via contamination of food or water. Cholera and Typhoid are examples of infections that have produced outbreaks from this mode of transmission.

Sexual Transmission:

Intimate contact between a person infected with coronavirus and a susceptible person is highly likely to transmit infection by way of direct contact with infected respiratory secretions, for example through kissing. However, unlike HIV or Hepatitis B disease, sexual intercourse is not a primary mode of transmission of respiratory infections.

Symptoms and Signs Associated with Viral / Bacterial Infections

Historically, pandemics have arisen from respiratory infections and symptoms from the upper and lower airways predominate. Unfortunately, in many cases it may be difficult to distinguish clinically whether an individual has coronavirus, influenza A or B or a common cold virus infection. While runny nose and sore throat are more common with adenovirus and rhinovirus infection (common cold viruses), these same symptoms do occur, albeit in a small percentage of those with COVID-19.

The primary sign of these infections is fever, defined as a core temperature of 37.8 degrees Celsius (100 Fahrenheit) or higher taken with an oral or rectal thermometer (equivalent to 37.5 C or 99.5 F taken with a non-contact forehead infrared thermometer). Though fever arises only half the time at the onset of COVID-19, over 80% of patients will manifest one before the infection has run its course, The following table represents the main signs and symptoms of COVID-19 (frequency of occurrence in brackets based on several studies of hospitalized patients).

- Fever (83 – 99%)
- Cough (59 – 82%)
- Severe Fatigue (44 – 70%)
- Loss of Appetite (40 – 84%)
- Shortness of Breath (31 – 40%)
- Sputum production (28 – 33%)
- Muscle Aching (11 – 56%)

Less common but potentially important additional symptoms include: loss of taste or smell, chills with prolonged shakes, headache, confusion, runny nose and sore throat.

When to Seek Medical Care

It can be difficult to distinguish between the symptoms of common cold, influenza and coronavirus infections, and it is wise not to try to make this determination at home. Especially for those whose occupation involves extensive interaction with the public, seeking advice from your medical practitioner and obtaining testing for active disease is recommended to determine whether symptoms above are due to COVID-19 infection. In the absence of this advice and testing, self-quarantine is strongly recommended for a minimum of 14 days after development of symptoms.

How Pandemics Resolve

It is critical for public health agencies to use containment strategies; contact tracing, quarantining, limitation of travel etc. to prevent a local epidemic from globalizing to become a pandemic. If these containment strategies fail and a pandemic situation occurs, other strategies are required and depend on the mode of transmission of the infection. For airborne transmission, as in COVID-19, primary interventions to reduce the transmission within the population include: isolation of those at risk, physical distancing, quarantining of those confirmed to be infected, wearing of PPE

(Personal Protective Equipment), and personal / environmental hygiene (hand washing, regular cleaning of high touch fomites). These interventions are, however, unlikely to terminate the pandemic.

Ultimately, pandemics are extinguished when the rate of infectivity (called R0 or R Naught by epidemiologists) drops below a value of one. This implies that individuals with the infection transmit it, on average, to less than one other person. R0 has a fixed component determined by how contagious the infection is at baseline in an immune naïve population. However, human action; most importantly curative treatments and vaccination will lower the R0 value during a pandemic. "Herd immunity" results when a sufficiently high proportion of individuals are immune to the disease to shut down exponential spread. This proportion is correlated to the R0 value. Measles, for example, is transmitted by aerosol and is highly contagious with a baseline R0 of approximately 15. To extinguish measles outbreaks requires a population to have greater than 95% immunity, attainable only by adequate immunization. COVID-19 has R0 estimates of 2 to 3 with a herd immunity target of greater than 70%.

Herd immunity is achieved either through natural infection or through vaccination. However, if this immunity is only partially protective or not durable, then outbreaks may continue. At this time it is unclear whether infection with COVID-19 leads to long-term protective immunity and/or when an effective vaccine that produces long-term immunity will be developed.

Challenges to Control COVID-19

Unlike the coronavirus that led to SARS in 2003, COVID-19 may be transmitted from individuals who are asymptomatic (never develop any symptoms) or pre-symptomatic (develop symptoms within a few days after acquiring and transmitting it). This has made quarantining less effective as it can only be applied to those with positive testing and/or symptoms. Testing for carriage of live virus to identify those who are contagious remains limited to those presenting to hospital or meeting specific criteria (healthcare or other first line workers) and is not widely available otherwise. Testing to confirm who may have had the infection in the past i.e., showing antibodies against the virus, remains unavailable through public health agencies in Canada. The limitation of these important testing resources has contributed to community transmission.

Viral and bacterial disease can be eliminated by following some common-sense rules for daily living:

- Wash your hands regularly
- Wash your clothing regularly
- Avoid touching your face or anyone else
- Avoid travel to known contaminated areas
- Avoid contact with people known to be sick
- Seek medical attention if you are sick and follow medical advice
- Maintain appropriate distance from others
- If advised, wear personal protective equipment (PPE)
- If you feel ill or display symptoms of viral or bacterial infections, seek medical assistance and testing to ensure that you are fit for your duties.

CHAPTER TWO: PASTORAL LEADERSHIP

It is the responsibility of every bishop, priest, deacon, subdeacon, professed religious and layperson to ensure that a welcome and safe environment exists that allows for the faithful to assemble in our churches and related facilities. Only by visibly demonstrating the commitments to safety outlined in this manual can we send a message that we have taken the risks related to the pandemic seriously and acted reasonably and responsibly to mitigate them.

The attitude and demeanor of all clergy, pastoral staff members, is paramount to engaging the faithful to recognize the dangers posed by pandemics, and adhere to the directives provided to ensure that our churches are places of safety and can remain open for public worship.

The measures recommended herein must mean more than staying clean and out of contact with one another. Their purpose is ultimately to preserve the safety of all who gather in our churches and related facilities, and to preserve the integrity of our liturgical celebrations by which our faith is nourished and sustained. The guidelines are also intended to alleviate any suggestion that the use of our churches for private prayer or gatherings for public prayer might in some way physically harbour or promote contagion, and therefore drive people away from the Church and the Sacraments.

In order for the guidelines to be effective, first, all clergy must have a basic understanding of how viruses form and how they are transmitted in order to take effective measures against them. Secondly, they must have the ability and discipline to put recommended and mandatory measures into effect, knowing that these measures may be a matter of life and death. Thirdly, they must be diligent and consistent in applying these recommended measures, without exception.

Only with this mindset can we communicate to our parishioners and the greater community the seriousness of the situation we presently face and demonstrate to them that we have their physical and spiritual wellbeing at heart.

Personnel

Each church and office shall designate a minimum of two persons who shall coordinate the fulfillment and enforcement of all guidelines and directives outlined in this manual. A parish priest may be one of the two who takes on this role, particularly in smaller parishes; however, he must be able to fulfill this role without exception.

CHAPTER THREE: GOVERNMENT NOTICES AND ORDERS

Government orders concerning closing of businesses and public institutions such as churches and church facilities must be observed and obeyed. Nothing in this manual should be construed as over-riding the lawful order of public authorities, be they federal, provincial or municipal.

The ACBO will monitor government directives and will ascertain their application to religious facilities and will communicate the same to each member diocese.

Should any public authority request that a church facility be closed due to health and safety concerns, such an order should be complied with and immediately reported to the diocesan bishop or administrator.

On no account should any public comment be made concerning an order made by a public authority. Directives of public health officials, police and others in authority should be complied with without argument. Any enquiries concerning the appropriateness of any action should be addressed by the diocesan office of the bishop.

These guidelines may be adjusted, as needed, to respond to a phased-in approach to re-opening our churches.

CHAPTER FOUR: PERSONAL AND COMMUNITY HYGIENE, PPE AND TEMPERATURE MONITORING, RESPONDING TO ILLNESS SITUATIONS

Personal Hygiene

Personal hygiene is fundamental in reducing the risk of infection. While personal hygiene does not guarantee that one will avoid being infected, it greatly reduces one's exposure and ability to transmit contagion to others.

Personal hygiene extends to church facilities. The premises must be regularly cleaned and maintained so that opportunities for the transmission of disease are lessened for those who use them.

Community Hygiene

All who gather in our churches are responsible for their personal hygiene and for observing the common sense rules for daily living. This includes physical distancing and personal assessment of their general health including the monitoring of their temperature prior to coming to church, and the use of any personal protective equipment as deemed necessary by government and health authorities. Adults should take responsibility for their personal health matters as well as for those children and dependent adults who accompany an adult to church.

Parishioners are to be advised that anyone experiencing an elevated temperature or other flu symptoms must refrain from coming to church. Persons whose health is compromised in any way should refrain from coming to church for any activities during the pandemic.

Personal Temperature and other Health Indications

Most viral pandemics involve fever, it being the body's reaction to fighting off infection. Self-monitoring of temperature and those of other persons involved in public celebrations, including all liturgical ministers, should take place prior to each event.

In addition to temperature, other potential symptoms of viral contagion include:

- coughing and wheezing
- fatigue
- loss of appetite
- shortage of breath
- excessive sputum
- aching muscles.

Less prevalent, but still concerning include:

- headaches, chills, confusion, runny nose, shaking.

A combination of any or all of the above and a fever gives a strong inference to an underlying illness of which anyone should be concerned.

Use of Personal Protective Equipment (PPE)

While the use of personal protective equipment (masks, gloves, plastic screens) does not guarantee that one will neither give nor receive a pandemic or other virus, they are, if used correctly, means of lessening the potential of transmission. Their use is, therefore, recommended. Nevertheless, they are generally not required for participation in communal liturgical celebrations which take place in our churches, unless the health authorities indicate that they are mandatory.

Anyone stationed at an entranceway, where there will be a great number of people passing, or where administering temperature monitoring, should wear disposable gloves and a mask.

Persons handling money from collections should wear disposable gloves or have access to hand sanitizer and be encouraged to wash their hands regularly.

Persons cleaning any facilities or who are involved in sacristan duties before or after the liturgy should wear disposable gloves.

A fuller description of personal protective equipment appears as Appendix 'B' to this document.

Responding to Illness Situations

Public Health Ontario (www.publichealthontario.ca) provides a useful assessment for viral infection. Those who are concerned about their health should visit this website and take the self-assessment provided, and if required, follow the steps outlined.

Clergy and staff who exhibit any of the signs associated with COVID-19 (see Chapter One, pages 7-8); that is, a fever (>37.8 C oral or >37.5 C forehead) or ANY compatible symptoms, should notify the chancery office or bishop and seek immediate medical treatment, taking care to isolate themselves from others pending a diagnosis. Similarly, volunteers and liturgical ministers should notify the parish priest immediately, who will notify the chancery office or bishop, and seek immediate medical treatment.

Under no circumstances should anyone with present but undiagnosed symptoms awaiting test verification attend a church or have contact with other people until a diagnosis is confirmed.

The Celebrant and all others exercising ministries during the Mass (or any other Sacraments) should undergo a temperature check prior to entering the church. If the individual's temperature is at or above (>37.8 C oral or >37.5 C forehead) or they show ANY compatible symptoms, they must not enter the church and are asked to seek medical help. (All priests should self-administer a temperature check and record their temperature prior to entering the church for divine services. **If the priest has an elevated temperature, he should not celebrate Divine Liturgy**).

Parishioners are asked to self-screen before attending church, including taking their temperature. Those with a temperature above 37.5 C are asked to not attend Divine Liturgy. Those who exhibit fever or any other indications of a viral infection are asked to seek medical attention before coming to church. In order to mitigate the potential spread of the virus, the Chief Medical Officer for the Province of Ontario, is asking that all those over the age of 3 wear a mask/face covering when physical distancing is challenging. While not mandatory, they are highly recommended.

Should anyone present become ill during divine services, that is, the celebrant, those assisting with the celebration, and parishioners, they should be asked to leave and seek medical assistance. Anyone who might attend to the ill person should wear disposable gloves and a protective mask, and should further wash thoroughly after any contact, even if gloves and a mask are worn.

Positive tests in clergy should be communicated to the chancery office or bishop so that alternate arrangements for staffing can be made.

Infected clergy or staff who have been in contact with others within the immediate two-week period should report their situation to the regional health officials. Detailed information on what test results mean has been included at *Appendix 'C'* "Testing and Positive/Negative Results".

CHAPTER FIVE: BASIC RULES APPLICABLE TO ALL CHURCHES AND PARISH FACILITIES

General Rules

Prior to the opening of churches and adjacent facilities, the following rules must be implemented in all Catholic churches, and where applicable, all parish halls and offices where the public may attend.

A. The Universal Application of Physical Distancing

In all cases, when community gatherings take place, or when individuals are using the church or other facilities, a physical two-meter (six-foot) distance, is to be strictly maintained. This is necessary to avoid:

- personal contact
- transmission of any particle fluid/spray from one's mouth or nose
- deposit residue on surfaces from one's hands or face.

The above actions account for the majority of transmission of disease issues. Resolve them and the opportunity for infection is significantly reduced.

B. Cleaning of Churches and Related Facilities

Churches should always be clean and tidy; however, in times of pandemic, extra care and attention must be taken to ensure that surfaces remain as clean as possible to reduce the transmission of infection.

All staff engaged in cleaning (including the handling of soiled laundry or waste materials) should wear a mask and disposable gloves. In addition, hand sanitizer should be available throughout the performance of their duties if handwashing is not readily available. Masks are to be disposed of when dirty or no later than the end of the day. Gloves should be changed as often as necessary (usually at the end of any task or after cleaning a washroom facility).

All surfaces (floors, seating, kneelers) are to be wiped at least once per week with warm water and an approved multi surface cleaner / disinfectant purporting to kill 99.9% of germs and viruses (note this would include products like Lysol, Pine-Sol, etc). It is recommended all pew fronts and the tops and sides of benches are to be wiped with a sanitizing agent after each event.

During the week, if the church is open for private prayer or for liturgies with small groups, it is recommended that seating be restricted to one area so as to obviate the cleaning of other areas.

Disinfectant cleanser to be used should not be damaging to wooden surfaces, but should be germicidal, meaning having a minimum alcohol content of 70%.

It is generally accepted that any surface contagion on floors, pews and other surfaces will live no longer than 72 hours. If there are gaps of 72 hours between the use of the church, no further cleaning/disinfecting need take place.

When someone falls sick in the church, the area within a two-meter (six-foot) radius is to be thoroughly cleaned before it can be used again.

Washrooms

Church washrooms are to be restricted to use when absolutely necessary only. No more than one person/family (living at the same address) at a time should use a washroom. Notices to this effect are to be posted outside the washroom. Hand washing signs are also to be placed in the washroom.

Any washroom that is soiled must be closed pending cleaning with an approved multi surface cleaner/ disinfectant that promotes to killing 99.9% of germs and viruses.

Water Fountains

Water fountains or coolers should be turned off for the duration of the pandemic. If the water supply cannot be turned off each water fountain or cooler should be clearly marked as being "out of service".

Disinfectant Hand Sanitizer Dispensing Machines

Each church should have a minimum of two of these devices at the entrance and exits doors of the church. Each parishioner should be directed to sanitize their hands before entering the church.

If possible, these devices should be touchless and should be inspected before each celebration to ensure that they are filled and the batteries within them are operating. They should be cleaned and refilled before each liturgy. They should be inspected for use, cleaned and, if necessary, the content of the disinfectant receptacle must be replaced if it is empty before each liturgy.

Icons, Sacred Objects, Holy Water Fonts

Icons and other Sacred Object shall be secured with signage or in other way to prevent kissing them by the public. Holy water fonts are to remain empty until such time as they may be used safely.

Sacred Vessels

All sacred vessels used in the liturgy are to be cleaned with warm soapy water and hot rinse after they have been purified following each Divine Liturgy.

C. Posting of Notices

It is important to post notices in prominent places at all entrances to the church (as well as through social media and the parish website) regarding the requirements for entering the church and participating in any liturgical celebrations. Notices should include the following directives:

- If you feel sick or your temperature is elevated, or you are experiencing any of the listed symptoms (see Chapter 4, pages 8-9) you are asked to refrain from entering the church.

- You are reminded that if you are sick or your health is compromised, you are not obligated to participate in Sunday Divine Liturgy.
- Be sure to use the hand sanitizer before entering the church .
- Be sure to follow the guidance of the ushers/ministers of hospitality and sit only in the designated places to ensure physical distancing at all times.
- Avoid touching your face or other persons.

The notice may also include information regarding overflow seating or additional Sunday Divine Liturgies being provided in the parish on Sunday. Announcements regarding the reception of Communion and egress can best be made during and at the conclusion of the service.

D. Preparing the Church for the Liturgy

In addition to cleaning and disinfecting the church and adjacent facilities before the use of the church for liturgical services or for personal prayer, the following norms are to be observed.

General Safety

Prior to commencement of Divine Liturgy, the ushers need to survey the church to ensure that all slip, trip and fall hazards are identified and corrected, all cleaning and sanitizing measures have been adhered to, all entrance and exit doors are in normal working condition, all signage is adequately displayed and all social distancing measures are functional ie.: pew closures, floor markings, signage, etc.

Signage

Signs are to be posted at the entrance(s) of the church listing times of liturgical celebrations and times when the church will be open for personal prayer.

Church Entrances

Where possible, weather permitting, it is recommended that the doors of the church should be open to avoid contact with handles. If this is not possible, ushers, wearing masks and disposable gloves, should assist.

In order to avoid surface contact, all printed material such a bulletins, pamphlets and newspapers should be removed. Areas for the sale of religious articles should be closed.

Hymnals, Prayer Books, Envelopes

All hymnals, prayer books and other papers are to be removed from the pews during the pandemic.

Elevators

Only one person (with an assistant, as needed) is to use the elevator, preferably with an attendant who will ensure that doors and handles are kept clean after each use.

Seating

During the pandemic, to ensure that physical distancing takes place, seating should be staggered in patterns to promote two-metre (six-foot) distances. Seating patterns should avoid individuals sitting next to an aisle. Seats may be designated by tape markings.

Floors and Aisles

In high traffic areas (entrances and aisles) tape must be used to designate spacing of two-meter (six-feet) increments and also indicate the direction of movement. The tape should be a bright colour and distinguished from the colour of the floor surface. The tape should be of sufficient quality to remain in place and so that it can be removed or repaired without harm to the surfaces. The tape should be inspected after every Sunday to ensure it is in good condition and remains visible.

Disabled Area

Those who attend church with a personal mobility device should be placed in a designated area with sufficient space to allow a two-meter (six-feet) space between each person.

Sanctuary

Seating in the sanctuary should be limited and must be arranged to ensure two-metre (six-foot) distancing.

Sacristy

Entrance to the sacristy is to be limited to those who are required to prepare for the liturgy. If the room is small and does not allow for the required distancing, one person at a time should use the room. All surfaces in the room are to be kept clean.

Crying Rooms and Small Chapels/Devotional Areas

Unless it is possible to ensure two-metes (six-foot) distancing, crying rooms are to be closed.

Overflow Crowds and Standing Room

This is to be discouraged unless there is sufficient space to allow for distancing and for aisles to be clear so that traffic is not impeded.

Washrooms

In addition to cleaning and disinfecting the washroom(s), a sign is to be posted indicating that they are to be used only in necessity, and only by one person (family) at a time. A sanitizing fluid device (preferably touchless) should be placed outside each washroom.

Meeting Rooms

All adjacent meeting rooms are to remain closed during Sunday Divine Liturgy.

Church Halls

Church/parish halls should be closed for now until parishes become comfortable with the safety processes necessary for re-opening during a pandemic. Prior to opening a church/parish hall, the pastor will seek direction from the local bishop.

Confessionals and Reconciliation Chapels

Most confessionals and reconciliation chapels are too small to ensure physical distancing. A larger room elsewhere in the parish complex should be used. A portable kneeler with a screen may be used by the penitent who wishes to remain anonymous, provided the penitent wears a mask and disposable gloves. The penitent should wipe the door handle with disinfectant upon leaving the room. Where physical distancing cannot be achieved, an impermeable screen is to be placed between the penitent and priest. The screen is to be cleaned between each confession.

For the Eparchy of Toronto and Eastern Canada this topic is regulated by the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS… refer there for specific instructions.**

Supervision

Churches should never be left open unsupervised. Compliance with physical distancing should be enforced by an attendant in charge. Any refusal to comply should be reported to the pastor or member of the pastoral staff.

Capacity Control

At some point, once churches are permitted to reopen and physical distancing continues to be required, some churches will face the challenge of determining who can attend services and how to regulate the numbers. Some dioceses/parishes may wish to consider the following methods to regulate capacity:

a) Use of an online type reservation system for Divine Liturgy (through EventBrite, SurveyMonkey, Sign-Up Genius, etc.) along with phone reservations for those without computer access.

b) Designate Divine Liturgies for particular communities i.e., Saturday evening Eucharist for seniors, Sunday 9 a.m. for those with last name A-G, 10:30 a.m. H-L, etc.

c) First come, first served – line up similar to what is done at other businesses currently open with limited capacity.

It is recognized that none of these methods are perfect – it will remain a challenge to find the most efficient way to meet capacity restrictions in a pastorally sensitive way. However, once open, it is important that a volunteer be responsible for ensuring the church is not over capacity at any time.

CHAPTER SIX: CELEBRATION OF DIVINE LITURGY AND OTHER DIVINE SERVICES

The Assembly

All in the assembly (with the exception of the priest and ministers) are strongly encouraged to wear a mask upon the recommendation of the Ontario Medical Officer of Health. – For specific rules regarding wearing masks by the Clergy refer to **Eparchial Summary/Checklist for a Specific Event**

Ministers of Hospitality

Ushers or ministers of hospitality are to be present before Divine Liturgy at the entrance(s) to the church to direct people to the hand sanitizers and to their seats while observing physical distancing.

Prayers before Divine Service

Where it is the custom for the people to pray the Hours or devotional prayers before the celebration, this practice may continue.

The Priest

The priest celebrating Divine Liturgy or other services is not to wear disposable gloves during services. For the Eparchy of Toronto and Eastern Canada the use of a mask and hand sanitation protocols are regulated by the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS… refer there for specific instructions.**

Singing During Divine Liturgy

Unfortunately, singing is a major way in which moist particulate is pushed out of the body through breathing and the projecting of one's voice. **Parishioners attending services shall be advised to wear a mask if they are singing or otherwise to not sing on account of the potential spreading of airborne contagion.**

Cantors may sing at Divine Liturgy as long as the cantors are a minimum of 10 feet (3 meters) distant from anyone else while singing.

In a church where physical distancing can be ensured between choir members, then such a choir is possible but only if the choir members are a minimum of 10 feet (3 meters) from one another and any other person in the Church.

For the Eparchy of Toronto and Eastern Canada this topic is regulated by the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS**… **refer there for specific instructions.**

Children's Divine Liturgy

The celebration of the Children's Liturgy is not permitted during the pandemic.

Offerings

The monetary collection is omitted at the usual time. The collection is to be received at the doors of the church at the end of the service where people can place their donations in baskets supervised by ushers from a safe distance.

Distribution of the Most Holy Eucharist

Below are logistical general rules for church temples:

Ushers need to direct people to receive Holy Communion in an orderly fashion and to ensure physical distancing. Depending on the layout of the church, it may be necessary to distribute Holy Communion to one section at a time so that distance is maintained when people are both coming forward to receive and when they are returning to their seats. Pastors will need to train the ushers beforehand and a simple announcement will need to be made until people are used to this new procedure.

For the Eparchy of Toronto and Eastern Canada this topic is regulated by the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS… refer there for specific instructions**

CHAPTER SEVEN: OTHER RITES CELEBRATED IN THE CHURCH

Since these rites take place in the church, the requirements for preparing the space, physical distancing, the use of music and procedures for liturgical ministers as they apply to the particular rite are to be observed.

For the Eparchy of Toronto and Eastern Canada separate topics may be regulated by **future Eparchial documents or directives**. In the meantime, in regards to rites and celebrations not covered in the present document, the clergy shall refer to the Eparchial Chancery for instructions

CHAPTER EIGHT: A NEW WAY OF WORKING: STAFF AT PARISH/DIOCESAN OFFICES

In addition to the recommendations outlined below, pastors (and those designated for planning the re-opening of the parish/diocesan office) should consult the Ontario Ministry of Labour Workplace Safety & Prevention Services. This website contains the updated *Guidance on Health and Safety for Office Administration and Secretarial Staff during COVID-19*. Furthermore, reference should be made to www.pshsa.ca for a copy of *"Health and Safety Guidance During COVID-19 For Employers of Office Settings"*.

Workplace Environment

Staff are entitled not to be put in dangerous work situations. At no time should staff be exposed to people known to be suffering from a pandemic contagion.

Staff and clergy who are suffering from any diagnosed or suspected pandemic contagion are not to enter the office and should consult the Public Health Ontario website or their physician.

Staff who have been exposed to someone who is a suspected or confirmed sufferer of pandemic contagion are required to obtain a test confirming that they do not have the virus and are not to attend work until they produce such test.

Staff who are performing cleaning roles or who have direct contact with the public should be issued disposable gloves and masks to be worn when carrying out their functions.

Disposable masks and hand sanitizer should be made available to visitors to a parish/diocesan office.

All office washrooms are to be limited to office staff only and not available to the public visiting the offices.

All office visits should be made by appointment, arranged by telephone. If the matter can be dealt with by telephone, then personal meetings should be avoided.

Staff should be cautioned about the need for physical distancing. If staff can productively work from home, such arrangements should be made. Otherwise, facilities such as lunchrooms or break rooms should be divided so as to allow for two-metre (six-foot) distances between chairs, etc.

Employees who refuse or fail to follow prescribed rules concerning pandemic contagion may be eligible for workplace discipline. Volunteers who refuse or fail to follow such direction shall be suspended from any further volunteer work.

The basic social distancing, floor marking, washroom policies all apply as per the instructions above that pertain to churches.

Travel

Staff undertaking business or leisure travel should advise before taking and after completing such travel. If they are traveling to suspected areas of contagion, staff should undergo testing and obtain a doctor's note before returning to work. If an employee or clergy is planning a trip outside Canada,

the person should be asked to purchase travel insurance which then limits the exposure to the MSSO benefits program.

Temperature/Personal Protective Equipment/Hand Sanitizer/Physical Layout

Parishioners should be advised to visit the office only for urgent/necessary business. A notice at the entrance to the office should be posted for visitors which includes the following directives:

- If you feel sick or your temperature is elevated, or you are experiencing any of the following symptoms (see Chapter 4, pages 8-9) you are asked to refrain from entering the office.
- Only one person is to be admitted to the office at a time.
- Be sure to use the hand sanitizer before entering the worship space.
- Be sure to maintain a physical two-metre (six-foot) distance at all times; stand and sit only in the designated places.
- Avoid touching your face or other persons.

It is recommended that both visitors and staff members wear PPE during meetings in the office.

Any staff members who interact with their colleagues or with the public are to be temperature screened before entering the office. Staff should take their temperature at home and if it is above 37.5 C, they should remain at home.

Bottles of hand sanitizer should be left upon each working desk and counter.

Where possible, at each desk or counter where there is to be interaction between staff and office visitors, a plastic screen be erected so as to negate the potential of the spread of airborne viral or bacterial contagion. Screens should be of dimensions not less than 90 cm x 90 cm (3'x3'), and these may be solid transparent plastic or saran or film wrap stretched out over a frame.

These surfaces and all other surfaces in the office should be wiped with a disinfectant cloth on a regular basis.

Use of office telephones should be restricted to staff use only.

If meetings must take place on site, such should be done bearing in mind physical distancing and the wearing of masks and gloves.

CHAPTER NINE: EMERGENCY SITUATIONS

The following are some examples and directions of what you should do on encountering a pandemic contagion situation such as potential contamination of a church or parish/diocesan office. The guiding rules for these situations are compassion and safety. One must not be foregone for the other. It is always better to err on the side of caution in these circumstances.

In all cases, immediately consult Public Health Ontario for reporting requirements and assessments of the threat.

- While considerations of privacy must be respected, a positive duty must be taken to advise people who may have been exposed to viral contagion, and a further positive duty exists to remove any such threat and take measures to bring the parish back into a healthy state.

For issues that arise that are not listed here, please contact the eparchial bishop or chancellor for direction and advice.

1. Pandemic Infection of Clergy or Staff

Notice of any such infection must be given to the eparchial office. Clergy and Staff must seek immediate medical attention and follow any direction to quarantine or otherwise isolate. Such advice must also be communicated to the eparchy.

Clergy or Staff so affected may not return to work until they possess a letter from their physician advising that they no longer suffer from the virus.

2. Pandemic Infection of a Parishioner

Should you be advised that a parishioner who attended services has been diagnosed with a pandemic infection, such information should be confirmed. Upon confirmation, a letter must be sent to the parishioner advising them that until they are pronounced as being well, they cannot come to the church or office. Ministry by telephone and follow-up on their health should be made.

3. Notice to Parishioners

Parishioners should be advised of the sickness of their parish priest or staff, though staff are not to be named.

Clergy and Staff should be contacted to inquire who from within the parish they had contact with in the 14 days prior to their contracting the disease. To the extent possible, each of those persons should be contacted to inform them of the infection and the need for that person to seek out medical testing or treatment.

CHAPTER TEN: COMMUNICATIONS

As our Eparchy prepares for reopening both administrative offices and parishes in the midst of the COVID-19 pandemic, effective communication will be vital to ensure clergy, staff and the faithful have a clear understanding of our plans, how and when they will be implemented and guidance for supporting one another during these challenging days. The eparchy must ensure that timely and accurate dissemination of information is provided to parishes and employees during the pandemic period.

CHAPTER ELEVEN: INSPECTIONS BY THE EPARCHY/CATHOLIC MUTUAL

In order to provide assurance to the Government that Ontario Catholic churches will be abiding by best practices as are outlined in this manual, your eparchy shall, from time to time, conduct inspections on an unannounced basis. Parishes that are non-compliant will be put on an improvement list, and failure on their part will result in the imposition of restrictions pending demonstrable compliance.

In addition, Catholic Mutual, in the course of its regular inspections, has indicated that they too will review parish churches for compliance issues and report to the eparchial chancery.

WORSHIPSAFE

Summary Sheets

NOTE:

1. The three checklists enclosed are summaries of information and are not intended to be a final checklist only. Please read the Diocesan Directives in their entirety.

2. The Celebrant and all deacons, altar servers, ushers, Eucharistic Ministers and any others assisting with the celebration of the Eucharist or any sacrament are reminded that they must have their temperatures taken prior to entering the church. If an individual has a temperature greater than 37.5 C, the individual must not enter the church.

I - SUMMARY SHEET: ENTRANCE AND EXITING THE CHURCH/SEATING PEOPLE

Ushers

- All should wear disposable gloves and masks.
- An Usher captain should be designated at each Liturgy to ensure that all tasks are reviewed and performed.

Prior to Divine Liturgy

- The Celebrant, and all liturgical ministers must have their temperature taken 1 hr prior to entering the church. If an individual has a temperature greater than 37.5 C the individual must not enter the church and should return home.
- Ensure that entrance restriction Notice Signs are posted or otherwise situated in visible positions at each entrance to the church before every Liturgy and that the cautions on the signs are pointed out to people entering.
- Designated Usher must see to it that physical distancing is maintained.
- Ensure that people entering are not mixed with people leaving and that where possible each group use doorways designated for entering and exiting. Ushers may assist by directing people so that physical distancing is maintained.
- Review the floor and seat markings to see that they are all in good repair and order.
- Review the crying room to ensure that it is closed.

Temperature Screening

- Ushers must remind people that they should take their temperature at home before coming to the church. When an individual indicates they have not taken their temperature prior to coming to the church, the person's temperature must be checked for temperature by the Ushers or respectfully directed to not enter the church and to return home.

Showing People to Their Seats

- Families residing the same household and individuals should be seated in pews so that there is 2 meters of space between them and next person/family seated.
- Try to seat families in one area with plenty of space for them.
- Remember to skip uneven rows to ensure the two-metre (six-foot) distance is met.

Collection

- Ensure that the locations of collection baskets are properly noted and draw people to them in order that they may make their donation. The collection basket should be situated in proximity to the exit and if possible two persons should be assigned to safeguard the basket maintaining physical distancing while people are exiting.

Communion

- Ushers must keep people distanced two-metre (six-foot) distance from each other and regulate the pace of the Communion procession. Each usher should remain

two-metre (six-foot) distance away from persons they are directing. People should be directed by row and, when returning, the people must return to the row they departed.

Exiting

- After dismissal, the usher will direct the parishioners to exit row by row beginning with the row nearest the exit. Parishioners must be reminded to maintain two-metre (six-foot) physical distancing.

Overflow Room

- Where the Bishop has approved the use of the church/parish hall for overflow use, the parish hall seating is to be laid in a manner consistent with the social distancing norms being used in the main church. An usher should be present if an alternative area is opened.

Sick Parishioners

- If an usher notices that someone is demonstrating visible signs of COVID 19 including, but not limited to cough, dizziness, fatigue, shortness of breath, aching muscles, confusion – that person and any related parishioner should be tactfully asked to leave and seek medical treatment. The usher should not attempt to lift or help the parishioner in any way. If the parishioner is too sick to move, the paramedics should be called at 911.

Traffic Flow

- Entrance and exit doors must be strictly used. People entering are not to mix with people leaving and each group shall use doorways designated for entering and exiting. In smaller churches, Ushers must coordinate traffic flow to maintain order. Some role of traffic cop might be instituted to have people come in and out so as not to collide or violate the two-metre (six-foot) distance space rule.
  - Ushers must review the floor and seat markings to see that they are all in good repair and order.
  - Ushers must review the children's cry room area to ensure that it is locked, and if unlocked to place a "DO NOT ENTER" sign on the door.

II - SUMMARY SHEET: CHURCH SPACING AND CLEANING

Janitorial and Cleaning Staff ("Staff")

- Staff must see to it that all measuring aids to assist people with physical distancing are in place and in good order.
- Care and attention must be paid to ensuring that all floor and seat affixed tape are in good condition.
- Wastebaskets should be placed in the church for used tissues, masks and gloves and emptied after every service.
- Washrooms should be cleaned after every service. Care should be taken to make sure the instructions for safe and reliable hand washing techniques remain posted in a visible position.
- Hand sanitizer dispensers should be placed in proximity to all exits, all washrooms and in the sanctuary.
- Interior direction signs should be placed in obvious locations for the washroom, etc.
- Fonts should be emptied.
- Reconciliation Rooms should be cleaned after every confessional service. Screens and kneelers should be wiped.
- After every Divine Liturgy, a disinfecting cloth should be run over all the pews, including the backs and sides where people's hands come in touch with them.
- Church halls should be cleaned in the same manner as the church proper. Chairs should be laid out at 2-metre (six-foot) distance intervals. Chairs should be wiped if they have been used in the previous 72 hours.
- Sound systems in halls should be checked to ensure that church services can be broadcast within them.

III - SUMMARY SHEET: LITURGY AMENDMENTS

- Pre-Liturgy prayers may continue as long as appropriate spacing is used.
- Children's liturgy is suspended. Signage will be posted notifying parishioners at all entry points. Parents must be in control of their children at all times; a child cannot be permitted to wander.
- All persons in the sanctuary will maintain a three-metre (ten-foot) distance apart while singing or two-metre (six-foot) distance apart when speaking.
- The number of altar servers, sacristans (palamars) as well as presence of subdeacons and deacons in the sanctuary shall be governed by distancing rule – see above.
- Singing at Liturgy is restricted to cantors or choir members who observe physical distancing of 10 feet (3 meters). Parishioners wearing face masks may join in the singing.
- Offerings are not collected during the Liturgy
- The priest (and deacon) must disinfect their hands as per instructions in the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS.**
- The priest and deacon may not wear gloves. For instances where a mask is to be worn by the celebrating clergy see the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS.**
- For distribution of Holy Communion see the **SUMMARY CHECKLIST FOR CELEBRATING DIVINE LITURGY UNDER COVID-19 RESTRICTIONS.**
- Before dismissal, the priest should remind the assembly about leaving the church under the guidance of the ushers while observing appropriate distancing.

APPENDIX A: A HISTORY OF PANDEMICS

What is a Pandemic/Epidemic

A pandemic is an outbreak of disease that occurs throughout the world. These contagions generally fall into two categories: those spread by viruses, such as influenza or coronavirus; and those spread by bacteria, such as plague.

The recent COVID-19 pandemic is only the latest of a number of afflictions that have hit mankind since the beginning of recorded history.

Organisations, such as the World Health Organization, as well as governments, declare serious outbreaks of communicable disease as pandemics and epidemics bearing in mind their severity, their effect upon people, how readily they spread and the health damage and death which they may cause.

Pandemics start out as "epidemics" at first, the distinction being that the latter are local in scope. In days past, spread of pandemics and epidemics was somewhat limited as transport only came by ship or on foot, and measures such as quarantine and isolation would be easy to discern. However, in our modern age of diverse populations and unrestricted international travel, localised outbreaks rapidly become global in nature, particularly if the disease is not known to human immune systems. In our modern and international world with access to immediate and relatively inexpensive global travel, this trend is likely to continue.

COVID-19, which concerns us most at the time of the writing of this manual, originated in the City of Wuhan, in Central China. While its origins are not yet clear, we do know that within a month of the virus being made public, it quickly spread, becoming a pandemic by early March, 2020. Pandemics lessen in intensity through the development of "herd immunity" via natural infection or vaccines. Such pandemics may then become endemics, which means that they have stabilised and their rate of infection and their target populations can be predicted, and treatment and prevention methods can be employed. In some cases, the virus can be constrained or eradicated as in the case of smallpox.

History of Pandemics

Most pandemics have occurred on account of influenza (flu) viruses, though others such as plagues are transmitted by bacteria. Flu viruses are usually airborne, and generally attack lungs and other body systems. They are remarkably resilient and can often change into a new form to which standard medicine and vaccines may have no effect. That type of contagion often becomes a pandemic.

The Black Death, or bubonic plague as it is known to science, occurred between 1346 and 1353. The disease is caused by the bacterium Yersinia pestis, and, though not an influenza still resulted in the death of half the population of Europe during the mid-14th century. Thousands of priests and religious humanitarians died ministering to the sick at that time.

Modern Pandemics

While the Black Death captivates our imagination for the terror it caused, the Spanish Flu (Influenza A, H1N1) that took place between 1918 and 1920 was the most deadly pandemic in modern history, infecting roughly a third of the world's population and responsible for causing over 20 million deaths, a number that greatly exceeded the losses experienced by the belligerents in World War One. Other notable pandemics include:

- 1958 Asian flu pandemic, imported a new strain of influenza A virus that killed an estimated 1.1 million people worldwide;
- 1968 “Hong Kong” flu (H3N2) pandemic was also caused by a new strain of the influenza virus that killed 1 million people worldwide.
- 2010 Swine Flu was caused by a new strain of the Spanish flu. Although it is said to have infected a billion people, it did not prove as deadly in effect.

More recently, there have been outbreaks of other severe diseases, including the deadly Ebola virus which has its origins in Central Africa. These outbreaks have been mostly isolated and governments have been careful to implement measures to restrict their transmission. As Ebola originates from an economically disadvantaged area, with less traffic and travel, the potential of the spreading of disease has been less worrisome, though it remains a significant threat.

We do not tend to think of the common flu bug as being a pandemic, but it is. The World Health Organization estimates that seasonal flu results in 290,000 to 650,000 deaths per year, mostly among the elderly or those with other health problems.

APPENDIX B: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

This manual from time to time will prescribe the use of PPE as a means to prevent transmission and reception of communicable disease. It should be recognised at the outset that use of PPE is no guarantee that one will neither give nor receive a pandemic a viral infection. PPE is simply a measure that if correctly employed, will lessen the potential of transmission.

PPE is also subject to practicality and understanding of the characteristics of the pandemic contagion. If we all lived in a bubble, we would reduce the chances of catching something down to zero. But that is not practical. If gloves are needed to avoid contamination from surfaces, are we better simply keeping the surfaces clean? If masks are needed only to prevent us from exhaling or inhaling moisture borne droplets, do we need them if we lessen the underlying risk by reducing our interactions and implementing space guidelines that make the transmission of droplets negligible?

Further, we must be mindful of the availability and cost of PPE. If we cannot afford its use, we must come up with alternative ways of service delivery that negate the necessity of it.

Where this manual designates the use of PPE it will specify the circumstances where it is optional or mandatory. It remains the responsibility of each parish or service provider adopting this manual to arrange for their own supply of equipment necessary to fulfil the requirements set out herein.

Type of PPE

The term PPE originates from occupational settings that are healthcare or paramedical in nature and encompasses a full ensemble of a fitted N95 mask, face shield or goggles, gown or full body suit, and various types of gloves. In addition, specialized ventilation systems (laminar airflow rooms for isolation in hospitals) and protective barriers such as plastic or plexiglass screens fall under protective equipment. In the context of pandemic response by the public, PPE refers primarily to a face cover of some sort, gloves and the implementation of plastic screens.

Masks:

For infections that are respiratory in nature, the wearing of a mask has been demonstrated to be of significant benefit to prevent those with active infection from disseminating infected airborne particles. On the other hand, the risk-benefit of mask wearing by asymptomatic healthy people remains controversial. While there is evidence that the correct use of a fitted N95 mask will reduce acquisition of the infection in the healthcare setting, there is concern that inappropriate use of unfitted masks that are of heterogeneous quality and origin by the general population may actually increase infections by raising the frequency of self-contamination by touching one's own face while donning or removing the face cover.

Surgical type masks with ties at the back or loops behind the ears have been well-studied and until the onset of COVID-19 were widely available. These are meant to be single use, to be worn while outside the home in a higher risk environment and then discarded. It is essential to remove these masks carefully by touching only the ties or loops, dispose without contacting the front of the mask and then followed by hand washing or sanitizing.

Due to the shortage of these types of masks, many home-made and commercial alternatives have come to market with very little research confirming their benefit.

Ultimately, there is insufficient science to mandate the uniform wearing of masks within a parish church, especially when appropriate physical distancing is maintained, however, parishioners and church employees who feel they are at greater risk and are more comfortable wearing them, should be allowed to do so. On the other hand, it is reasonable to mandate the wearing of masks (and gloves) for certain of the Sacraments that involve close proximity with inability to keep two-metre (six-foot) distance apart. (confession, baptism)

Gloves:

Similarly, the wearing of gloves by the general public may not reduce transmission if they are not used properly. There are many types of gloves available including those that are latex free for the significant percentage of the population who carry latex allergies. Some fabric gloves are now available that embed copper or silver fibers that are antiseptic. The wearing of gloves when in a high-risk exposure situation for a discrete period of time (contact with high-touch fomites such as grocery cart handles or electronic pin-pads for example) is reasonable, as long as the gloves are immediately and safely disposed of, followed by hand-washing or sanitizing. Wearing them continuously through a Mass is not indicated.

APPENDIX C: TESTING

Testing and Positive/Negative Results

Unfortunately, no medical test is perfectly capable of ruling in or ruling out disease. Different types of tests are available, with different characteristics and it is essential to apply the correct test at the right time and to interpret the results in the appropriate context. In order to answer the question: "for COVID-19, does an individual with symptoms have the disease and are they potentially infective?" the best test is a genetic fingerprinting technique (PCR – Polymerase Chain Reaction) that identifies the presence of the virus in respiratory secretions, typically obtained through a deep nasopharyngeal swab. This test has very low false positive rates but can occasionally be false negative if the disease is very early or if the swab is not performed correctly. To answer the question: "for COVID-19, did this individual have the disease in the past?" the best test is serology, that measures the level of specific proteins called antibodies created when the immune system is exposed to that unique virus.

Interpreting Test Results and Potential Implications

PCR Negative – not currently shedding virus and not infective. Person may have never had the infection, or had the infection more than two weeks ago and is recovered.

PCR Positive – person has the infection and is contagious. Must quarantine for fourteen days from onset of symptoms. Depending on the occupation of the individual, a repeat test that is negative may be required to return to work. This should be the approach for all clergy, staff or volunteers as it is possible to continue shedding virus (and be contagious) for weeks after acquiring the disease and after symptoms have resolved.

Serology Negative – no evidence of past infection (but it can take up to a week from acute infection to develop antibodies). Therefore, this test DOES NOT indicate if a person is contagious or having early / active disease. Those with no antibodies are susceptible to the disease.

Serology Positive – evidence of past infection (at least a week prior). It is assumed that these antibodies are protective against future infections with the same Coronavirus, but may not protect against other variants of the disease. Once a vaccine is available, positive serology may reflect effective immunization rather than natural infection.

Positive PCR testing in clergy, staff or volunteers should be communicated to Public Health (though this is a reportable illness and Public Health will likely already be involved). Details of known contact with ill people and that timeline as well as the dates and locations of any participation in church or outreach services will be required by Public Health. Communication with the bishop or temporal chancellor so that alternative arrangements for staffing can be made should also be considered.