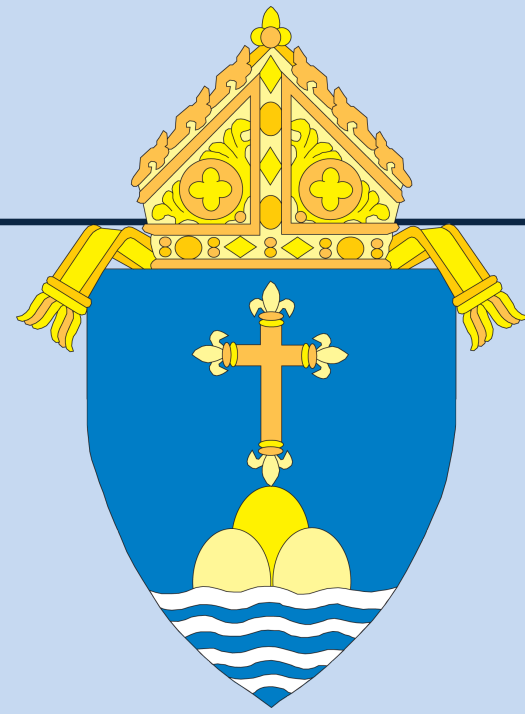




Archdiocese of Boston

Pastor & Parish Leader Webinar:
Planning for the Re-opening of Our Parishes & Schools

April 20, 2020



Understanding the Present to Plan for the Future

COVID-19: Where are We Now?

*MC Sullivan RN MTS JD
Chief Healthcare Ethicist
Archdiocese of Boston*

Where We Are in Massachusetts

Dr. Birx:

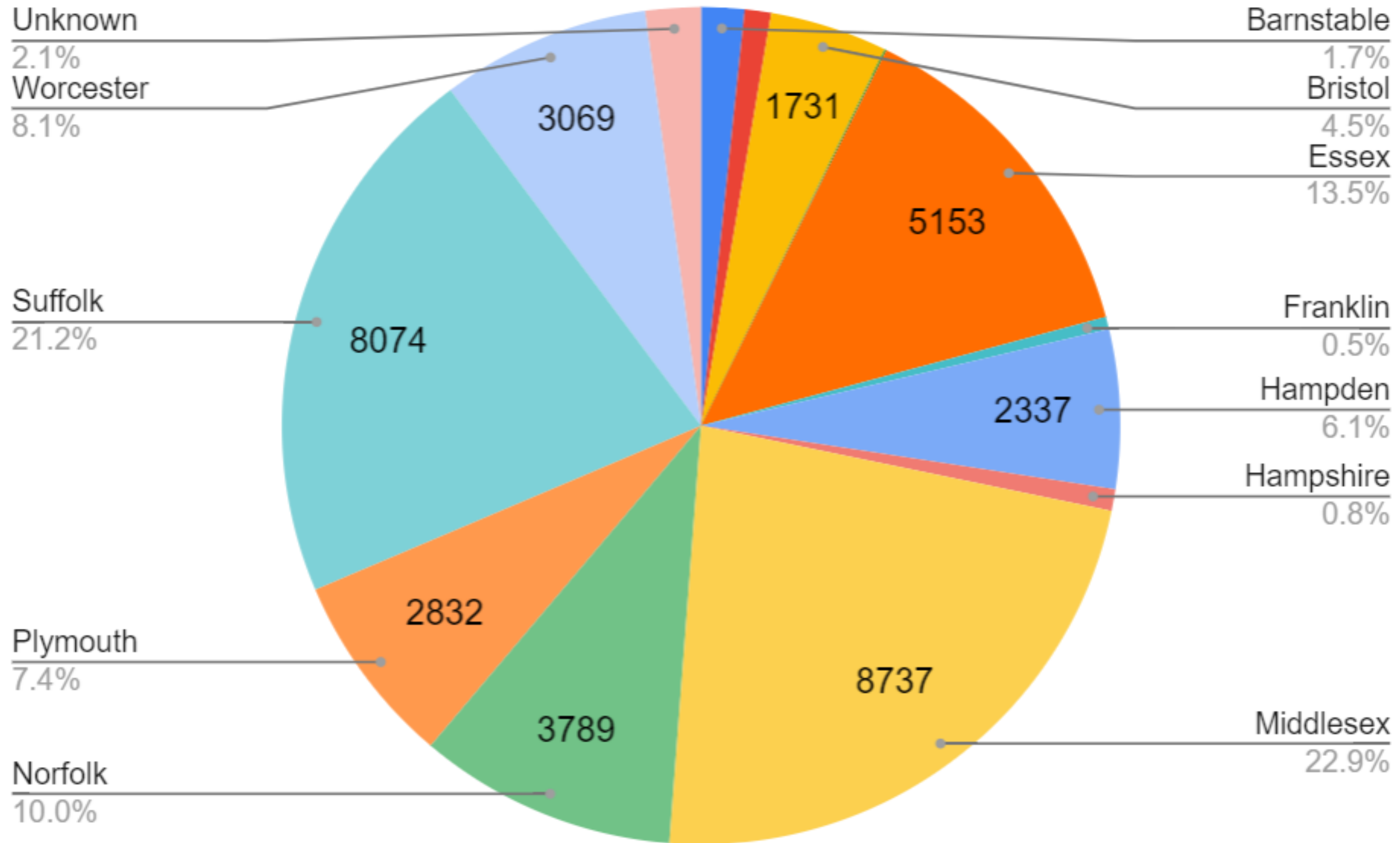
- Focus on Boston and across MA, a series of epidemics (greater Boston, Brockton, Lawrence)
- Mitigation has helped to lower the curves, but when curves are low, harder to estimate the timeline of the curve
- Testing needs to be focused where there is early evidence
 - + in MA, that did not at first happen
- Harvard study: Currently, ~150,000 tests/day being done. For reopening to be safely done, 500,000 – 750,000/day needed
- Still very much a question as to whether the presence of antibody actually signifies immunity, and if it does, also a pressing question as to what kind of immunity and how long it lasts

Where We Are in Massachusetts

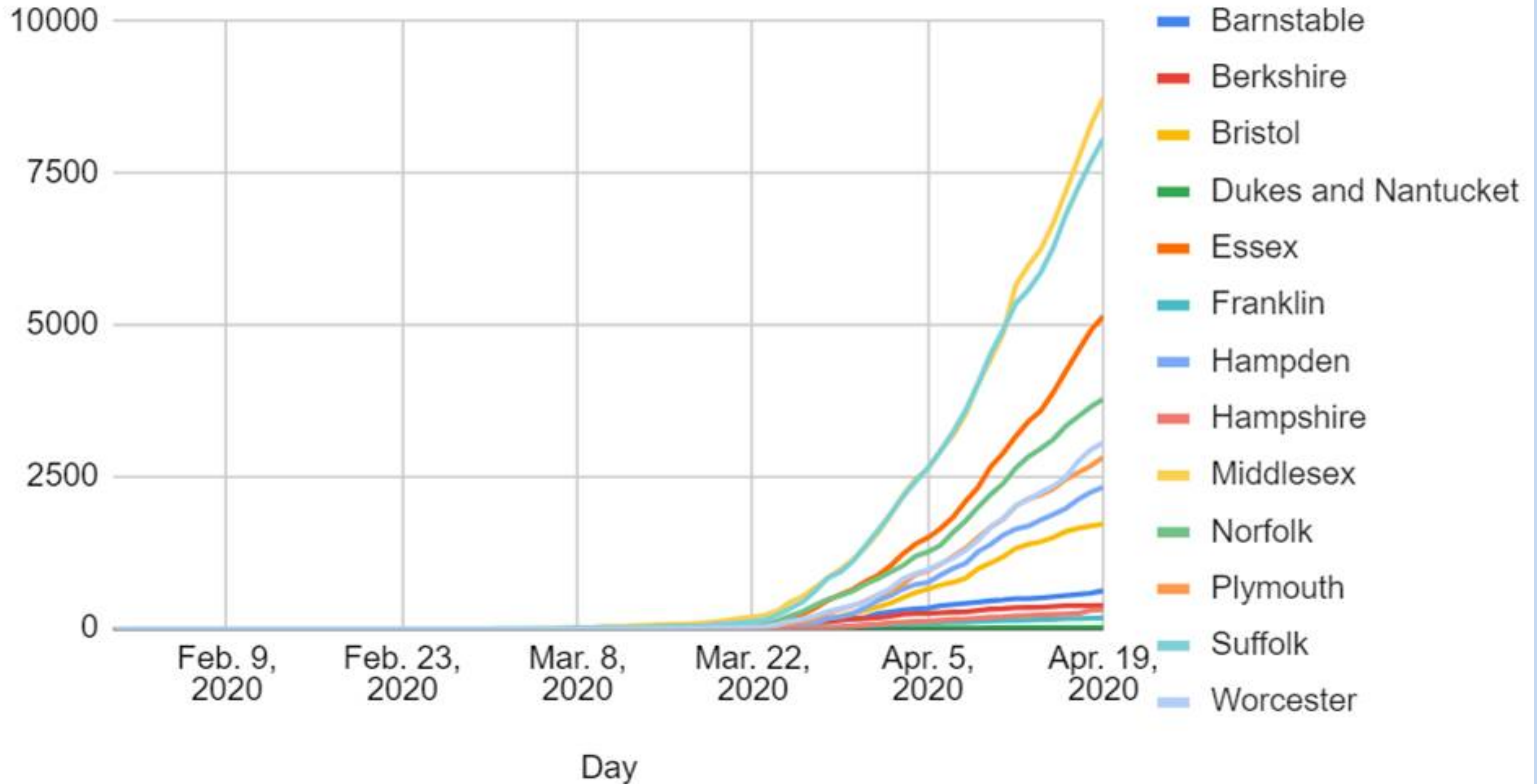
Gov. Baker:

- In MA, we're in the middle of the surge, (ie, we're not yet to the peak of the illness in MA)
- MA needs guidance from the CDC and the FDA about the testing required and how best to meet the goals, as policy approvals reside at federal level
- Contact tracing is essential for knowing the penetration of the illness into the population, as well as ongoing general population diagnostic testing to actually know who is sick at any given moment; in addition, antibody testing will help to know who has been sick, albeit asymptomatic
- To re-open: important to know who's sick and how they're coping, in order to know how to keep isolating people who need that, and only that way can we know where/when/if it's safe to open

At this point, no pushback from MA authorities about the framework for re-opening which is very consistent with the public health fundamentals of re-opening following any serious contagious outbreak....and both this disease, and the plan for what follows it, is that basic framework....on steroids!!



Massachusetts counties COVID-19 cases



When the time comes, MA will likely follow framework provided by federal work group, which allows for a model of community-by-community roll out.

But RCAB is, at this point, almost all still a series of “hot spots”.

SO, at this point, everything is purely speculative...



Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

*State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.



Core State Preparedness Responsibilities

TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)

HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- ✓ Ability to surge ICU capacity

PLANS

- ✓ Protect the health and safety of workers in critical industries
- ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- ✓ Protect employees and users of mass transit
- ✓ Advise citizens regarding protocols for social distancing and face coverings
- ✓ Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity



Guidelines for All Phases: Individuals

CONTINUE TO PRACTICE GOOD HYGIENE

- ✓ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- ✓ Avoid touching your face.
- ✓ Sneeze or cough into a tissue, or the inside of your elbow.
- ✓ Disinfect frequently used items and surfaces as much as possible.
- ✓ Strongly consider using face coverings while in public, and particularly when using mass transit.

PEOPLE WHO FEEL SICK SHOULD STAY HOME

- ✓ Do not go to work or school.
- ✓ Contact and follow the advice of your medical provider.

Continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.



Guidelines for All Phases: Employers

Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:

- ✓ Social distancing and protective equipment
- ✓ Temperature checks
- ✓ Testing, isolating, and contact tracing
- ✓ Sanitation
- ✓ Use and disinfection of common and high-traffic areas
- ✓ Business travel

Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.



OPENING UP AMERICA AGAIN

Phase One

FOR STATES AND REGIONS
THAT SATISFY THE GATING CRITERIA



Phase One

INDIVIDUALS

ALL VULNERABLE INDIVIDUALS* should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

*See Appendix 1 for Definition of Vulnerable Individuals

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase One

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

If possible, **RETURN TO WORK IN PHASES.**

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize **NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION.**



Phase One

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.



Phase Two

FOR STATES AND REGIONS WITH NO EVIDENCE
OF A REBOUND AND THAT SATISFY THE GATING
CRITERIA A SECOND TIME



Phase Two

INDIVIDUALS

VULNERABLE INDIVIDUALS
continue to shelter in place

When in public, **MAXIMIZE
PHYSICAL DISTANCE**

Avoid social settings of
MORE THAN 50 PEOPLE

Non-essential travel **CAN RESUME**



Phase Two

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

NON-ESSENTIAL TRAVEL can resume.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.



Phase Two

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen.

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

GYMS can remain open if they adhere to strict physical distancing and sanitation protocols.

BARS may operate with diminished standing-room occupancy, where applicable and appropriate.



Phase Three

FOR STATES AND REGIONS WITH NO EVIDENCE
OF A REBOUND AND THAT SATISFY THE GATING
CRITERIA A THIRD TIME



Phase Three

INDIVIDUALS

VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

Phase Three

EMPLOYERS

Resume **UNRESTRICTED STAFFING** of worksites.



Phase Three

SPECIFIC TYPES OF EMPLOYERS

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.

GYMS can remain open if they adhere to standard sanitation protocols.

BARS may operate with increased standing room occupancy, where applicable.

Casting the Question Differently

From Sunday's (4/19/20) *CRUX*, Sr. Simona De Pace, an Italian Dominican nun-nurse:

“I believe this pandemic offers us the opportunity to really understand what it means to cooperate at all levels ; government, society and globally. [The call to stay at home is not an invitation nor an overreaction from authorities, but an] “obligation” [because it's the only way to stop the spread of the virus.]

Everyone, from the youngest to the elderly, with any cultural or social difference, is called to cooperate and be jointly responsible for a common good that is health.”

If there is any possible good news to focus on: WE HAVE TIME!

We're all chafing at the length of the restrictions and have been eager to see it end.

Given that there is likely a significant time ahead of us before that happens, what and how can we do in terms of both creative planning and implementation when the time comes???



Archdiocese of Boston

What Will This Look Like for Our Archdiocese

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What Will This Look Like for the Archdiocese of Boston?

- Implementation of our steps in re-opening will be determined by the progression of the virus and the state government's initiation of Phase I
- The phases of re-opening of our parishes and schools may look slightly different than the government/state model based on our population and circumstances
- There may be inconsistencies across regions or municipalities within the state, as there were during the ramp up of restrictions





What Will This Look Like for the Archdiocese of Boston?

RCAB COVID-19 Response Team is developing a framework with phases and specific operational guideposts that take into consideration:

- Our unique population of employees and parishioners, worship space and workplaces
- The limitations included in each of the government's phases
- The ability to efficiently transition back to a more restrictive environment should there be a resurgence or new outbreak
- A different operating environment, not only today but during every phase of re-opening, likely throughout the next one to two years and potentially beyond





The Weeks to Come

- Additional webinars as we get closer to Phase I
- Webinar with CSO specifically related to school issues
- Additional specifics of RCAB re-opening phases

Faith and hope are powerful and necessary, but we also need clear ideas, planning and guideposts around how the pandemic might continue to unfold and contingencies around various possibilities.

