

**First Unitarian Church of Omaha
Stepwise ReOpening Plan**

Revised by Reopening Task Force 6-27-21

Approved by Board 7-13-21 (further updates delegated to TF)

Revised by Reopening Task Force 8-10-21 and 9-9-21

The Teams that have participated in developing this plan:

Ministry Team Council:

- Minister
- President-elect (Vice President)
- Board appointed member
- MTC appointed member

ReOpening Task Force:

- Rev. Shari Woodbury
- Beth Conover
- Jennifer Larsen
- Patricia Soto
- Christina Strong
- Diane Withem

Out Multichannel Church Task Force is also preparing for hybrid worship:

- Mathew Dewell
- Gary Eminov
- Steff Lewis
- Kate Wiig

Guiding Principles

The First Unitarian Universalist Church of Omaha pandemic ReOpening Plan was developed because congregational safety is a core duty of our church leadership. Beyond that, our decision making is guided by our Unitarian Universalist faith, which proclaims:

- There is intrinsic value in the act of gathering as a community. Whether in person or online, our faith is strengthened by being together.
- Each person is the expert on their own life, and their own risk tolerances.
- Each person in our community has inherent worth and dignity, so we have a collective responsibility to care for the most vulnerable among us.
- Our lives are interconnected, so we will work to provide the same opportunities to all congregants.

In this plan, we pledge to establish and make decisions based on science data and public health information from reliable sources as well as following the laws and guidelines of Douglas County, the State of Nebraska and CDC.

We will also be transparent with and look for input and feedback from the congregation along our journey as this plan will likely evolve and change.

Summary

- The ReOpening Task Force has been working to establish specific guidelines for opening different church focused activities and groups
- This guideline provides an overall plan, with established metrics, that will guide when and how more activities may open or for when they should be shut down with a change in circumstances.
- Additional guidelines and forms will be developed and possibly change with time for other specific activities
- The primary metric that will be used for decisions is the 7-day rolling average of COVID-19 case count/100,000 for Douglas County, Nebraska, although other specific mandates by local, state or federal health organizations or circumstances unrelated to the pandemic will be considered, as well.
- It is expected that case counts may go up or down over time, so this document will help the Church leadership make plans to continue to ReOpen or to dial back activities.
- This plan is a living document. New information may change the metrics used and/or the process to communicate those changes.

Potential indicators:

Public health organizations proposed and used many indicators early in the pandemic, particularly for planning for adequate health facilities capacity that may not be pertinent to church related activities. Vaccination rate, while meaningful, may become less helpful as additional boosters are available and initiated. For the purposes of Reopening the church, particularly to guide whether some activities may need to be closed again, we discussed and agreed that the most meaningful indicators related either to overall % positive test results or case counts of known infections in the region. However, positive test results vary with factors other than the rate of spread, such as whether they have easy access to testing, and culture about testing routinely with minimal concern or a lack of believe that testing is important at all. The sensitivity or accuracy of the tests available are also not equivalent. Thus, in the final analysis, the ReOpening Task Force has decided that the COVID case counts, based on the rolling 7 day average, would be the easiest to obtain, and the most useful, and consistent, with the trend in numbers in addition to the absolute number, potentially useful.

The Task Force recognizes that our church membership comes not just from Douglas County in Nebraska, where the church is located, but many adjoining counties including counties in western Iowa. Each county and state report different case counts, and in

counties with low populations, one case can drastically change the case rate, that is not as likely to occur in counties with larger populations, like Douglas County. In scanning the rates of adjacent counties, the overall case rate has been similar, albeit sometimes Douglas county has been higher or lower than adjacent counties, including Pottawattamie County representing Council Bluffs, Iowa.

Therefore, because the church is located in Douglas County, and so falls under the guidance of the Douglas County Health Department, and the Douglas county case counts have been similar to adjoining counties in our region and less variable week to week than some because of its larger population, we have suggest the primary indicator to be used for Reopening or closing decisions will be the Douglas County case counts as a 7-day rolling average /100,000 that can be found here:

https://experience.arcgis.com/experience/1205c60366ba43719a59225ec62e31b5/page/page_17/

Douglas County Health Department has generally followed the CDC guidance on transmission rates, from low to high as shown in Table 1. It should be noted that while low transmission is defined as <10 cases/100,000, to declare the pandemic over will require consistent case rates of <5/100,000.

Rolling averages are used, in general, because there is normal variability in case counts based on when testing is done, submitted, and posted, with a lag in posting, in particular, over the weekend. Therefore, Monday values are often higher than the preceding days.

For the purposes of making decisions for the following Sunday services, it was discussed and decided that Wednesday's case count would be the day on which the case count would be evaluated to determine any change in activities for the following week. However, other factors, such as trend in case counts, new communications or guidance from local or national health organizations, or new indicators could still impact that decision. In all activities, using standard biosafety practices (e.g., masking, hand hygiene, and social distancing) will also mitigate the impact of exposures regardless of case counts.

Table 1. CDC Indicators and Thresholds for Community Transmission of COVID-19

Indicator	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days ²	0-9	10-49	50-99	≥100
Percentage of NAATs that are positive during the past 7 days ³	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

Proposed First Unitarian Church of Omaha Activities based on metrics.

While CDC has identified 4 risk categories to guide a range of community activities, we agreed that our church would collapse these into 3 categories for guidance of our activities and use of facilities because we have been using similar guidance for the middle two categories (see Table 2).

Table 2. First Unitarian church Categories of risk and impact on church activities. All activities require masking for persons older 3, except as noted. These metrics are only a guide and would be superseded by mandate of local, state or federal authority, or other information.

Metric or indicator	Phase 1	Phase 2	Phase 3
Risk level	High	Moderate	Low
Cases/100,000 based on 7 day rolling average	>100	10-100	<10
Existing staff can work in church offices, unmasked, doors closed	Yes	Yes	Yes
On line + in person worship requiring registration, masked	Yes - up to 40 people, distanced between families, including staff/volunteers	Yes - up to 100 people, distanced between families, including staff/volunteers	Yes - no cap; still masked but no registration and no coffee/food

Small outdoor gatherings (<50)	X (by default, and especially if intergenerational, social distanced and masked; gatherings of all vaccine-eligible people may check in with small group for risk comfort level and choose otherwise - for example, a covenant group of all vaccinated adults)	X	X
Small indoor church groups (<20) such as RE, committees, interest groups can meet while masking; which suggests children who cannot mask would not be welcome	X	X	X
Singing outside the church with masks (choir or members)	X	X	X
In all-size gatherings, encourage good hand hygiene (sanitizer stations, messaging); permit shared-touch items such as nametags and clipboards	X	X	X
Weddings or Memorial services	X (up to 40 with caveats per separate guidance)	X (up to 100 with caveats per separate guidance)	X (no cap)
Pastoral care indoors		X	X
Large outdoor gatherings (>50)		X	X

Indoor church groups (<20) of adults and vaccine-eligible youth (such as RE, committees, interest groups) can meet without masks; best practice is to get input of members 1st			X
Singing inside the church with masks (choir and/or members, or weddings)			X
Indoor gatherings geared toward kids <12 or families will continue to promote masking until kids have vaccine access			X
On line + in person worship without masks, with Coffee hour, and singing without masks			<3/100,000 (kids continue masking indoors until vaccine access)

Outside groups including Weddings and Memorial Services

The church’s highest priority is to accommodate First Unitarian Church groups and those associated with its members and friends, including wedding and memorial services. Weddings and memorials unrelated to our members and friends are also an essential part of the function of the church as they often introduce new members, but specific guidelines are to be followed for all weddings or memorial services. Outside groups requesting to meet at the church will be considered on a case by case basis, but all must agree to abide by all policies and rules such as masking and size limitations, as well as limitations on use of the kitchen facilities. Separate guidance has been made for each.

Nursery protocol

Because small children are unable to be vaccinated, we will require nursery staff to be either vaccinated or wear a mask. The number of children in nursery may be limited

based on numbers of personnel available. Cleaning protocols will be higher before and after nursery use. See separate guidance.

Proposed Safety Response team to deploy this plan:

Decision process:

- After this plan is approved and initiated, a designated Safety Response Team will use the current Douglas case count to initiate and open all activities that have been identified and a more detailed plan has been developed for them.
- Thereafter, every Wednesday, the Safety Response Safety team, as a group or as a single designated person, will identify if the case count has changed from the week before to change the risk as defined in Table 2.
- If that number has changed the risk, the change in activities for specific groups will be implemented.
- Specifically, if there is an increase in risk, if there are specific scheduled meetings or activities that are impacted in the upcoming week, other than worship services, weddings, or memorial services, those groups would be contacted to make alternative plans such as zoom or postponed.
- If the risk changes in person worship, whether inside or outside, an e-blast would be communicated regarding the change for the upcoming service.
- Weddings or memorial services can proceed, using the guidelines that pertain based on the risk level 3 weeks prior to the event date.
- Church events scheduled more than 1 week in advance would be contacted about the change in risk and policy associated with that change to prepare them for potential changes in size restrictions with the option that they can cancel.
- Any decrease in risk will require at least 2 weeks consistent reduced case count before making a change in those activities.
- Moving to activities that require <3/100,000 cases per week, would require a consistent pattern of reduced cases for at least 3 weeks and no change in national trends with vote by the MTC and, and prior notification of the congregation so they can decide for themselves whether or not they are comfortable.

The proposed membership of the Safety Response Team would be the following:

- Minister or designee
- Ministerial Team Council designee
- Reopening committee members available for consultation as needed

It is expected that this protocol will be revisited and revised after having experience using it, and if new guidance is presented from national public health sources, the ReOpening Task Force may also propose revisiting this document and protocol.

Protocol for response to new COVID cases reported by a participant involved in a Church event.

It is expected that individuals participating in church events, despite following the best guidance, may be exposed and acquire COVID-19 from other groups or locations, work, children, or visitors to their home. While it is important to maintain confidentiality of those reporting, it is also important to alert others who may have been exposed when a concern has been reported, so they can be alert for any symptoms or consider testing depending on their exposure to that person or the type of activity.

Our general approach will be as follows:

- We recommend and remind all members, friends, and guests to stay home if they have symptoms of any illness, including COVID, or known or recent exposure to COVID, including any travel to where there may have been exposed to COVID.
- In all church sponsored, in person activities, we ask and expect everyone will remain masked and practice social distancing except with people they live with, for the time being, to reduce spreading if someone might have COVID.
- But if anyone does report to the church that they have become sick with COVID, or a group leader learns, for example, that a member of the group has become ill, the church will establish a protocol for contacting others that might be impacted.
 - For small groups, the group leader will contact those that attended that event so they can consider testing. The small activity or group should not meet in person again the next week following the exposure until it is clear that no more cases were reported.
 - After an in person worship event, if someone reports becoming ill, a general notification to members identified as attending that event, as best can be determined.
 - Based on the cumulative number of reports occurring with different locations or activities, the ReOpening Task Force may be asked to consider changes in recommendations on how and what types of events might be scheduled in person.

Works Consulted

CDC COVID-19 Science and Research:

https://www.cdc.gov/coronavirus/2019-ncov/science/science-and-research.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research.html

Unitarian Church of Lincoln Stepwise Plan for Reentry Task Force

UUA Congregational Life Staff Group. "Addressing Pandemics in Your Community."
Unitarian Universalist Association. <https://www.uua.org/safe/pandemics>

Unitarian Universalist Congregation of Rockford, IL. "An In-Person and Online Future."

<https://docs.google.com/document/d/1rtP1QUxNvURY8la9IZtWCwQgUvnbabwys3-ITsfZ7ag/edit>

Unitarian Universalist Congregation of Duluth, "Draft #3.0 Pandemic Guidelines, 22 August 2020." <https://www.uua.org/files/2021-1/Duluth%20Pandemic%20Guidelines.pdf>

UUA singing guidance.

https://www.uua.org/safe/pandemics/gathering-guidance/singing?fbclid=IwAR3fq5NySZRsjrQcaJRsa5NaZN1vljcYTtaVpTMFY8N8zA2kyLN_I_DsaG8 [uua.org]

CDC updates.