

EL PASO COUNTY ALTERNATIVE OPENING PLAN FOR PLACES OF WORSHIP

PART I – REQUIREMENTS FOR OPERATIONS

The below requirements are intended to act as a minimum set of standards by which places of worship can abide in order to provide services to the public. Places of worship that wish to provide additional safety and health measures are encouraged to do so. While these requirements are necessary to protect public health, places of worship are still encouraged to provide online venues that allow people to participate from home and to direct their members to those venues as appropriate. Places of worship are also encouraged to communicate clearly with vulnerable individuals as it relates to service attendance.

Vulnerable individuals are those over the age of 65 or who have underlying health conditions.

1. Applicability

- a. This Alternative Opening Plan (“Plan”) permits only worship services open to the public or to general membership groups.
- b. Specialized programming, including but not limited to children’s services, Sunday School, childcare, youth services, Bible studies, and other specialized groups or classes shall not occur during worship services.¹ They may meet at times other than those set aside for worship services, provided they comply with all applicable provisions of state public health orders in effect.

2. Seating Capacity and Processes

- a. Total occupancy within a facility shall be limited to 25% of the fire occupancy load.
- b. All seating shall be structured so as to ensure a minimum of 6 feet in all directions between individuals or groups. Groups seated together shall be limited to 10 people and must be from the same household or consistent social group.
- c. Places of worship are encouraged to make best efforts to obtain or confirm contact information for at least one person of the same household or consistent social group and, where possible, seating locations for all service attendees and for each service.
 - i. If recorded, all such information shall be retained for a minimum of 21 days.²

¹ While there might be multiple groups meeting in separate venues on a single facility campus, groups that meet for specialized classes or gatherings increase social complexity and interactions, therefore making it more difficult to contain. At the same time, there are groups that meet at places of worship outside traditional service times that places of worship may wish to accommodate and which rely on in-person gatherings, such as addiction recovery groups, if they can ensure proper health practices. Simplicity and traceability are the goals.

² This measure is not intended to hinder service attendance or burden facility resources in tracking attendance, but rather to assist Public Health in contacting attendees in the case of an outbreak.

3. Attendance and Participation Policies

- a. Vulnerable individuals are encouraged to watch services online or to participate in a separate designated room, if available.
- b. Attendees are strongly encouraged to wear cloth face coverings when inside any time that 6 feet of social distancing cannot be maintained or when singing.
- c. Attendees are discouraged from participating in handshakes, hugs, or other forms of physical contact.
- d. At the conclusion of services, attendees shall be dismissed using methods that ensure social distancing, such as by row or one-way exiting.
- e. Places of worship with multiple meeting spaces may make them available for remote, simultaneous participation in worship services, provided that each space complies with all provisions of this Plan, including the occupancy limit.
- f. Places of worship are encouraged to designate certain areas or rooms in which vulnerable individuals may participate in services.

4. Public Health Practices

- a. At all services, staff and volunteers are required to wear cloth face coverings over their noses and mouths.
 - i. Staff may remove masks when providing a public ministry, such as songs or sermons, if also maintaining a minimum 6-foot distance from others.
- b. Places of worship shall post signs at all entrances encouraging attendees to wear cloth face coverings prior to entering the building.
- c. Attendees may not congregate in lobbies, foyers, or bathrooms.
- d. No food service may be provided.
- e. Doorknobs, counter tops, bathrooms, handles, railings, and other high-touch areas shall be cleaned and disinfected between each service.
- f. 6-foot social distancing shall be maintained in bathrooms. This should include closing or marking off stalls, sinks, and other installations to ensure social distancing.
- g. Tissues and hand sanitizer shall be made available throughout the building.
- h. Greeters or other persons assisting attendees must wear cloth face coverings and dispense hand sanitizer.
- i. Where and when possible, doors shall remain open to allow maximum air flow.

5. Use of Sacraments

- a. Places of worship are strongly encouraged to not distribute communion by the passing of plates, common-use items, or other high-touch methods. Pre-packaged, single-serve, or individual communion elements may be provided so long as social distancing practices are maintained and distribution is sanitary.
 - i. If communion takes place, places of worship are required to minimize the handling of elements by anyone other than the participant.
 - ii. Anyone preparing communion elements shall do so wearing a cloth face covering and sterile gloves.
- b. Offerings shall not be obtained by passing collection items, such as buckets or plates, across groups.

- i. Places of worship are encouraged to direct givers to place offerings in central collection locations or bins.
 - ii. Anyone handling offerings shall do so wearing a cloth face covering and sterile gloves, in addition to any other facility guidelines on handling money.
6. If a facility as a whole has been closed or particular areas or equipment have not operated for an extended period, the following must be completed before reopening:
 - a. Flush water and soda lines for at least 5 minutes.
 - b. Deep clean and disinfect the facility.
 - c. Contact distributors to ensure availability of critical items to include hand sanitizer, cleaning, and disinfection supplies.
7. If a staff member has significant concerns regarding an attendee exhibiting symptoms consistent with COVID-19 infection, the following steps shall be taken.
 - a. The staff member is encouraged to ask the individual or party to leave the premises, after obtaining or confirming contact information.
 - b. Staff must follow up with that person or party within 24 hours to assess symptoms.
 - c. If COVID-19 symptoms or a positive test have been confirmed, staff must immediately contact El Paso County Public Health for next steps.
 - d. Symptoms of COVID-19 include fever, chills, body aches, cough, shortness of breath, sore throat, headache, diarrhea, loss of sense of taste or smell.
8. If two or more probable or confirmed COVID-19 cases are associated with the facility in a 14-day period, the facility shall, at Public Health's request, close long enough to work with Public Health on determining risk and appropriate steps towards reopening. These steps may include:
 - a. Conducting a suspect outbreak investigation using records of attendees and seating assignments.
 - b. Implementing enhanced cleaning and disinfection.
 - c. Review of the above protocols by Environmental Health for compliance.

The underlying principle of following risk of spread of COVID-19 is viral exposure over period of time. Social distancing rules are really designed to protect individuals from brief or outdoor exposures. The intent of any protective measure is to not allow time or contact to achieve an infectious viral load. Public Health must continue to assess the environment and make judgments from noting how many people are present, how much airflow is present and the length of time an individual spends in that environment. With this in mind, the requirements set forth above may require revision as we learn more from ongoing data produced by changes in restrictions. Allowing people to congregate in a closed space over time carries inherent risk that must be acknowledged by those choosing to participate despite the protection inferred from the preventive measures above.

PART II – COUNTY DISEASE RESPONSE

Long-term Containment Measures

El Paso County has developed a robust system for disease containment over the past three months, beginning with the implementation of CDPHE guidance regarding those traveling to Colorado from overseas in February, to continuing our collaboration with community partners to ensure that testing capacity, epidemiological response, PPE resources, and healthcare infrastructure remain stable and sufficient to meet community need far into the future. Critical elements of El Paso County’s disease response include the following.

1) EL PASO COUNTY PUBLIC HEALTH AND THE PIKES PEAK REGIONAL OFFICE OF EMERGENCY MANAGEMENT HAVE ESTABLISHED A JOINT INCIDENT COMMAND (JIC) STRUCTURE:

- This JIC structure is able to address ongoing needs for resources, advocacy and communication. El Paso County recognizes that it is impacted not only by local conditions, but by the pressures applied on our resources by state and national cases and our partners functioning as systems across county lines as well.
- The JIC enables routine communication with local hospital partners, first responders (fire, police, sheriff), primary care practices, long term care facilities (SNIF, memory care, assisted living), and other congregate living situations (homeless shelters, jails, detention centers). These partner agencies have committed to reporting out testing, PPE and staffing resources and any concerns for shortfalls, and Public Health receives daily reports from local hospitals on bed availability, ICU capacity and ventilators.
- The JIC has also created educational resources to address preventive measures and practice alternatives that implement appropriate infectious disease principles across agencies. To expand this to our general community, the JIC has a robust and well-planned Public Information Strategy that includes rapid communication with the press, routine community round tables, regular reports to the Board of County Commissioners and the Colorado Springs City Council, and use of social media, video clips and editorials.
- In addition to the web of community connections facilitated by the JIC, Public Health regularly engages in a Regional Recovery Council with the Colorado Springs Chamber of Commerce and meets with other organizations such as the Pikes Peak Chapter of the Colorado Restaurant Association, local religious leaders, the Board of County Commissioners, the Colorado Springs Mayor and City Council, retail establishments, and art sectors to discuss physical distancing, sanitation, respiratory and hand hygiene, and signage guidelines.

2) OUTBREAK RISKS IN HIGH VULNERABILITY SETTINGS ARE MINIMIZED:

- Public Health participates in a community collaboration that developed and maintains a Homeless Isolation Shelter. Ongoing screening, testing, transportation, and housing services are provided.

- Public Health leads a Long-Term Care Steering Committee to address policies and procedures, testing, and resources in long-term care facilities, recognizing the varied challenges between Skilled Nursing, Memory Care, and Assisted Living.
- Emergency medical response and transport protocol updates have been created by our Emergency Services Medical Director Group to protect our community and first responders while also addressing needs for triage, appropriate PPE, care at home and transport needs.
- Telehealth resources have been expanded in many venues, from primary care and specialists to behavioral health and resources available in the pre-hospital setting.
- Public Health and the El Paso County Sheriff, in collaboration with the medical provider for the Criminal Justice Center, review protocols, testing, and other resources for the Criminal Justice Center to assure best practices for all jail staff and inmates.
- Public Health has a team that works with childcare facilities on guidance and recommendations related to COVID-19.
- Public Health maintains specific teams for COVID-19 outbreak response in LTCFs and childcare facilities. The regular epidemiology team responds to outbreaks in other settings.

3) PUBLIC HEALTH MAINTAINS A COMPREHENSIVE SYSTEM FOR THE DETECTION AND CONTAINMENT OF NEW CASES:

Four foundational aspects support Public Health's ability to detect new cases and contain outbreaks (including how to distinguish those traceable to places of worship from those traceable to businesses open under PHO 20-28).

- a. **Testing Capacity.** Public Health and partners throughout EPC have increased the availability of local testing. The gold standard proposed by Harvard demonstrates a goal of 152 tests/day/100,000 population. For El Paso County, this equates to about 1,140 tests/day. Our present capacity approaches or exceeds 1,100 tests/day. Community partners have provided information describing an increased ability to run tests with appropriate machines and reagent supplies, sustainable supplies of swabs and transfer media, and sufficient staff and PPE to protect the staff gathering the swabs. Test results are currently available within a 24- to 48-hour window. Public Health maintains consistent communication with healthcare partners to assure that these resources are sustainable day by day.
- b. **Epidemiologic Investigation.** Public Health is following not only the incidence of COVID-19 cases in El Paso County, but it also tracks the median number of contacts per case identified. By following these various factors Public Health can anticipate the capacity of each investigator based on the changing dynamics of the incidence of infection, social connectedness and increasing diversity of contacts, thereby creating a network for potential spread. Our capacity has been increased from a baseline team of 8 to a total of 15 Public Health staff. Additional capacity is available as needed from other county departments (such as Coroner death investigators), UCCS nursing students, and volunteers. Public Health continues to explore opportunities for training additional staff

in line with increasing needs and has a commitment from County Commissioners to fill this gap if and as it develops.

- c. Facility Outbreak. Through epidemiologic investigation, Public Health will identify any place of worship with which two or more probable or confirmed COVID-19 cases are associated. The facility will be requested to close long enough to work with Public Health on determining risk and appropriate steps towards reopening.
- d. Quarantine and Isolation. With widespread testing and epidemiologic investigation, Public Health is able to identify cases and contacts quickly for targeted isolation and quarantine. Best practices for monitoring of individuals in quarantine and isolation vary according to the degree of restrictions maintained in the general community. Public Health will review and apply best practices for monitoring on an ongoing basis.

Conditions and Standards Used to Determine if the Variance Provides Protection Equal to PHO 20-28

The Public Health Communicable Disease Program and Office of Data and Analytics (together, the CD/Data team) will actively monitor the thresholds and data under which variances have been approved. A member of the CD/Data team will review at least weekly whether the identified data and thresholds support an ongoing determination that the variance provides protection equal to PHO 20-28.

1) Threshold for increased % positive test results: El Paso County has been holding steady at a ~5-6% positivity test rate since implementing testing of all symptomatic community members who present for testing. A positivity test rate exceeding 8% will be considered grounds for review of this variance and potential alterations.

2) El Paso County has seen a steady decrease in the numbers of hospitalized patients. We suggest that this measure be reviewed by our hospital partners, as they have the expertise on their patient population and capacity to treat COVID-19 patients and non-COVID-19 baseline populations, and particularly because all three hospitals act as referral destinations for counties outside our own and operate within systems that serve the state of Colorado.

3.) Threshold for contact tracing: The complexity of each case investigation and contact tracing efforts are based on the social network and public exposure of each infectious case. High numbers of contacts are also an early indicator of exponential case increases. A median of 11 contacts per confirmed case will be considered as a threshold for review of this variance.

4) Adequacy metrics for PPE supply for all health care needs should be addressed in the hospital letters of support.

5) Threshold for outbreaks: Outbreaks may be an indicator that infection control measures are not applied consistently to provide adequate protection against disease transmission. Public Health may review this variance if multiple outbreaks occur.