Recommendation from the Building Re-Opening Task Force **May 8, 2021**

Recommendation:

The Building Re-Opening Task Force, based on the guiding principles of science, inclusivity, and a careful, phased reopening plan, recommends:

- A "transitional opening" be considered when the daily new positive COVID-19 cases in the Philadelphia region reaches ten (10) per 100,000. (*See report for restrictions.*)[1]
- A "return to normal" with no restrictions be considered when the daily new positive COVID-19 cases in the Philadelphia region reaches one (1) per 100,000.
- Consideration be given to a "transitional re-opening" of the church office. As of May 8, 2021 all staff have received vaccinations over two weeks ago.

In addition, the Task Force recommends that the "transitional opening" for services should occur only when live-streaming facilities are functional in the sanctuary, and, vaccinations are broadly AVAILABLE to those desiring them in the region, a condition which has already been satisfied.

We cannot guarantee when the above metrics will be achieved, but, these metrics were chosen to acknowledge the positive effect of broad vaccination roll-out while also considering the exponential risk of transmission, the emergence of variants and broad community relaxation of precautions. It is recommended that these targets be reviewed periodically to determine if they should be relaxed or tightened, especially in light of our early experiences.

Background:

The COVID-19 pandemic has lasted for over a year. We have all experienced its devastation and loss, including members of our congregation. Due to reports of possible fourth waves and several variants, and because of our initial considerations for moving to virtual worship, now is not the time for First Church to be returning to in-person worship. It is acknowledged that in making decisions about in-person worship with regard to the physical health and safety of the congregation, Session must also consider the emotional and spiritual health of the congregation. A recent resource at the link below provides a very balanced discussion of these topics: https://www.christianitytoday.com/ct/2021/january-web-only/church-reopening-vaccine-coronavirus-covid-advice.html

It is important that both Session and the congregation are kept informed with accurate information. It is also important that we begin to plan what a return to in-person worship should look like, even if the specific timing is still not certain. The purpose of this document is to provide accurate and timely information to Session, and to lay out a recommended path for how in-person worship could take place.

[1] Based on current numbers of new cases per 100,000 in Philadelphia as reported by Johns Hopkins and CDC, it is reasonably conceivable that we may reach the 10/100.000 new case average threshold by July 2021 when the live stream capacity should already be in place. As of May 6, Philadelphia County's number was 16.1 new cases per 100,000, based on a seven day rolling average, as reported by Johns Hopkins.

Guiding Principles:

There are three guiding principles upon which the Building Re-Opening Task Force (Task Force) believes re-opening decisions should be based:

1. Guided by Science
2. Demonstrate Inclusivity
3. Carefully Phased Reopening

1) Science:

a) Fatalities and Comorbidity

While COVID-19 deaths have made the headlines (currently, one US citizen dies every 70 seconds from COVID-19) , it is less widely known that there are MANY other health problems that affect survivors of COVID-19. For every one (1) fatality from COVID-19:

i) 18 developed permanent heart damage *(in one study, 80% of those who recovered showed heart damage by MRI)*
ii) 10 developed permanent lung scarring and damage
iii) 3 developed permanent kidney damage
iv) 2 had permanent neurological defects *(up to and including psychoses, especially in younger population)*
v) 2 had significant cognitive dysfunctions
[Source*:* https://soundcloud.com/presby-phl/viruses-vaccines-and-variants-a-conversation-at-the-well-with-lisa-allgood*]*

b) Vaccinations

These statistics reinforce the importance of vaccinations. The news on the vaccination front is very promising. The currently available vaccinations in our region have demonstrated incredible efficacy at preventing hospitalization and death, and high protection from infection. Vaccinations continue to become more available, with all PA residents over 12 years old being eligible (in PA) in the next couple of weeks. It is unknown how long it will take for herd immunity to be achieved.

c) Children, Transmission, and Vaccinations

While a high percentage of the adult population will hopefully be vaccinated soon, none of the currently available vaccinations have been approved for use in children under 12. This delay is primarily due to the fact that COVID-19, in general, is far less severe in children than, especially, in older adults. People younger than 21 account for about one-quarter of the population in the United States, but they make up less than 1% of deaths from Covid-19. Still, about 2% of children who get Covid-19 require hospital care, and at least 227 children in the United States have died of the disease. [Source: https://soundcloud.com/presby-phl/viruses-vaccines-and-variants-a-conversation-at-the-well-with-lisa-allgood]

Even though children in general react less severely to COVID-19, like any other unvaccinated individuals they can spread it to others. A recent study of young children in the US showed that children – who are mostly asymptomatic – have up to 25 times the amount of virus in their nasal passages than hospitalized adults. When social distancing and other safety measures are not enforced, children have the potential to become significant contributors to community spread, and pose transmission challenges for unimmunized adults with whom they come in close contact. Such factors will be considered in developing the safety protocols for in-person worship services designed for children.

d) Variants

Variants are expected to "take over" as the predominant strain of the virus in a relatively short time, since they spread more readily; the virus can make these changes without cost. Variants may impact the protection afforded by current vaccines. The current three vaccines (Pfizer/BioNTech, Moderna, J&J/Janssen) are likely to protect from the UK variant (B.1.1.7) effectively, but the other variants such as the South African strain (B.1.351) could compromise the vaccine protection. How important these are depend mainly on 1) how quickly the vast majority of people get vaccinated and 2) timing of relaxation of public health measures (masks, distancing, restrictions on crowd size, hand-washing/disinfection). The CDC is monitoring these variant rates but the overall rate of new cases will probably be a good measure of how they are progressing.

e) Protecting Public Health

A factor which makes the spread of COVID-19 so insidious is that carriers are at their most contagious for up to 8 days prior to showing symptoms. It is spread by apparently “healthy” people. Doing our part to end the misery and suffering of this disease requires balancing physical health with emotional and spiritual needs. Vaccines play an important role. The evidence for 90% reduction in infections helps to ensure a dramatic reduction in potential transmission among the vaccinated. A second consideration is that the variants emerge both by person-to-person transmission (they are more contagious) and within individuals who have a prolonged infection as the virus adapts (especially the immunocompromised). Even among the vaccinated, the CDC still recommends to "avoid medium- and large-sized in-person gatherings, and, poorly ventilated spaces” to reduce the chance of contributing to a resurgence of number of infected people. The risk is tied to the rate of new infections in a community.

Another factor which protects the public and which we have all heard about for the last year, is the importance of mask use. There are a number of people for whom vaccinations are not an option, and for those people, continued mask use, both by them and those who have been vaccinated will be imperative. Mask use makes a difference in the transmission of airborne viruses. Before COVID-19, flu caused over 60,000 people to be hospitalized in the USA in a year. However, over the last year, when mask use has been broadly practiced across the country, there were only 155 hospitalizations due to the flu.

f) Air Movement

The issue of poor ventilation in our church has been frequently discussed. However, even in situations where ventilation is good, or, where large scale air cleaning (e.g. HEPA filters) are utilized, air movement in a sanctuary can pose a problem, as discussed in the Lisa Allgood podcast referenced above. In that podcast, Allgood suggests that maximum air flow be used when a sanctuary is vacant, but, immediately prior to its use for a service, all air movement be minimized to minimize virus spread among congregant.

If a person is COVID-19 positive, any virus aerosol that they exhale will be carried past anyone “downwind” of them. So, for example, if large fans were set up to move lots of air thru the sanctuary, say entering at the front and being blown out the narthex, anyone sitting between a COVID-19 positive person and the narthex gets to breath the exhaled virus containing aerosol. There is a well-documented case of transmission due to air

flow from air conditioning in a restaurant, where those downstream became infected, but others in the restaurant not in the airflow were fine.

Likewise, if a large scale HEPA filtering system is installed, this creates "clean air" only as it leaves the system- as soon as that air flows by someone exhaling virus aerosol, the air is NOT clean anymore, and that aerosol gets carried to anyone downstream. There is one benefit of such a system. If multiple services are occurring, such a system could "clean" the air between services.

The above discussion can be most easily understood when considering someone smoking. If you are sitting downwind of someone who is actively smoking, it does not matter if the air was fresh or immediately cleaned when it entered the building, you will still be breathing and smelling the smoke. Air movement will reduce the smoke smell to anyone who is upwind of the smoker, but, enhances the impact if you are downwind. Unlike a smoker, it is impossible to tell who in attendance may be asymptomatic for COVID-19.

It has been suggested that there may be an economical means to significantly increase the flow of fresh air in our sanctuary by opening existing louvers in the attic and installing an appropriately sized attic fan. The possible installation and use of such a system should be investigated. This would have COVID-19 related benefits of significantly enhancing the replacement of air in the sanctuary with fresh air, reducing the waiting time between consecutive uses of the sanctuary. If the fresh air entering the sanctuary came primarily from the floor registers, this could reduce the possibility of COVID-19 transmission because the majority of air movement would be vertical and not lateral. If however, the fresh air entered through existing doorways, the air movement discussion above would still be an issue. Another possible non-COVID-19 benefit of such a system is its possible beneficial impact on the temperature in the sanctuary during summer.

g) Possible Metrics

The number of daily confirmed cases of COVID-19 is a readily-available reflection of its spread throughout a regional community. It is a convenient reflection of the combined impacts of the spread of new variants and community relaxation of safety measures.

As indicated above, the task force has suggested that a metric for "return to normal" would be one (1) new confirmed daily case per 100,000 in the population (*using a seven-day rolling average*). This compares with the recent Philadelphia statistic of 16.1/100,000 new cases (as of May 6 2021). One of the reasons for choosing this statistic was that has been chosen by a large local pharmaceutical company to trigger their return to offices. It is also consistent with the risk designation from the Harvard Global Institute for Health (source: https://ethics.harvard.edu/files/center-for-ethics/files/key_metrics_and_indicators_v4.pdf) which designates greater than twenty five per 100,000 new cases as severe risk, between ten and twenty five per 100,000 new cases as high risk, between 1 and 10 per 100,000 new cases as medium risk, and, less than one per 100,000 new cases as low risk.

In balancing the emotional and spiritual health of the congregation with our physical health, the overall desire may be to begin an adjusted in-person worship. This method, utilizing a phased trajectory starting with an initial transitional opening with lots of precautions, may allow for a more relaxed metric to be considered. The Task Force has

recommended a transitional opening metric of ten (10) new confirmed daily cases per 100,000 population should be reasonable.

In keeping with the "transitional" nature of the reopening, the task force suggests that some of the restrictions on the initial service reopening could start to be relaxed as the number of COVID-19 cases in the area decreases, but, before the "normal" threshold described above is reached. It is suggested that consideration be given to beginning that relaxation when a metric of five (5) or lower new confirmed daily cases per 100,000 population is achieved. The exact specifics of that relaxation should be decided at that time, based on our experiences during the initial phase of the transitional opening, but could possibly include consideration of increasing the number of attendees and/or eliminating the need for pre-registration.

Like many things with COVID-19, the only thing certain is that it is unpredictable and will depend on factors outside our control, including vaccination rate. While the above seem like prudent metrics at the moment, it is suggested that they be reviewed in the future to determine if they are still appropriate.

2) **Inclusivity**

a) Jesus's "new commandment" that we "love one another" requires us to be inclusive. While this can have many meanings, it is important to remember that in a COVID-19 world, every member of our congregation has unique medical circumstances which means that what might be considered safe for one person may be very risky for another. In developing plans for return to church, it is important that all of the congregation is considered, not just the young, healthy, or vaccinated.

Regardless of how in-person worship begins, it is highly likely that there will be a fraction of our congregation for whom such an activity would be considered as too risky. For these members of our community, it is imperative that we offer an in-home virtual experience which makes them feel as much as possible that they are an important part of our church. Because of this, **it is the recommendation of the Task Force that *we prioritize the installation of live-streaming facilities, which will facilitate live worship for those who participate from a remote location and*** obviate the need for staff to record both a service (our current practice) and perform an in-person service every week. Baron and Andrew are willing to conduct two consecutive in-person similar services on Sunday if there is sufficient demand.

b) One possibility for an early phase of opening would be the requirement for those attending to be vaccinated. **It is the recommendation of the task Force that *If an early phase of in-person worship suggests that vaccinations are strongly recommended, that phase not commence until regional vaccines are readily availability to all those desiring them, a condition which has already been satisfied.***

c) When the "transitional opening" becomes available to the Congregation the Celebration Service will again be held in Buttonwood Hall subject to appropriate safety protocols including pre-registration, mask-wearing, and spatial distancing. Due to the unique challenges COVID-19 presents to children, including the lack of a vaccine for children under 12, the Celebration Service will be designed for families with younger children with measures that will minimize the risk of transmission.

d) Another important expression of loving one another will be the continued use of masks. As discussed earlier, mask use is not only important for reducing the spread of COVID-19, their use also reduces the spread of other airborne diseases as well. For the sake of those of our congregation with ongoing medical issues***, continued encouragement of mask use*** will be a minor inconvenience that is beneficial to many.

3) Phased Re-Opening:

<u>Services</u>

In balancing the emotional and spiritual health of the congregation with their physical health, when the time is right, the Task Force recommends consideration be given to a phased opening approach.

a) Based on the task force's suggestion, **a metric of ten (10) new confirmed daily cases per 100,000 population** *(based on a 7-day rolling average)* was thought to be **a reasonable metric to trigger such an opening**. For some churches in our region, this may be a very conservative triggering metric, but, it was chosen for First Church because of our poor ventilation, and remembering that in all CDC recommendations, avoidance of poorly ventilated spaces is always mentioned. The choice of a metric, as opposed to a specific time, is believed to be prudent because it is a catch-all that reflects the result of many different variables in the spread of COVID-19. Likewise, if a transitional opening begins, but, at some later time, another dangerous variant emerges, this metric can be used to indicate that it may be necessary to pause the in-person services until it is once again achieved.

Of course, everything with COVID-19 is impossible to predict. It is unknown when such a statistic would be achieved in the Philadelphia region, although, based on current trends, we are optimistic that we will fall within the desired 10/100,000 new case range by July 2021. if there are no new major developments, and things continue as they currently are (which has never been the case with COVID-19), a rapid and broad vaccination of the region's population could accelerate this, whereas a fourth wave, or the emergence of even more variants and in particular the emergence of variants for which the current vaccinations are ineffective, could greatly delay such a transitional opening.

b) For an initial "transitional opening", the Task Force recommends the following protocols:

- **i) requiring prior registration (with multiple methods to register - phone, online, etc.)**
- **ii) strongly recommending individuals be fully vaccinated (*i.e. 2 weeks after the final dosage for the specific type*) for attendance**
- **iii) limited to ~50 attendees (33 family units).**
- **iv) Everyone who registers before a stated deadline will be guaranteed a space in worship, though not necessarily at their preferred time.**
- **v) social distancing of family units**
- **vi) mask use for all**
- **vii) limit singing to the masked choir**
- **viii) no fellowship hour after the service**

c) Prior registration is recommended for two reasons. The first is to ensure that here will not be too many people/family groups in the sanctuary. It was suggested that if more

than 50 (33 family units) pre-registrations occur, it may be prudent to offer two separate (but similar) services to accommodate the demand, and pre-registration would allow for the planning of this. A second more practical reason for recommending pre-registration is that if the church became aware of a COVID-19 positive person attending a particular service, a record would exist to provide for notification of all those in attendance. Limiting the service to 50 people (33 family units) was chosen because it is nominally 10% of the capacity of the church and a survey of the sanctuary indicates that 33 family units could be reasonably accommodated while still maintaining acceptable social distancing.

d) The importance of the need for continued social distancing of family groups precludes any Fellowship hour following this service. It is recognized that there will be some for whom there is a strong desire to socialize. While this should not occur indoors, they should be encouraged to do so outdoors and for example take a stroll around Rittenhouse Square.

e) Consideration be given to relaxing some of the restrictions listed in item (b) above when the number of confirmed daily cases in the Philadelphia region drops to five (5) new confirmed daily case per 100,000 population *(based on a 7 day rolling average).* The exact specifics of that relaxation should be decided at that time, based on experiences during the initial phase of the transitional opening, but could possibly include consideration of increasing the number of attendees and/or eliminating the need for pre-registration

f) Once the number of confirmed daily cases in the Philadelphia region drops to **one (1) new confirmed daily case per 100,000 population** *(based on a 7-day rolling average),* **it is the recommendation of the Task Force** that this could **trigger a full "return to normal" service**, where the above restrictions are relaxed, including the resumption of Fellowship hour after the service. However, there will be some members of the congregation who will still be at risk (e.g. for medical reasons they cannot be vaccinated). For their benefit, mask use should still be strongly encouraged (or may be required). It is currently not clear exactly for how long that should be practiced, but, that decision can be left till then and be based on the then prevailing conditions.

As discussed earlier, the Celebration service has been the center of much discussion, without much resolution. It was decided that the best path forward for planning re-opening of the Celebration service would be for Rev. Megan LeCluyse to follow-up with the families who regularly attend that service and seek their input for options that would be considered both safe and broadly acceptable. Some suggestions for consideration include:

1. moving to outside services
2. moving into the sanctuary, where maintaining social distancing may be easier and where live streaming facilities would exist
3. elimination of communion
4. Adjustments to the method of collecting the offering

Because of the current lack of available vaccinations for young children, it is suggested that the registration process include wording to indicate to any visitor considering attending the Celebration Service that this service is designed for families with younger children with measures that will minimize the risk of transmission.

One possibility that has been suggested is the use of Old Buttonwood Hall, with family "picnic blankets" used to designate appropriate distancing. It is believed that 12 such family groups could be accommodated. In addition, singing by all attendees during the transitional phase would be discouraged, with that possibly replaced by a small number (1 to 4) choristers singing while the children play supplied child appropriate musical instruments (e.g. maraca, tambourine). In keeping with both the transitional nature of this service and our lack of experience of what issues may arise, logistics should be reviewed early in the transition period and modified appropriately, based on both our experiential learnings and COVID-19 statistics.

Office

It is important that the congregation see actions that indicate a movement towards "normality". One such example was the movement of the choir during service recording, after all of the participants had acquired full vaccination immunity. Another possibility that **the task force recommends considering is a "transitional" re-opening of the church office**, once the impacted staff have waited the appropriate time after their last vaccination, which will occur on Saturday May 8 2021. The task force believes that such action will provide a moral boost to the congregation, even if many do not regularly visit the office during the week. Detailed logistics of how this transitional re-opening should occur are left for a discussion between staff and Session (Personnel committee). We advise that the transitional reopening of the office maintain modified office hours to allow staff who use public transit to travel during non-peak hours.