

# Returning to Public Worship Guidelines for the Episcopal Diocese of Milwaukee

## Frequently Asked Questions

*(date of answer) is in parenthesis*

- 1. Q: Are UV disinfection or long-term disinfection/sanitization procedures acceptable?**

A: The CDC recommendations for cleaning and sanitizing that are referenced in the guideline are currently considered sufficient. Ultraviolet room disinfection, antimicrobial surface coating and sanitizing, and antimicrobial cloth products are being aggressively marketed. Regulation of these products by the EPA, FDA, and various state regulatory bodies are limited and often not subject to premarket approval or efficacy standards. Often the evidence is only available from the manufacturer. Companies make and sell UV devices with various levels of effectiveness. At this time, the effectiveness of these products against **COVID-19** “like” viruses (SARs and MERS) has only been shown in the laboratory.  
**(6/11/2020, rev. 7/16/20)**
  
- 2. Q: Are temperature checks recommended or required for entry into a service?**

A: No. Fever is not present in most early cases of **COVID-19** and would not be present in Asymptomatic **COVID-19**. Temperature screening devices are generally inaccurate and mandatory screening has resulted in unnecessary exclusion. The screening questions *in the Guidelines* are the most well confirmed early symptoms of COVID-19 to use for screening. **(6/11/2020, rev. 7/16/20)**
  
- 3. Q: Are COVID-19 Immunity-Based Licenses (“Immunity Passports”) Valid/Ethical and should they be accepted?**

A: No. At this point, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” The implementation of such documents also raises serious ethical and legal issues.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31034-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31034-5/fulltext)  
**(6/22/2020)**
  
- 4. Q: Do parishioners, visitors, or clergy need to sign an informed consent to attend, or participate in worship?**

A: A signed consent is not required. Each parish should have a means to inform clergy, congregation, and visitors of the safety practices that will be in effect, and the information from the CDC for individuals who are at higher risk for severe illness from **COVID-19** so that they can make an informed decision prior to choosing to attend/ participate in group worship. **See the Guidelines for references. (6/16/2020, rev. 7/16/20)**

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5. **Q: Can number of people be increased to 20 for the first two sessions of outdoor worship to better test procedures?**  
A: No, the first two sessions should be limited to 10, consistent with the majority of Phase One recommendations. Use the individuals in family groups to test size and spacing of layout. *(6/23/2020)*
6. **Q: Where can I find the current COVID-19 symptom screening questions?**  
A: As information becomes available, the CDC will regularly continue to update the symptom list here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> *(6/23/2020)*
7. **Q: Can attendees to Eucharist Services where participants are in cars leave their cars?**  
A: No. The concept of ‘stay-in-the car with your household, drive up’ worship allows the safest, lowest risk, group worship experience for higher risk individuals and in counties with the highest rates of COVID-19. *“Leaving the vehicle to assemble on lawn chairs or blankets compromises the low risk nature of the Eucharist Service where participants stay in cars, realigning the event with other forms of outdoor worship.” (7/2/20, rev. 7/16/20 and 8/27/20)*
8. **Q: Are sample plans available?**  
A: Yes. The Task Force, through the processing of reviewing the plans, has seen many creative solutions to fulfill the desire to meet in-person with the reality of the disease. Therefore, we are providing a link to all approved plans for your use.

The following is the link:

<https://drive.google.com/drive/folders/1RSmIXMYpaofhJZQptaQfsq9LgdIwG4v5?usp=sharing>

The following is a guide to plans that address specific forms of worship or events:

St. John Chrysostom – Small Church general plan.

Trinity Baraboo – Multiple In-Person service plan.

St. Simon’s Port Washington – ***“Temporary License Under Special Circumstances: Distribution of Communion in conjunction with an Online Service (TLC)”***

Trinity Wauwatosa– ***“Temporary License Under Special Circumstances: Distribution of Communion in conjunction with an Online Service (TLC)”***

Trinity Platteville – Drive-up/Walk-up Fund Raiser  
*(7/16/20, rev. 7/23/20 and 8/27/20)*

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**9. Q: Are mask exemption forms or passes valid and should they be honored?**

A. No. They should not be honored.

The US Dept of Justice has issued an Alert about fraudulent Face Mask Exempt Cards. These documents reference the Americans with Disabilities Act (ADA) and many of include the United States Department of Justice seal. These are not valid, despite their threatening language and “official seal”, and should not be accepted.

<https://www.justice.gov/usao-mdnc/pr/covid-19-alert-fraudulent-facemask-flyers>

Medical Exemptions may be written by health care providers for individuals with unique medical conditions. These exemptions should be from the healthcare provider treating the individual for the condition that makes masking problematic. Because serious lung conditions and ‘trouble breathing’ put individuals at higher risk for serious COVID complications, there are compelling reasons to wear a mask and avoid group gatherings. Those seeking exemption should discuss attendance in group gatherings with their provider. ADA guidelines require reasonable accommodations. For masking intolerance these accommodations could include avoidance measures, such as drive up services and home eucharist delivery and on-line services. Pastoral intervention would be helpful in those instances.

<https://jamanetwork.com/channels/health-forum/fullarticle/2768376>  
<https://www.natlawreview.com/article/no-mask-no-service-ada-considerations-business-owners-requiring-face-masks-retail> (7/23/20, rev. 8/13/20)

**10. Q: Can AA groups meet and what limits do they have placed on them?**

A: Based on the current guidelines (V3 July 16, 2020), AA Groups can meet based on the mutual agreement of the parish and the group(s). They must meet the requirements for social distancing, masking and disinfection. The maximum number of the group should be limited to 10 or less unless the Risk Assessment Dashboard allows more. It is highly recommended that they meet outdoors.  
(8/13/20)

**11. Q: How are the color codes for the Diocese Regathering Risk Assessment Dashboard?**

A: The following are the criteria used for determining the color codes for the Diocese Risk Assessment Dashboard:

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- 'Green' is less than 50 cases per 100,000 population.
- 'Yellow' is 50 or more but less than 100 cases per 100,000 population.
- 'Orange' is 100 or more but less than 200 cases per 100,000 population. There are two shades of orange, the darker is 150 cases or more.
- 'Red' is 200 cases per 100,000 population but less than 400 cases per 100,000 population. There are two shades of red, the darker is 300 cases or more.
- 'Purple' is greater than 400
- 'Black' is greater than 500 (10-20-20)

'Green' has a risk of 1% or less of someone from the population having COVID-19 attending a gathering of 10 or less, and for some with greater than 10 people (the 1% risk must be verified on the Dashboard prior to meeting).

'Yellow' has a risk of 1% or less of someone from the population having COVID-19 attending a gathering of 10 or less. Larger gatherings have a greater risk and are not allowed.

Other colors have a risk greater than 1% or less of someone from the population having COVID-19 attending a gathering. Gatherings are not allowed. (8/13/20)

**12. Q: Can live stream services be streamed to outdoors or other rooms in the building with separate entrances?**

A: No, there are too many potential opportunities for spread of the virus. A plan for a specific event for a special circumstance may be submitted as needed. (8/27/20)

**13. Q: What are the procedures for decorating churches for the holidays and do we need to submit a plan?**

A: Your plan to decorate should be included in the request for use of a Standard Guideline. Your request to use Standard Guideline means that you agree to inform all involved of the following procedures and agree to use them:

- a. No more than one individual or up to five people from a single unit that shares the same living space can be in a space at one time.
- b. Time is limited to 30 minutes.
- c. There must be 3 hours between individuals or groups entering the space.
- d. All attendees must be screened by asking the screening questions prior to entry and records of attendance taken.
- e. All attendees shall be masked.
- f. All attendees must wash their hands prior to entry.
- g. All doors and, if possible, windows should be opened. (11/19/20)

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**14. Q: What is meant by the traditional method is “relatively covid safe” and how do we get approval for Ash Wednesday, Imposition of Ashes referenced in the Pastoral Directive and what are the Guidelines?**

A: The explanation of the reasoning behind the statement “the traditional method is relatively COVID safe” is based on what is known now about how the COVID virus is spread. The medical information indicates that the virus is spread primarily by respiratory droplets and aerosol particles during close contact. Transmission from objects contaminated with virus does not appear to be a common means of transmission. This is why some of the cleaning and disinfecting recommendations have already been relaxed. The imposition of ashes involves a brief encounter (1-2 minutes) in close proximity between masked participants, which is a lower risk. The path of transferring potentially live virus in ash from its container to forehead skin then to respiratory tract is theoretically possible, but very unlikely.

The greatest risks are associated with aerosol and droplet transmission. Therefore, if imposition of ashes will be performed the following must occur:

- The participants be screened prior and those who have symptoms or COVID-19 contact(s) not participate.
- All participants be masked with a properly fitted, properly worn mask.
- All participants maintain separation of a minimum of 6 to 10 feet but preferably 10 feet separation, except for the moment of imposition.
- The clergy imposing ashes sanitize their hand between each imposition.
- The other procedural guidelines in the Standard Guidelines be followed.

Since the Imposition of Ashes can be done as a visitation, Standard Guideline #2 (SG #2) – Visitations can be used. If you have approval for use of SG #2 you do not need to do anything further except follow the SG #2 and the procedures above.

If you do not have approval for use of SG #2, then request one by sending an email to the Task Force with:

- The space to be used
- The entry and exit points
- How one-way traffic will be maintained
- A statement that you will follow SG #2

If you think you may have other visitations in the same space the future, please request approval for visitations without a specific date or event so that you do not have to request permission each time. **(01-21-22)**

**15. Q: What is impact of the vaccines on the Diocese Guidelines? How will the**

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### **Diocesan Guidelines change now that there are vaccines?**

A: Within hours of the news of the FDA Emergency Use Authorization (EUA) of the vaccines and again when the first doses of vaccine were given, we received questions about how this will impact our gathering and what guidelines were in effect for vaccinated persons. We are responding to these inquiries with the most current, medical information. Please be aware that this information is as new as the vaccines and changing as more is known.

The EUA's were made based on the vaccines' safety and short-term efficacy: whether the vaccine may protect the individual recipient from infection, severe illness, and death. The duration of protection, and how well the vaccine prevents transmission of the virus to others is not yet known. The medical representatives and clergy on the Task Force continue to follow the impacts of the pandemic and vaccine developments closely. We continue to share this information with the leadership of the diocese regularly.

Based on the current information, the CDC, WDHS, local health departments and our local hospitals have issued the following guidance:

### **Public health recommendations for vaccinated persons**

- Protection from the vaccine is not immediate; vaccine is a 2-dose series and will take 1 to 2 weeks following the second dose to be considered fully vaccinated.
- No vaccine is 100% effective.
- Given the currently limited information on how well the vaccine works in the general population; how much it may reduce disease, severity or transmission; and how long protections lasts, vaccinated person should continue to follow all current guidance to protect themselves and others, including:
  - Wearing a mask
  - Staying at least 6 feet away from others
  - Avoiding crowds
  - Washing hands often
  - Following CDC Travel Guidance
  - Following quarantine guidance for an exposure to someone COVID-19
  - Following any applicable workplace or school guidance

Link to the information from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Here is a more in-depth summary of what is known to date:

- The vaccines received Emergency Use Authorizations (EUA). The vaccines may only protect individuals receiving the vaccine. They appear to be safer than contracting the disease for those:
  - At higher risk for severe disease symptoms and outcome by virtue of medical condition
  - At higher risk for severe disease symptoms and outcome by virtue of socio-economic condition
  - At higher risk for severe disease symptoms and outcome by virtue of employment conditions and exposure.
- It is not known whether the vaccines prevent the transmission of the disease.

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- It is not known how long the immunity lasts.
- It is not known how vaccination rates will impact regions where the disease is rampant or as the virus continued to mutate.
- The vaccine has not been studied yet in pregnant women or children. Specific recommendations are available through your health care provider.

There are several safety monitoring systems already in place for vaccines nationally. When you receive the COVID vaccine, you should be given the opportunity to take part in the new **V-safe** vaccine safety monitoring system specifically developed for COVID vaccines. This system will help to collect firsthand after vaccine health experience and guide public health recommendations. Your participation will help to ensure the safety of COVID vaccines in the US.

- Here is more detail on the **V-safe** system:

**CDC:** [V-safe](#) is a new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. **V-safe** uses text messaging and web surveys from CDC to check in with vaccine recipients following COVID-19 vaccination. **V-safe** also provides second vaccine dose reminders if needed, and telephone follow up to anyone who reports medically significant (important) adverse events.

If you are offered access to one of these systems, please consider contributing to it.  
**(01-21-22)**