

# WORSHIPS SAFE

## DIRECTIVES CONCERNING CATHOLIC CHURCH OPERATIONS IN THE PROVINCE OF ONTARIO

### PANDEMIC AND EPIDEMIC EMERGENCY SITUATIONS

The directives contained within this document fall into three categories: recommended, highly recommended and mandatory.

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

THIS BOOKLET SHOULD BE RETAINED FOR FUTURE REFERENCE.

**This is a Revision dated December 1, 2020 and supersedes the initial Booklet dated June 1, 2020.**

**IMPORTANT ADDITIONS AND REVISIONS ARE UNDERLINED**

**ONTARIO DIOCESES AND EPARCHIES  
SUBSCRIBING TO THIS DIRECTIVE**

The Roman Catholic Episcopal Corporation for the  
Diocese of Alexandria-Cornwall, in Ontario, Canada

The Roman Catholic Episcopal Corporation of The Diocese of Hamilton in Ontario

The Roman Catholic Episcopal Corporation of The Diocese of Hearst-Moosonee

The Roman Catholic Episcopal Corporation of The Diocese of Kingston in Canada

The Roman Catholic Episcopal Corporation of The Diocese of London in Ontario

The Roman Catholic Episcopal Corporation of Pembroke

The Roman Catholic Episcopal Corporation for  
The Diocese of Peterborough, in Ontario, Canada

The Roman Catholic Episcopal Corporation for The Diocese of St. Catharines, in Canada

Roman Catholic Episcopal Corporation  
for The Diocese of Sault Ste. Marie, in Ontario, Canada

The Roman Catholic Bishop of Thunder Bay

The Roman Catholic Episcopal Corporation of Ottawa

The Roman Catholic Episcopal Corporation of The Diocese of Timmins  
La Corporation Épiscopale Catholique Romaine du Diocèse de Timmins

Roman Catholic Episcopal Corporation for The Diocese of Toronto, in Canada

Mar Addai Chaldean Catholic Eparchy of Canada

The Slovak Eparchy

The Syro-Malabar Eparchy

The Military Ordinariate of Canada

The Ukrainian Eparchy

## 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 COVID-19 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.

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 posted on the ACBO and diocesan website.

The Directives herein focus on the safe opening of our churches and the participation of the faithful in the celebration of the Eucharist and other Sacraments and Rites of the Catholic Church.

In addition, the Directives give guidance to the opening of other premises (such as diocesan 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 to ensure the safety of our people.

The ACBO acknowledges the assistance of Dr. Tim Cook, FRCPC, MPH, LCol (Ret'd) who has provided us with medical input into this manual. As a public health specialist, Dr. Cook has taken the time to evaluate our practices and work with us 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.

**If a Pastor is unable to safely open the church following the enclosed guidance, please do not open your church and consult with Diocesan officials.**

## INDEX

Introduction .....	1
Index .....	2
Chapter One: Understanding Pandemic Diseases .....	3
Chapter Two: Pastoral Leadership.....	8
Chapter Three: Government Notices and Orders .....	9
Chapter Four: Personal and Community Hygiene, PPE and Temperature Monitoring, Responding to Illness Situations.....	10
Chapter Five: Basic Rules Applicable to All Churches and Parish Facilities .....	13
Chapter Six: Celebration of Sunday Mass.....	19
Chapter Seven: Other Rites Celebrated in the Church .....	24
Chapter Eight: A New Way of Working: Staff at Parish/Diocesan Offices .....	25
Chapter Nine: Emergency Situations .....	27
Chapter Ten: Communications .....	28
Chapter Eleven: Inspections by The Diocese/Catholic Mutual.....	29
Appendix A: A History of Pandemics.....	38
Appendix B: Use of Personal Protective Equipment (PPE).....	40
Appendix C: Testing.....	42
Appendix D: Re-Opening Offices Post-covid-19 Closures.....	43
Appendix E: Communications Strategies.....	45
Appendix F: Letter from the Pastor to Parishioners .....	54
Appendix G: Letter from Diocesan Bishop to the Faithful .....	58

## **CHAPTER ONE: UNDERSTANDING PANDEMIC DISEASES**

### **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 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 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 infectious virus. Indirect contact transmission typically requires the susceptible person to transfer 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 two to three metres (six to ten 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 three metres while speaking less than two 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 had initially 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 had been estimated that virus may survive up to 24 hours on cardboard or paper and 72 hours on plastic or metals (stainless steel).

These estimates have undergone further study under "real-life conditions" and, while the original research suggested virus could survive on various surfaces for days, it is now thought the viral "load" on most surfaces is not high enough to successfully infect a person coming into contact with that surface. This has been shown even in hospital settings. A journal article in *Lancet Infectious Diseases* states "environmental

contamination leading to SARS-CoV-2 (a contagion similar to COVID-19) transmission is unlikely to occur in real-life conditions, provided that standard cleaning procedures and precautions are used". This finding has led to the modification of cleaning requirements within churches outlined in this booklet to "disinfect only frequently touched surfaces and objects".

If a pew will not be used within an hour of the last occupancy, there should be no need to disinfect that pew, though periodic regular cleaning should still continue.

Where the pew is scheduled to be used within an hour of last occupancy, disinfection should consist of running a disinfectant-laden cloth along the tops and sides of each pew. This approach is likely to be sufficient to combat pathogens, and as more research is done, such requirements may be eventually be dispensed with.

### **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  $R_0$  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.  $R_0$  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  $R_0$  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  $R_0$  value. Measles, for example, is transmitted by aerosol and is highly contagious with a baseline  $R_0$  of approximately 15. To extinguish measles outbreaks requires a population to have greater than 95% immunity, attainable only by adequate immunization. COVID-19 has  $R_0$  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, 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, and all liturgical ministers 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 and pastoral liturgical ministers must first 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, a crucial and necessary means of lessening the potential of transmission.

**Until Health Authorities declare an end to a pandemic, the correct use of masks (worn properly and covering the nose and mouth) are mandatory for both those distributing and those receiving Holy Communion.**

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

Persons handling money from collections must 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 must wear disposable gloves.

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

### **Persons with Exemptions from Wearing Masks**

Children under the age of two are not required to wear masks.

Persons may be exempted by their physician/psychologist from wearing masks. The mandating of mask wearing by others presents an obvious inconsistency in appearance by those who do not wear masks. The dislike of wearing masks, age or other condition is insufficient for the purpose of being exempted from wearing masks while attending at Mass or any other service.

As a private entity and out of concern for the safety of those attending Church, a parish priest is entitled to seek verification of mask exemptions. The priest should generally invite those with valid exemptions to advise him or register as such with the parish so that proper arrangements can be made for them.

Those without proper exemptions should be told to wear a mask and masks should be made available to them. Those with valid exemptions should show the priest a note from a qualified physician or psychologist attesting to their condition. They should be seated in an area where easy access to them for communion may take place. The priest or extraordinary minister should bring them Communion and they should be asked to wear a mask only for the brief period of receiving Communion putting on a mask to receive Holy Communion, removing same to consume communion. This exercise is only intended to last a few seconds at most and is requested so as to protect both the parishioner and the priest/extraordinary minister of Communion.

Where there is strict impossibility to wear a mask, arrangements for Communion should be made with the parish priest so that a safe means of distribution can be ensured.

Those with exemptions should be encouraged to strictly maintain social distancing at all times.

## Responding to Illness Situations

Public Health Ontario ([www.publichealthontario.ca](http://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); that is, a fever (>37.8 C oral or >37.5 C forehead) or ANY compatible symptoms, or who believe that they have been exposed to COVID-19 must immediately notify the chancery office or bishop and seek immediate medical assessment and treatment, taking care to isolate themselves from others pending a confirmed diagnosis. Similarly, volunteers and liturgical ministers who exhibit such conditions or find themselves in such circumstances must, as soon as practicable, notify their parish priest, who will in turn notify the chancery office or bishop for directions.

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) must 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 Mass. If the priest has an elevated temperature, he must not celebrate public Mass.)

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 Mass. Those who exhibit fever or any other indications of a viral infections 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 Mass, that is, the celebrant, those assisting with the Mass, and parishioners, they should be asked to leave and seek medical assistance. Anyone who might attend to the ill person must 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 immediately 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 must 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-metres (six feet) distance and employment of the use of masks and appropriate hygienic measures are 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).

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 an alcohol content of 70%.

Church cleaning requirements should provide for the disinfection of only frequently touched surfaces and objects.

If a pew will not be used within an hour of the last occupancy, there should be no need to disinfect, though periodic regular cleaning should still continue.

Where the pew is scheduled to be used within an hour of last occupancy, disinfection should consist of running a disinfectant-laden cloth along the tops and sides of each pew. This approach is likely to be sufficient to combat pathogens, and as more research is done, such requirements may be eventually be dispensed with.

When someone falls sick in the church, the area within a two metres (six feet) 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.

In an absence of such machines, some other dispensing equipment or medium may be used taking care to see that all parishioners are directed to use such sanitizer prior to entering the church.

### **Holy Water Fonts**

Holy water fonts are to remain empty until such time as a further direction is issued to allow for their use.

## **Sacred Vessels**

All sacred vessels used in the liturgy are to be purified after Mass, and thereafter washed with warm soapy water and a hot rinse.

### **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 following symptoms (see Chapter 4) 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 Mass.
- Masks properly worn must be in place at all times save for the act of consuming the Host, but only after moving a recommended two metres (six feet) from the Eucharistic Minister dispensing the Host.
- 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 Masses 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 liturgy.

### **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 the liturgy or for personal prayer, the following norms are to be observed.

#### **General Safety**

Prior to commencement of Mass, 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 adoration of the Blessed Sacrament and 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 as 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 metres (six feet) 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 metre (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 metre (six feet) space between each person.

## **Sanctuary**

Seating in the sanctuary should be limited and must be arranged to ensure two metres (six feet) distancing.

## **Sacristy**

Entrance to the sacristy is to be limited to those who are required to prepare for the liturgy. Social distancing must be maintained while in the sacristy. 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 metres (six feet) 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 Mass.

### **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.

### **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 Mass 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 Mass (through EventBrite, SurveyMonkey, Sign-Up Genius, etc.) along with phone reservations for those without computer access.
- b) Designate Masses for particular communities i.e., Saturday evening Mass 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.

### **Contact Tracing**

It is mandatory that each parish maintain a list of all attending parishioners including their contact information. Such lists shall be placed with parish financial records and maintained for a period of not less than six years, or unless directed otherwise by the Diocese.

## CHAPTER SIX: CELEBRATION OF SUNDAY MASS

### **The Assembly**

All in the assembly must wear a mask upon the recommendation of the Ontario Medical Officer of Health.

The numbers of persons permitted to attend Mass may be limited or fixed by Governmental authorities. The Diocesan Bishop should ascertain measures in effect in his Diocese and see that all priests are familiar with these guidelines and that they are observed through periodic inspections and/or surveys.

### **Ministers of Hospitality**

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

### **Altar Servers**

Employment of altar servers (if they are to be used at all during the pandemic) should be restricted to the carrying the cross in any processional or recessional or in use of the Sanctus bells. Altar servers used in such capacity should wear masks at all times and sanitise their hands before and after Mass. They should have use of a vestry that gives them appropriate two metres (six feet) social distancing space. Altar servers should not be used to assist with handling any vessels on the altar or in holding the missal, etc.

### **Prayers before Mass**

Where it is the custom for the people to pray the Rosary or other devotional prayers before Mass, this practice may continue.

### **Parish Team Requirements**

The priest celebrating Mass must wear a mask during the processional, recessional and when distributing Holy Communion or at any time when he is less than two metres (six feet) from any person.

Deacons, if they participate in the Mass, must respect social distancing and must also wear masks at all times when not speaking.

Lectors and any other participating lay ministers or servers must wear a mask at all times save if they are doing one of the readings, in which case they may remove the mask to speak as long as they are at least three metres (ten feet) from the assembly or others.

Priests, Deacons and Extraordinary Ministers distributing Holy Communion must wash their hands before and after Mass and before and after distributing Holy Communion.

Extraordinary Ministers of Communion must receive their communion while masked, and must retreat from the priest no less than two metres (six feet) to remove their mask and receive

Communion, and then move forward again with mask on to receive the ciborium from the priest to distribute communion.

### **Music During Mass**

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 at Mass shall be advised to not sing on account of the potential spreading of airborne contagion.**

A cantor (accompanied by a single instrumentalist) may sing at Mass as long as the cantor is a minimum of three metres (ten feet) 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 three metres (ten feet) from one another and any other person in the Church.

### **Entrance Procession**

The entrance procession takes place directly from the sacristy. If the sacristy is located at the main entrance to the church, every effort should be made to maintain physical distancing (i.e., by having people seated away from the centre aisle). The cantor may sing an entrance hymn in accordance with these guidelines.

It is recommended that only the priest (and deacon) and possibly a single server (as indicated above) participate in the procession. The Book of the Gospels should be placed on the altar before Mass.

### **The Introductory Rites**

The priest leads the Introductory Rites in the usual manner from the chair. The presiding celebrant must use a simple lectern for the prayers rather than have a server hold the book. If a priest is to be within two metres (six feet) of a server or any other lay minister or volunteer, masks must be worn by the priest, the server and any lay minister/volunteer.

### **Liturgy of the Word**

The Liturgy of the Word takes place in the usual manner. In order to minimize contact with the Lectionary, it is recommended that only one lector proclaim the Scripture readings from the Lectionary already placed on the ambo (though up to two Lectors may read if they reside in the same household). The lector may be seated in the assembly and should be close to the ambo. The Psalm is sung by the cantor at another lectern. Following the second reading, the lector removes the Lectionary so that the priest (or deacon) can proclaim the Gospel. No candles are used for the Gospel. Masks may be removed for any reading or speaking part of the Mass as long as a three metres (ten feet) distancing is observed.

The Creed is professed and the Prayers of the Faithful are offered. The petitions may be announced by the priest at the chair.

## **Children's Liturgy of the Word**

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

## **Offertory**

The monetary collection is omitted at the usual time and the bread and wine are not presented in procession as usual. The collection is to be received at the doors of the church at the end of Mass where people can place their donations in baskets supervised by ushers from a safe distance

## **Credence Table**

The bread and wine are placed on the credence table near the altar before Mass. If the credence table is placed beside the altar, there is no need for a server to assist at the altar. If a server is involved, both the Priest and the server must wear masks when within two metres (six feet) of one another.

In addition to all that is needed for the Eucharistic Prayer and Communion, hand sanitizer should be placed on the credence table to be used by the priest and ministers before and after distributing Holy Communion.

## **Vessels on the Altar**

It is recommended, where possible, to place the ciboria containing hosts for the assembly at some distance from the priest's chalice and paten. If the ciboria have covers, these may remain in place during the Eucharistic Prayer.

## **Eucharistic Prayer**

The Eucharistic Prayer is prayed by the priest with the assembly making the usual responses and acclamations. Whenever the priest is praying with hands joined, it is important that his hands not be near his face.

## **Communion Rite**

The Greeting of Peace is maintained; however, no sign such as shaking hands is permitted during the pandemic. A simple bow of the head towards one's neighbour may be offered as a sign of peace.

Holy Communion is distributed by the priest and extraordinary ministers of Communion. All Eucharistic ministers are to sanitize their hands before distributing the Eucharist.

All priests and Extraordinary Eucharistic Ministers must wear masks when receiving the ciborium and distributing Holy Communion.

Concelebrants are to receive Holy Communion by intinction and the principal celebrant (or the last to receive) consumes the Precious Blood directly from the chalice. If the number of concelebrants is small, and there are sufficient chalices, then each concelebrant should use an individual separate chalice. The Deacon, at this time, does not receive from the chalice.

### **Procedure for Distribution of Holy Communion**

Prior to distribution of Holy Communion, the Priest should remind the assembly of the procedures for distributing and receiving Holy Communion in accordance with these guidelines. A suggested means of addressing the assembly is as follows:

“To receive Holy Communion, please come forward maintaining the two metres (six feet) distance between one another, to the place marked at the end of the aisle. Then, after “The Body of Christ”, and “Amen”, step forward and the priest or extraordinary minister of Communion will put the Host in your hand, without touching your hand. Then move to one of the places marked on either side, and withdrawing your mask, receive Our Lord.”

Ushers need to direct people to the Minister of Communion to ensure physical distancing and the wearing of masks. 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 Communion procession.

Distribution involves communicants queuing to receive Holy Communion being directed by ushers to a place two metres (six feet) from the person distributing Holy Communion. At this point the person distributing shall say to the communicant “the body of Christ”, to which the recipient responds “Amen”. Then, without removing their mask, the recipient shall approach the person distributing and have the Host placed in their hands (one hand placed reverently upon the other). On receiving the Host, the recipient shall move to an area designated approximately two metres (six feet) from the point of distribution, and the same distance from any other communicant. There they shall briefly remove their mask and consume the Host, before returning to their designated pew.

It is recommended that marking tape be placed on the floor to indicate the various places where queuing to receive and receiving Holy Communion are to take place so as to assist the ushers in providing direction.

Upon the strong the recommendation of medical authorities, Communion is received only in the hand at this time. (Since each communicant has the right to receive communion either on the tongue or in the hand, the traditional practice of the option of receiving on the tongue will be restored as soon as the public health situation allows for that).

Following the distribution of Holy Communion, the remaining Eucharist is placed in the tabernacle in the usual manner. All vessels are placed on the credence table, to be taken by a server or sacristan to the sacristy following Mass. There they will be washed with soapy water.

## **Communion to the Sick and Homebound**

The pyxes which have been prepared with hosts are placed on the credence table before Mass. After the Prayer after Communion, they are presented to the ministers who will bring Holy Communion to the sick and homebound. Such presentation should take place with priest placing the sealed pyx upon a cloth for the ministers to receive. Again, both priest and minister should be masked. When giving the Eucharist, they are to observe the same procedures (ie., hand washing) as when distributing Communion during Mass.

## **Concluding Rites**

The concluding rites take place in the usual manner. Any necessary announcements may be made. In particular, people are to be reminded to place their offerings in the baskets provided and to follow the direction of the ushers or ministers of hospitality when exiting the church in an orderly way, while maintaining physical distancing and continuing to wear their masks. Parishioners are instructed to leave the church without spending social time with the priest and fellow parishioners at the door or in the parking lot. The use of printed bulletins shall be suspended so as to reduce physical contact.

## CHAPTER SEVEN: OTHER RITES CELEBRATED IN THE CHURCH

*Since these rites take place in the church, the requirements restricting the number of attendees, 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.*

### **Baptism**

The baptism of infants and young children are celebrated in the usual manner. In order to respect physical distancing and limit the number of participants, it is recommended that baptisms not be celebrated during Mass at this time. Nor are they to be celebrated communally, i.e., with several families at a time. With the exception of maintaining physical distancing among family and friends, and the wearing of masks by all present, including the priest or deacon, the priest or deacon sanitizing his hands before and after the pouring of water and anointing, the Sacrament of Baptism is celebrated in the usual manner according to the Rite of Baptism. The water in the font is to be replaced after each baptism.

### **Christian Initiation of Adults**

The Christian Initiation of Adults (including children of catechetical age) is celebrated during Mass, since the rite includes the Sacraments of Baptism, Confirmation and the Eucharist. The Reception into Full Communion is also to be celebrated during Mass. It is recommended that these rites not take place at this time during the Sunday Mass.

### **Marriage**

Marriages may be celebrated with small communities, according to the number of people permitted by health authorities. The norms for physical distancing and wearing masks pertain to all present with the exception of the bride and groom.

### **Reconciliation**

Opportunities for the celebration of Reconciliation are to be posted for the faithful. The place for the celebration is described above (see page 15). For those waiting to celebrate the sacrament, social distancing and the wearing of masks must be observed.

### **Funerals**

Funeral Masses may be celebrated in the church, according to the number of people permitted by health authorities. Priests and deacons will collaborate with Funeral Home staff to take all the necessary precautions to ensure the health and safety of all who participate.

### **First Communion and Confirmation**

The scheduling of First Communion and Confirmation for children is the responsibility of the local parish and the bishop's office. The norms for celebrating Sunday Mass apply to these celebrations.

## **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](http://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 and the wearing of masks both by staff and visitors. 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 metres (six feet) 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) 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-metres (six-feet) distance at all times; stand and sit only in the designated places.
- Avoid touching your face or other persons.

It is mandatory 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 and that masks be worn. 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 diocesan bishop or chancellor for direction and advice.

### **1. Pandemic Infection of Clergy or Staff**

Notice of any such infection must be given to the diocesan 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 diocese.

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 Mass 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 dioceses prepare 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. Each diocese must ensure that timely and accurate dissemination of information is provided to parishes and employees during the pandemic period. Sample Communication strategies are outlined in *Appendix E* to this document.

## **CHAPTER ELEVEN: INSPECTIONS BY THE DIOCESE/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 diocese 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 diocesan office.

# WORSHIPS SAFE

## Summary Sheets for Ontario Dioceses

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**

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

### **Prior to Mass**

- o The Celebrant, and all liturgical ministers must have their temperature taken 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.
- o Ensure that entrance restriction Notice Signs Are Posted or otherwise situated in visible positions at each entrance to the church before every Mass and that the cautions on the signs are pointed out to people entering.
- o Designated Usher must see to it that physical distancing is maintained and that all attending properly wear masks.
- o 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.
- o Review the floor and seat markings to see that they are all in good repair and order.
- o Review the crying room to ensure that it is closed.

### **Temperature Screening**

- o 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 individual must be respectfully directed to not enter the church and to return home.

### **Showing People to Their Seats**

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

### **Collection**

- o Ensure that the locations of collection baskets are properly noted and draw people to them to make collection. 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**

- Prior to the distribution of Holy Communion, the Priest should advise people of the correct procedures employed for distributing and receiving same.
- Ushers must keep people distanced two metres (six feet) distance from each other and regulate the pace of the Communion procession. Each usher should remain two metres (six feet) 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.
- Where required, and with sensitivity to those who did not understand the procedures provided, ushers should discretely instruct communicants that it is mandatory for them to wear their masks on until after they receive the Host, and partake of the Host in an area marked and at least two metres (six feet) away from the person distributing Holy Communion, and that they should remove their mask at this point only to consume the Host and then replace their mask before returning to their pew.

## **Exiting**

- After dismissal, the usher will release the remainder of the parishioners exit row by row beginning at row nearest the exit. Parishioners must be reminded to maintain two metres (six feet) physical distancing.

## **Overflow Room**

- Where the Local Ordinary 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 asked to leave and seek medical treatment in a tactful way. 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. Must see that people entering are not mixed with people leaving and that each group 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-metres (six-feet) 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 see if it is closed or open, and if open, that is marked out.

## 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 Mass.
- Washrooms should be cleaned after every mass. 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 Mass, a disinfecting cloth should be run over fronts and side parts of pews 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 two metres (six feet) distance intervals.
- Sound systems in halls should be checked to ensure that church services can be broadcast within them.

### III - SUMMARY SHEET: MASS AMENDMENTS

- o Pre-Mass prayers may continue as long as appropriate spacing is used.
- o 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.
- o All persons in the sanctuary will be masked and maintain a two metres (six feet) distance apart.
- o Limit the number of altar servers and limit their use to processional cross carrying and Sanctus bell ringing. All sacred vessels are to be placed on a small table adjacent to the altar to obviate the amount of handling and people contact with servers.
- o Only one lector is assigned per Mass and is seated near the ambo.
- o Speaking or singing at Mass is respectively restricted to the Priest, Deacon, Lector, cantor or choir who observe physical distancing of three metres (ten-feet).
- o The offerings are not collected during the Offertory and the bread and wine are not presented.
- o Deacons must be two metres (six feet) from the priest at all times and when not speaking, must wear masks.
- o The Priest should remind the assembly of the procedure for Holy Communion prior to the distribution of same.
- o The priest (and deacon) and extraordinary ministers of Holy Communion must wash their hands before and after distributing Communion.
- o Eucharistic ministers of Holy Communion are given a ciborium by the priest and return it to the priest after Communion. The priest alone transfers the remaining Eucharist to the tabernacle and places the remaining vessels on the table beside the altar.
- o The priest and ministers of Holy Communion and the communicant shall all wear masks for distributing and receiving Holy Communion.
- o Holy Communion must be released carefully and reverently into the hands of the recipient so that there is no contact between the minister and the communicant.
- o Holy Communion is to be received at a point at least two metres (six feet) from the point of distribution. Only then should the communicant remove his or her mask to receive the Host. The places for such actions should be marked on the floor.
- o Following the Prayer after Communion, the priest presents the pyxes to the ministers to the sick and homebound.
- o The priest (or lector) makes announcements after the Prayer after Communion.
- o Before dismissal, the priest should remind the assembly about leaving the church at the direction 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:

- o 1958 Asian flu pandemic, imported a new strain of influenza A virus that killed an estimated 1.1 million people worldwide;
- o 1968 “Hong Kong” flu (H3N2) pandemic was also caused by a new strain of the influenza virus that killed 1 million people worldwide.
- o 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.

Current science suggests that masks should be worn in conjunction with social distancing to prevent the spread of infection.

**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.

## APPENDIX D: RE-OPENING OFFICES POST-COVID-19 CLOSURES

### Sample from Archdiocese of Toronto that can be adapted by a Diocese

#### Planning Checklist - Phase 2 - Parish Offices

##### For All Employees

- Stay home if you are feeling unwell, complete the self-assessment on the Ontario COVID-19 website at <https://covid-19.ontario.ca/self-assessment/> - you will be told what to do next based on the self-assessment results - you can also call Telehealth (1-866-797-0000), your local Public Health unit, or your family doctor.
- Report any COVID-19 diagnosis to HR within 24 hours of receipt at [hr@archtoronto.org](mailto:hr@archtoronto.org) .
- Review the remote working guidelines document.
- Exercise safety when travelling to and from work and follow recommended guidelines if using public transit, if applicable.
- Use hand sanitizer when entering the office.
- Wear masks for any interaction with any person within a 2 metres (6 feet) distance and ask them to do the same.
- Use a cleaning wipe on your phone, keyboard and mouse daily.
- Wash your hands frequently and practice good hand hygiene throughout the day.
- After a prolonged period of isolation there will be a natural inclination to socialize and catch up with colleagues in person – avoid gathering in groups and remember to always maintain a physical distance of two metres (six feet).
- When scheduling meetings only schedule face-to-face meetings if absolutely necessary. Again, masks should be worn.
- Familiarize yourself with the provided health resources and ask for additional support from your Pastor or HR if needed. If you need some form of accommodation put your request in writing (via email) and be specific about what arrangement you would like and what steps you have taken to mitigate your situation – in cases of accommodation due to school closures parents should work together to develop a schedule that shares childcare responsibilities so that both employers (if applicable) are sharing the accommodation.

## For Pastors

- Work with your team to develop a rotational schedule that will allow employees to split their time between remote work and on-site office work – three days on-site per week max.
- Office should be open to the public on a limited basis by appointment only – communicate revised office hours to the public – one to two days per week of availability.
- Review the physical layout of your team’s workspaces and determine if any temporary barriers are required - consult with the Chancery Facilities Department as needed – measures such as Plexiglas barriers can be implemented for safety if needed.
- If any employees request accommodation for childcare or eldercare due to the COVID situation/school closures ask them to confirm what steps they have taken to mitigate their situation and review this information with the HR Director along with your thoughts on how the request can be accommodated, needed adjustments or why it cannot be accommodated.
- Once Phase 2 is underway ensure that staff are sent home if they are not feeling well and report any potential COVID situations to Human Resources at [hr@archtoronto.org](mailto:hr@archtoronto.org).
- Remind your team to maintain a two metre (six feet) of distance and wear masks when working together in person – speak up if someone is not remembering to maintain a safe distance or not wearing his or her mask.
- Monitor how your staff are doing and be prepared to offer resources and support if they show any signs of being anxious or overwhelmed – contact HR for direction if needed.
- Domestic abuse is a difficult topic. Times of crisis and shelter at home directives can increase incidences of domestic abuse. If you think that your employee is living in a dangerous home situation address this in a compassionate and confidential way – HR can assist you with how to do this appropriately.
- Work with your employees to ensure that at least five days of accrued vacation time is taken by each employee by year end.

## APPENDIX E: COMMUNICATIONS STRATEGIES

### Sample from Archdiocese of Toronto that can be adapted by a Diocese

#### Objectives

- Ensure timely and accurate dissemination of information during pandemic period.
- Expectations regarding work flow as it relates to review and approval of communications shared with a variety of audiences.
- Ensure compliance with government and medical officer directives in moving forward with our own re-opening plans.

#### Sample Signage

**Sample A** - General Notice to Parishioners to be posted outside the Church in a visible location and on the parish website.

#### ATTENTION PARISHIONERS

- Every reasonable precaution has been and will continue to be taken by the diocese to protect the health and safety of those attending this church. There can be no guarantees of complete protection from infection; there will always be risks of contracting viral infection in large gatherings of people.
- During the Coronavirus pandemic, we ask that prior to entering this church, you and your family ensure that your temperature is less than 37.5 degrees Celsius.
- Entrance is not permitted to those who are suffering from: cough, sputum production, shortness of breath, undue fatigue, loss of appetite, muscle aching, runny nose, chills involving shakes or loss of sense or taste or smell.
- If you have travelled outside Canada within the past 14 days, please do not enter the church until any medically directed self-isolation has been completed.
- It is mandatory for you to wear a mask upon entry into the church.
- Please use hand the hand sanitizer at the entrance before entering the church.

**Sample B** - Notice regarding Physical Distancing to be posted in the church.

### **PHYSICAL DISTANCING**

At all times please maintain a distance of two metres (six feet) increments between you/your family and other individuals/families when entering and exiting the church and during the Communion procession. Please wear a mask at all times when in the church and follow directions of the priest on taking Holy Communion.

Seating is permitted only in the places indicated. Please follow the directions of the ushers.

**Sample C** - Notice regarding the Collection.

### **COLLECTION**

Please place your offering in the basket (receptacle) provided as you exit the church. Thank you.

**Sample D** - Notice regarding shrines and devotional spaces in the church.

When using this [shrine] please do not touch the statue [image] and maintain a two metres (six feet) distance from others who have come to pray here.

**Sample E** - Notice Regarding Crying Room Closure.

### **CRYING ROOM CLOSED**

Due to the spacing limitations in effect because of the COVID-19 virus, the Crying Room is closed until further notice.

**Sample F** - Notice Regarding Additional Seating.

### **ADDITIONAL SEATING**

In order to ensure physical distancing, additional seating is available in the parish hall where you can participate in the Mass. Communion will be brought to you there.

We regret this inconvenience but are grateful that you are with us. Please enter the parish hall (provide details).

**Sample G** - Notice at entrance door.

### **ENTRANCE**

This door is for entrance to the church only. Please be sure to provide a two-metres (six-feet) distance between yourself and others while entering, attending and exiting the church.

Pews are designated for individual seating. However, families may sit together maintaining a two metres (six feet) distance from other parishioners.

Offering envelopes may be place in the basket (receptacle provided at the entrance to the church).

**Sample H** - Notice at exit door.

### **EXIT**

Please use this door for exiting the church and maintain physical distancing. Please avoid those entering the church.

**Sample I** - Washroom notice to be placed on washroom door.

### **NOTICE - WASHROOM**

Please use the washroom in emergency or urgent situations only.

Only one person (or one family) is permitted in the washroom at any given time.

Be sure to wash your hands with warm soapy water after using the washroom.

If the washroom requires attention, please advise an usher.

**Sample J** - Office signage.

During the pandemic it is preferable that all communication with the parish priest take place by phone or email. Appointments may be made with the parish secretary.

Anyone displaying signs of illness should not enter the office.

All persons attending at the office shall wear a mask.

Please be on time for appointments and keep meetings brief.

Please use the hand sanitizer provided before entering the office and cooperate with having your temperature taken as required. You may not enter the office if your temperature is 37.5 degrees C.

Be sure to maintain a two metres (six feet) distance at all times between yourself and other persons.

Parish Office washrooms are for staff use only.

**Sample K** - Notice posted at Confessional/Reconciliation room.

### **Reconciliation Room**

The wearing of disposable gloves and masks is mandatory for use of the Reconciliation Room. Please dispose of them in the marked container immediately following Confession. Please do not enter the room if you are unwell.

### **Communication Tools**

The following tools (as applicable) may be employed by diocesan offices and parishes for both internal/external communication purposes.

Note: not all tools are currently employed or available in all dioceses

- Internal email distribution network – can be shared with all staff or department heads as appropriate.
- Dedicated emergency extension – employees can be asked to check messages daily/weekly as appropriate.
- Employee website – a password protected employee website – copies of all formal communication sent internally to chancery staff/satellite offices as well as parish communication is archived in this space.
- Employee virtual “town halls” – GoTo Webinar or Zoom technology to hold virtual town hall meetings with the bishop, chancery/satellite office staff.
- Senior Team Updates – GoToMeeting or Zoom technology for regular senior staff meetings/updates. Departments may use the technology for regular team check-ins and other meetings as required.
- On-site signage – communication posted on the entrance to Chancery office and parishes – suggested wording provided by communications office for consistency.
- Public facing website – diocesan sites or special mini-sites/parish websites provide numerous updates/resources – from spiritual resources to volunteer opportunities, links to public health information, e-bulletins, messages from the pastor, etc.
- Media – local bishop or diocesan representatives engaged in media interviews to provide updates, etc. Assistance from diocesan communications office if applicable.
- LiveStream technology – Daily Masses celebrated by local bishop or parishes available online and through various social media channels. Bishop/pastor can also issue special messages as appropriate. Prayer groups, youth ministry meetings, parish council, etc. continue to gather virtually.

- MailChimp – this tool can be used to communicate to registered email addresses/databases relevant communication from a diocesan or parish level.
- Online donation portal – online donation portals – allow individuals the opportunity to continue to give to their local parish or support the annual appeal.
- Council of Priests/College of Consultors – periodic meetings to advise with these groups have taken place using conference calls, GoToMeeting or Zoom technology.
- Social Media – many parishes have social media accounts (Facebook, Twitter, etc.) and are using these tools to stay connected to parishioners.
- Robocalls – some parishes have utilized this technology to leave pre-recorded messages with parishioners.
- Telephone Ministry – many parishes are calling parishioners directly or using volunteers to call every family registered during this time of pandemic.
- Flocknote – some parishes are using this technology to email or text updates to parishioners.
- Regular Mail – some parishes are sending targeted mailings to parishioners providing updates and to raise awareness re pastoral activity.

## **Re-opening Strategies**

### **Chancery Office**

There are a number of important internal communications steps to consider. It is anticipated that communication tools noted earlier in this document will be utilized. We also recommend utilizing FAQ (frequently asked questions) resources wherever possible covering a variety of topics. A clear workflow should be established to help disseminate effective communication moving forward:

#### *Strategic Planning*

Re-opening Task Force > Senior Team > Consultation as appropriate with department heads/staff > Episcopal Board/Council of Priests > Bishop for final review.

Wherever possible, using technology to garner discussion is recommended, ie. GoToMeeting, Zoom, Webinars, etc. as appropriate.

#### **Communication Sign-Off**

It is important to establish a clear protocol for sign-off for final communication pieces. For example – recommended final sign off would require: task force lead, senior manager chiefly responsible for each area (ie. human resources, controller, etc.), chancellor/s as appropriate, bishop & communications office where applicable.

## On-Site Signage

Identify department/staff responsible for preparing signage onsite to help support/enforce new protocols. Signage may include – posted notices, decals or other physical distancing images/posters, contact for questions/complaints.

The steps noted above would be in place as we move from phase to phase. These phases (depending on size of diocese) would likely include:

- **Phase 1: Building Closed** – Essential Staff in the building/offices only. Building closed to visitors/clients, access only by security fob/key. Security presence during day, limited daily cleaning/garbage pick-up. (present situation)
- **Phase 2: Limited operations** – limited staff in the building, possible rotation, no visitors/clients. Virtual meetings only. Restrictions on gatherings in the building – cafeteria, chapel, common areas, etc. Access by fob/key only.
- **Phase 3: Building Open with restrictions** – switchboard operational, mail room fully functional, may still be staggered/rotational staff – limited client visits/meetings, restrictions on group gatherings in the building, physical distancing in office settings, etc. Visitors can enter the building.
- **Phase 4: Return to full operations without restrictions.**
  - Key to ensure that department heads are aware of plans and effectively communicating with their teams throughout the process.
  - Recommendation for a webinar/virtual town hall prior to each stage being implemented and/or post introduction to garner feedback on what has worked, improvements, etc.

## Departmental Planning

Departments need to recognize the “new reality” as we shift to re-opening mode. It will not be business as usual and we will not just resume normal operations. This needs to be considered in all aspects of planning – from requests to parishes for use of parish halls, feasibility of large-scale events, communication strategies related to planning, etc. Once an initial timeline for re-opening is established, consideration should be given to overall pastoral planning, striking an appropriate balance between what is reasonable and also recognizing there may be a greater demand on ministries from those who return to the church. It may be practical to bring department heads or other key leaders together for pastoral planning sessions or other related visioning opportunities.

## Parish Re-opening Communication Considerations

Wherever possible, adequate lead time should be factored in to ensure that communication to parishes will provide a reasonable amount of time for parishes to implement new norms. The closure period was immediate and many parishes were scrambling – trying to move quickly on a number of issues from an operations and human resources perspective. This made communications challenging. The more lead time, the better for all partners.

Communication tools noted previously will be employed as parishes communicate plans to gradually reopen. We also highly recommend a series of FAQ resources on various topics wherever possible. Specific phases, permissions, etc. will be established by others but it will be necessary to consider the following once a determination has been made on how to move forward with parish re-openings:

- **Communication from the archdiocese (local bishop) to parishes** – similar to what was done when churches were closed, these communication pieces will likely be required at regular intervals to ensure consistency across the archdiocese. It will be likely accompanied by follow up support from the appropriate department (Spiritual Affairs, Temporal Affairs, Human Resources, etc.) regarding operations, protocols, procedures, etc.
- **Communication from the archdiocese to the general public** – media, faithful, etc. to formally announce updated plans. This will be disseminated through social media, website, media releases, interviews, etc. (note this may be the same communication as a) but should be reviewed as appropriate for sensitivity, nuance, etc. Important to identify key leaders available for media interviews as appropriate.
- **Communication from Parish (Pastor) to Parishioners regarding operations** – using the communication tools noted previously. Providing parishioners with a local perspective – How will this look at my local parish? Mass times, office hours, etc.
- **Communication to Parishioners onsite once operations resume** – helping parishioners adapt to the “new normal” at each phase of “recovery”. How does a parish communicate physical distancing once parishioners arrive? New procedures for communion, collection, changes to worship practices (no handshakes, holy water fonts, etc.), gathering pre/post Mass. While general guidance will be issued by the local bishop, parish committees will be required to help implement the “new normal”. Volunteer/Ministers of Hospitality conducting “head counts” or directing traffic. This will require multiple forms of communication – in person, signage, repetition week to week for a period of time, e-bulletin announcements, regular updates and shifts once a new phase is upon us.

Parishes will likely require some assistance/guidance from the archdiocese – ie. common posters, decals, signage, etc. Will these need to be translated? Graphics only? In addition to communicating change, there will be practical requirements – ie. enough volunteers at every Mass, sourcing supplies (hand sanitizer, masks, etc.). This will require additional guidance/communication from the relevant departments and support staff. Again, lead time is key to ensure parishes are properly prepared.

## **Conclusion**

We are navigating a situation that is unprecedented in its impact of every aspect of church operations and ministry. Effective communication during this transition period will be critical to reassure staff, clergy and the faithful that the church is thoughtfully planning a safe return to ministry and the workplace, adapting our programs and pastoral approach as appropriate.

Utilizing the communication tools, workflow and suggested approach will provide a roadmap for effectively conveying key messages to the diverse arch/diocesan community. We should also be prepared to adapt our approach as circumstances warrant, given that the past number of months have been fluid and our ability to “re-open” relies heavily on government/medical directives. We must also recognize the possibility that we will have to reverse course and again close down operations should a significant second wave occur. Finally, we must prepare for a phased-in opening. The government will ultimately decide when and how churches will reopen. To this end, we have appended a Signage/Info

### **Graphics for Re-opening plans - Phases**

It is clear that there is tremendous goodwill among our staff, clergy and parishioners. Together, let us find ways to effectively communicate and evangelize as we journey together during these most challenging days.

### **Signage/Info Graphics for Re-opening plans – Phases**

#### **Welcome Back! Phase 1**

- Preparing physical spaces to meet public health guidelines
- Churches open for private prayer and confessions (capacity restrictions)
- Baptisms, weddings and funerals permitted (capacity restrictions)
- Physical distancing, healthy hygiene, remain home if symptomatic
- Modified office hours
- Live-streaming of Masses will continue
- No weekend Masses

#### **Welcome Back! Phase 2**

- Monitoring & reassessing implementation of public health guidelines
- Churches open for weekday Mass, prayer, confessions (expanded #'s - capacity restrictions remain)
- Baptisms, weddings and funerals permitted (expanded #'s - capacity restrictions remain)
- Physical distancing, healthy hygiene, remain home if symptomatic
- Live-streaming of Masses will continue
- Modified office hours
- No weekend Masses

### **Welcome Back! Phase 3**

- Reinforcing public health guidelines
- Weekend Masses reinstated (capacity restrictions)
- Limited resumption of parish events with restrictions
- Physical distancing, wearing of masks, healthy hygiene, remain home if symptomatic
- Live-streaming of Masses may continue for a period of time recognizing not all will be able to attend during this phase
- Regular office hours resume

### **Welcome Back! Phase 4**

- Full Mass & Sacramental schedule without capacity restrictions
- Return to full parish ministry schedule
- Healthy hygiene, remain home if symptomatic
- Regular office hours
- Live-streaming of Masses no longer required

## APPENDIX F: LETTER FROM THE PASTOR TO PARISHIONERS

Date

Dear Parishioners of NAME OF PARISH,

I pray that you and your loved ones are safe and healthy during this most challenging time. Know that you have been close in prayer during daily Mass. We also pray for the sick, those who have been called home to the Lord and our front-line health care and essential workers.

You may have heard that soon we will be able to re-open our churches once again. We are thankful as this time of closure has been painful and difficult. As we implement our re-opening plans, we must do so with prudence and caution, ensuring that we do everything possible to reduce the potential transmission of the virus.

As you can expect, things will look a little different when we return to church. For that reason, I'm including a few documents to help us understand what things will look like. Yes, these are uncomfortable practices and they may seem overly restrictive - I understand that. However, to prevent us from having to close once again and to keep everyone as safe as possible, we must all do our part and make the best of this challenging situation.

One of the biggest challenges is that, to re-open, we must do so in phases where our capacity (# of people who can attend church) will be limited due to directives from the Province of Ontario's medical experts. Please refer to the attached document on how our parish will do our best to tackle this issue. The document also includes our current schedule and office hours.

I am also attaching a "guidelines" document to give you a better sense of what you can expect and how you can help out before you arrive at church, when you arrive and at points in between. We'll offer reminders/signs when you are here but it's good to review these guidelines at this time.

One key point that I would like to highlight is that the diocese, after consulting with the Chief Medical Officer for the Province of Ontario, is asking that all those (over the age of 3) who come to church wear a mask/face covering to mitigate the potential spread of the virus. Again, I recognize this is uncomfortable but it is out of care and love for our neighbour. Please follow this direction and bring a mask/face covering with you when you return to church.

Finally, I invite you to consider how you might share your time and talents as a volunteer. The many tasks required for re-opening are significant and we need more volunteers than ever to help. If you'd like to volunteer, please contact (PROVIDE EMAIL/PHONE contact).

Our joy of re-opening churches is measured with the restrictions that will be required. However, returning to sacramental life and gathering as a community is sustenance essential for our faith community during these trying days.

I look forward to welcoming you back soon – be assured that you remain in my prayers each day.

Sincerely in Christ,

Name of Pastor

Name of Parish

### **Guidelines for Returning to Church – Resource for the Faithful**

As we prepare to re-open churches, please be aware of the following guidelines. We recognize that they may be awkward/uncomfortable and contrary to our culture of hospitality and community. In working to foster a safe environment for all, we thank you in advance for your patience and co-operation.

#### **Before coming to church:**

- Please check temperature of all family members before coming to church. If any family members have a fever, please remain home for the health and safety of all. Consult your family doctor.
- If you exhibit any of the following symptoms, please remain home at this time - cough, fatigue, loss of appetite, shortness of breath, muscle aches, loss of taste or smell, headache, runny nose, sore throat, chills with shakes.

#### **Arriving at church**

- Maintain physical distancing at all times – two metres (six feet) from others – in the parking lot, church entrance and in church itself.
- Upon arrival, put on mask/face covering before entering church (for all those over the age of 3)
- Parishes will likely be using one entrance only – it may not be the entrance you are familiar with. Follow direction of volunteers, signage as appropriate.
- Sanitize hands upon entry and regularly wherever possible.
- Pews and aisles will be marked to note physical distancing requirements. Families and households living at the same residence may sit together; the same two metre (six feet) distance should be maintained concerning others. Follow direction of ushers for seating.
- Pews will be emptied of prayer books, hymnals, etc. Parish bulletins will not be published at this time.
- Holy Water fonts will be empty and not in use at this time.

- If your church hall is used for overflow purposes, it will also be marked for physical distancing – same guidelines apply.

### **Celebration of the Eucharist**

- Please listen carefully to announcements before the start of Mass and prior to Holy Communion. Follow direction as advised.
- Altar servers, lectors will be kept to an absolute minimum during this period of time. Please do not enter the sacristy unless you have been asked to assist during Mass.
- Other than a cantor or choir appropriately physically distanced, there will be no singing at Mass until further notice.
- There will be no offertory procession or collection. Please leave donation in the designated basket upon entry/departure as directed.
- We ask that people do not hold hands or shake hands during any portion of the celebration of the Eucharist. At the Sign of Peace, a nod or bow to others is appropriate.
- Masks/face coverings should be removed only after you have first received Holy Communion in your hand and after you arrive at the space designated for you to receive the Host. Do not take your mask off before arriving at the designated area and put it back on after consumption of the Host and prior to returning to your pew.
- During this time of pandemic and under the guidance of local medical health officials, the faithful are asked to receive Holy Communion in the hand by placing one on top of the other, allowing the Eucharistic Minister to safely place the Body of Christ in one's hand without contact. Communion is not to be taken on the tongue at this time or by other means.
- Follow direction of ushers for communion flow ensuring physical distancing at all times
- Follow direction provided for dismissal and departure – exits may be different than those you are accustomed to.
- Following Mass, please depart the church so that cleaning may commence. While it is our nature to congregate/socialize in the foyer or parking lot, we ask you NOT to do so at this time. Please maintain physical distancing.

### **General**

- If you suddenly feel ill, start coughing or sneezing, please leave the church for the health and safety of others gathered.
- Children's ministry, prayers groups and other ministries that gather in the church/church grounds are either suspended or operating virtually only at this time.

- Please use washrooms only if absolutely necessary. One person or family at a time should be in the washroom. Ensure that all wash their hands with warm, soapy water after using washroom facilities. Please respect physical distancing outside the washroom.
- If, within 14 days of attending Mass, you learn that you or someone in your family who attended Mass with you has tested positive for COVID-19, you are asked to: a) contact the Ontario Public Health Authority; and, b) contact the parish office. Your identity will not be revealed to anyone other than the Public Health Authority, and only to ensure that any spread is contained
- If you would like to volunteer to help at the parish, please contact the parish office. Separate guidance will be provided to lectors ushers, Eucharistic Ministers, etc.

## **APPENDIX G: LETTER FROM DIOCESAN BISHOP TO THE FAITHFUL**

Date

To the faithful of the Diocese of .....,

I pray that you and your families are safe and healthy during these challenging days.

I want to let you know that soon our parishes will be opening again. As you know, the Covid-19 pandemic has changed our day to day lives in countless ways. As we are still navigating through a fluid and difficult situation, to open our churches in this environment will require some changes that will be uncomfortable and at times frustrating for all of us. I ask for your patience in advance as we do our very best to welcome you back.

As we move into this re-opening phase, the following priorities guide our planning:

- The health and safety of the faithful, clergy, staff and volunteers.
- Proactive measures to avoid the potential of a second surge of this virus;
- Recognizing the very basic commandment – love of neighbour – we have a responsibility to care for one another.

To accomplish these will require certain procedures that are very different from what we've known. Some of these are outlined in the checklist attached/enclosed, others you will hear directly from your pastor and through parish communication channels.

Be assured that a detailed “return plan” has been shared with all of our parishes and will be implemented in the days ahead. We pray that these measures will be temporary; for this to be the case, each one of us must follow the advice of local health authorities to minimize any potential transmission of the virus. For those who are sick, have a compromised immune system or feel uncomfortable returning to church at this time, the dispensation for Sunday Mass remains during this period of uncertainty.

Given the capacity restrictions that are in place as we re-open churches, we will also continue to livestream Masses wherever possible, recognizing all will not be able to gather at this time. Local parishes will also communicate their plans regarding their Mass schedules and other logistics related to attendance and re-opening.

We will need to adapt to the situation as it unfolds. Approaching these uncertain days with a spirit of kindness and generosity to one another will help us all as we navigate the path ahead. I continue to be inspired by the countless acts of goodwill and charity taking place throughout our diocese.

May we continue to pray for the sick, those who have died during this pandemic and for those caring for them. Be assured of my gratitude for your patience and faithfulness during this closure period. You remain in my prayers.

Sincerely in Christ,

Name of Bishop  
Name of Diocese

(cont.)